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An Examination of Treatment Fidelity in an Intensive Family Preservation Program

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Abstract

Most models of intensive family preservation services are based on providing flexible services to reduce risk and keep families together. This study examined 40 cases served by a public agency Family Preservation Unit in 1992-1993, in order to assess the provision of hard, soft and enabling services in the program and whether their provision matched the program model. The relationships of these services to program outcomes, in terms of child removal, new reports of abuse or neglect, and family gains in resources and strengths, are also assessed.

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Intensive family preservation services are provided to families at imminent risk of child placement, in the hopes of (1) strengthening the family environment, (2) reducing the risk of continued mistreatment, and (3) eliminating the need for child placement. Evaluations of family preservation services must therefore assess not only the effectiveness of the program in preventing placement, but also the impact of the program on family gains and the reduction in risk to the child.

Because the sources of risk can vary by family, the solutions for each family will also vary, and family preservation services are designed to afford the flexibility of focus and resources necessary for devising and implementing an appropriate plan for the strengthening of each individual family. Intensive family preservation services provide services to the entire family for around three or four months, and workers are available to the family around the clock to do whatever it takes to strengthen the family, reduce the risk of mistreatment, and prevent the otherwise imminent out-of-home placement of children.

While intensive family preservation services are intended to be flexible and matched to the risks presented by the individual family, program evaluations have been criticized for focusing exclusively on child placement as the indicator of program success, or for using other global indicators of family satisfaction and well-being that are not related to the gains programs intend to produce (Jones, 1991; Pecora, Fraser, and Haapala, 1991).

This study sought to add to the evaluation literature on family preservation by examining an intensive family preservation program in Fort Worth, Texas. The objectives of the research were to describe the service components of the program and to assess the association of services provided to concrete and specific gains made by families. To accomplish this, family preservation workers kept detailed logs of the type and duration of services offered to each family and specific assessments of family risk factors at intake and again at closing. While not a large scale controlled evaluation of intensive family preservation services, this study sought to provide more detailed information than is usually found describing service provision and amelioration of family risk factors.

Intensive Family Preservation Services

Family preservation programs provide a range of flexible services to strengthen the family and the family environment. This rather expansive and vague goal, accompanied by a time-limited period of treatment, necessitates an ecological focus of treatment, one that incorporates and strengthens the family's social network and its skills to operate within that system. Because of the time-limited nature of treatment, goals must be limited to realistic gains in the safety of the child and strengthening of family functioning to the extent possible in a short period of time (Kinney, Haapala, Booth, & Leavitt, 1990). Utilizing social supports and building family skills

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and resources during treatment assumes that these supports, resources and skills can and will continue to bolster family functioning after formal family preservation services have ended.

Ecological family preservation programs assess family stressors and resources and help to bolster and increase the family's resources to the point that the stressors which are associated with risk of placement can be ameliorated. Because intensive family preservation programs are flexibly structured to provide a range of services to improve family functioning and reduce risk, solutions are intended to spring from a detailed assessment of these risks, and be individualized to the family's needs.

The service components provided by intensive family preservation services have been categorized as hard and soft services, but they actually comprise a continuum of services ranging from the softer services, such as counseling and family assessment, to enabling services devoted to building social supports (both informal and formal), to the harder services of household maintenance help and provision of furniture, car repairs, a telephone or other basic needs (Fraser, Pecora, & Haapala, 1991). Thus, the enabling services bridging the gap between hard and soft services facilitate access to both the harder and softer services, and appear to be an essential feature of intensive family preservation services.

Soft Services. Family preservation caseworkers work to engage the family and instill hope early in the intervention (Kinney, Haapala, and Booth, 1992). Workers provide emotional understanding and support by listening to families and helping families to define the problem and set their own goals for treatment. Most family preservation programs do not, given the short duration of services, emphasize the truly soft services of psychological individual or family counseling. Rather, Whittaker and colleagues (1986) focus on the teaching of specific life skills. This form of soft services is especially applicable in short-term interventions where the less tangible emotional support from agency workers is available only for a finite period, usually two to three months. The skill-building that occurs will continue to support and reinforce positive family interaction in the long run, after formal services have ended.

Treatment based on an ecological model focuses on modeling of life skills, such as parenting skills, and teaching and practicing with family members the positive and constructive communication and negotiation skills that will contribute to a more positive and less abusive family environment. Workers assess parenting and communication skills, help parents and children identify non-punitive methods of interacting, and model and practice positive interaction. These skills not only apply to parent and child interaction, but also help families to more productively interact with landlords, doctors, teachers, social workers, neighbors, relatives, and other members who contribute to the support or stress in the family's social environment. Such a training or teaching model is also practiced in supervisory and peer relationships in the family preservation model.

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Enabling Services. Since many insular mothers may indeed be stressed more than helped by interchanges with relatives and friends (Tracy, 1990; Van Meter, Haynes, & Kropp, 1987; Wahler & Dumas, 1984), enabling the social support of families in a more formal (than informal) sense may be needed by multi-stressed families. Such formal social support could include assistance from the housing bureau, food stamps, day care centers and schools, weekly support groups, hospitals, continuing education, etc. Enabling work with families focuses on helping families negotiate access to the supportive services offered by agencies and institutions.

Hard Services. The ecological family preservation model recognizes the role of concrete resources in the support of families. Provision of concrete resources is important for three reasons. First, families who improve in their communication skills and increase the self-esteem of their members will continue to be stressed by their physical environment if they cannot provide for the basic needs of their children, such as housing, food, and medical care. Approaching solutions from a systems perspective recognizes the importance of these physical and environmental resources to family well-being. Therefore, assistance and the provision of concrete resources can reduce stress pile-up.

Second, Kinney and colleagues (1992) at Homebuilders (tm) have established that the provision of concrete resources helps to establish rapport between the caseworker and the family, by showing the family an understanding of their concrete needs, and applying a direct and real solution. Intensive family preservation caseworkers often help families to fix broken windows, shop for food, request added furniture, access car repairs, etc. These hard services improve the impoverished circumstances of families and the physical environment, and also provide an opportunity to model these repair, shopping, or negotiation skills so that families can learn to do them on their own.

Third, research on child placement decisions indicates that child welfare caseworkers are influenced by the physical environment and economic impoverishment of the family when deciding whether to place children in foster care (Lindsey, 1991; Pelton, 1990; Stehno, 1982). Any program which hopes to decrease the likelihood of child removal, both while in treatment and following case closure, must work to improve the physical aspects of the household and the economic stability of the family.

Evaluations of Service Components in Family Preservation Programs

A variety of intensive family preservation programs have been evaluated, and most report their placement prevention rate as the primary criterion of success. Only a few evaluations have addressed other effects on the reduction of risks, such as child behavior or family functioning (Berry, 1992; Fraser, Pecora, & Haapala, 1991; Kinney, et al, 1989). Few studies have evaluated service provision in intensive family preservation services in detail. Two published

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studies to date (Berry, 1992; Fraser, Pecora, & Haapala, 1991) have examined the contribution of hard and soft services to case outcomes, namely placement prevention, risk reduction and treatment goal attainment. Fraser and colleagues, including Robert Lewis (1991) conducted a detailed evaluation of the Homebuilders program with 453 families, and found that only one concrete service, the provision of transportation, was used by more than half of families served, while 31 clinical, or soft services, were as commonly provided, centering around development of the treatment relationship, improving parenting effectiveness, modifying problem behaviors, teaching an understanding of child development, building self-esteem, and consulting with other services. Lewis postulated that the variation in provision of services to families indicated a sensitivity in treatment provision to the needs of individual families.

Lewis (1991) describes how concrete services serve two primary functions: to improve the conditions facing families and to assist in building relationships with families. In this second function, concrete services assist in the engagement of families in softer services, by demonstrating the caseworker's understanding of the concrete circumstances facing families and their basic needs for safety, financial and material resources, and human comforts. In the Homebuilders evaluation, Lewis (1991) found that one concrete service, "giving financial assistance" was associated with goal attainment of "establishing trust between therapists and families" (pg. 230).

Berry's (1992) study of a family preservation program in Northern California serving 367 families found that the most common services provided included case planning, assessment, parent education, supplemental parenting, and teaching of family care. In this California study, the type of service provided did make a difference in treatment success. Families that remained intact had received significantly larger amounts of time in supplemental parenting, teaching of family care, and help with medical assistance. Families who experienced subsequent placement had received somewhat smaller amounts of respite care, help in securing food, and parent education. Berry also found that services had been matched to family need, in that the amount of time a worker spent in the home was related to the environmental needs of the family (severity of environmental danger and uncleanliness). Workers spent more time in homes that needed greater improvement.

In Berry's (1992) study, families who remained intact after leaving the program had made significant gains in the physical condition of the household, the cleanliness and order of the household, and parents' general child care skills. Families who experienced a child placement had deteriorated during family preservation services in the cleanliness of the home and the physical condition of the household.

The Program

The program which is the subject of this research offers intensive family preservation services within the public child protective services agency in Fort Worth, Texas. The program began in June of 1987, and was modified from a case management approach to a more intensive and home-based model in April of 1990. The program is staffed by seven bachelor's and master's level social workers and one unit supervisor. There is also a volunteer coordinator who oversees the use of volunteers. Volunteers provide child care during support group meetings, one-on-one mentoring of individual children and families, and some acquisition of hard resources and services. Family preservation workers are to spend at least 20 hours per month in the home with each family. Each caseworker serves up to 7 families at a time, and each case is to be open for four months or less. Approximately 100 families are served each year.

Referrals come to the program from the regular child protective services caseworkers, based on the following acceptance criteria: families must be willing to accept services and intervention; if a sexual abuse case, the perpetrator must be out of the home; mental retardation must not be too severe to prevent use of services; and runaway behavior must not be the presenting problem. The program accepts substance abusing families who are willing to enter treatment, mentally ill parents who are stabilized by medication, and parents who are not severely mentally retarded. The primary family issues treated by the program include: parent-child interaction, communication and conflict-resolution deficits, money management or financial problems, chemical or alcohol misuse, parenting skills needs, family-of-origin conflicts, lack of general resources, mental problems, mental health issues (including depression), and child behavior problems.

Service Provision

A key component of the program is the use of weekly education and support groups for parents (primarily mothers) concerning nurturance and social support. There are currently three basic groups: "Learning About Myself," a 15-week group for neglectful mothers, focused on self-esteem, empowerment, and relationships, as well as budgeting, nutrition, and health; "Nurturing," a 23-week group focused on parent/child interaction and positive parenting; and "Rightful Options and Resources," a women's group centering on women's issues around violence and assertiveness. The groups are attended by approximately 7 to 22 adults, with a usual attendance of 10 to 15. All parents are asked to attend the "Nurturing" group, and all mothers referred for neglect are also asked to attend the "Learning About Myself" group.

Each group meeting lasts for about 2.5 hours, and is led or co-led by family preservation caseworkers. These hours are counted as part of the required 20 hours per month spent with the worker in the home. The program has developed a curriculum for each group, using manuals

developed by Bavolek and Bavolek (1988) and Karsk and Thomas (1987). Groups often meet in the evening, and transportation, child care, and a snack are provided by the agency to help encourage attendance. Homework assignments are an integral part of the group content. Sometimes, homemakers are contracted to attend the group with the parent and then to assist the parent with any homework assignments in the home. These groups thus serve two purposes: educational skill-building and establishment and nurturance of social linkages between families.

In addition to these educational and supportive groups, family preservation workers also provide other typical home-based services. They provide services in the home according to whatever the family needs to reduce the risk of maltreatment. This may include housecleaning, transportation, counseling, and information around budgeting, health care, nutrition, or household maintenance. This also includes helping the family in maintaining or developing a supportive social network (including friends, relatives, schools, day care, churches, and public agencies), which will continue to assist the family after the short-term agency services are terminated.

Method

Procedure and Design

The evaluation utilized a one-group pre-test post-test design. Families whose cases were opened by the Family Preservation Unit over a six month period were assessed by caseworkers on a variety of measures at intake and at case closing. This design included neither a control group who received no services nor a comparison group who received other DPRS services. This lack of a control or comparison group was partly compensated for by the use of multiple outcome measures (placement, continued abuse, and developmental and environmental outcomes).

Sample. The sample consisted of all cases opened between May 1, 1992 and October 31, 1992. These cases closed between June, 1992 and April, 1993. This six-month period of case openings provided a sample of 40 families with 97 children. Cases were followed-up for placement outcomes in May, 1993 to allow time for placements to occur.

Measures. Each case provided the following information: outcome information, client characteristics, and service characteristics. Most information used the family as the unit of analysis, but some measures were assessed for each child in the family (placement risk and some outcomes). Any person who lived in the household and considered themselves a member of the family was included in the definition of family (boyfriends, grandparents, etc.).

Data came from three sources: caseworker assessment, the computerized state information systems and surveys of families. Family preservation unit and referring caseworkers were

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trained prior to the beginning of the study in the content and coding of assessment measures used in the study. Many of the assessment tools were already in place as a part of the assessment process. Weekly staff meetings allowed for discussion of measurement or coding issues that arose during the study. In order to assess the validity and reliability of caseworker reports, the research coordinator went out on occasional home visits, and attended unit meetings.

Case outcomes. Outcome information included the following: (1) whether any child was *placed* in out-of-home care while or after receiving services, (2) whether children remaining in the home were reported to child protective services for *mistreatment* while or after receiving services, (3) whether the case was *reopened for services* by another DPRS unit for up to six months following closure by the Family Preservation Unit and (4) whether the family's *level of risk* regarding the physical and emotional environment was reduced. Outcomes 1, 2, and 3 were obtained from monthly computerized state records.

Shelter care lasting less than 48 hours followed by a return home did not qualify as a removal. Placements with relatives did qualify as removals, if outside of the current home, but were noted as relative placements (ranked as less restrictive and more family-like than non-relative out-of-home placements). Each report of child mistreatment was noted as to date of the report, the nature of the mistreatment, and which children in the family were the subject of the report. Dates of, and reasons for, case reopenings were also obtained from computerized state records.

The family's *level of risk* was measured at intake and case closing using the Child Welfare League of America's Family Risk Scales (Magura, Moses, & Jones, 1987). This is an inventory of 26 items assessed for each caretaker and child in the household, at both intake and case closing. These items provide summary scores of parent-centered, child-centered, and economic risk. The parent-centered risk score is made up of twelve items, including adult relationships, parent's mental health, knowledge of child care, substance abuse, motivation, cooperation, preparation for parenthood, supervision of older children, parenting of older children, physical punishment, verbal discipline, and emotional care of younger children. The child-centered risk score is made up of eight items, including parent's attitude to placement, emotional care of older children, child's mental health, school adjustment, delinquent behavior, home-related behavior, child's cooperation, and child's preparation for parenthood. The economic risk score is made up of four items, including habitability of residence, suitability of living conditions, financial problems, and caretaker's ability to meet the physical needs of the child. The Family Risk Scales were normed on a sample of 1158 families served by preventive programs in New York over a two month period in 1983. Factor analyses on the summary scales found alphas of .88, .83, and .78, for parent-centered, child-centered, and economic risk, respectively. These Family Risk Scales thus provide reliable summary scores of risk as well as information on individual risk items for analysis.

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Client characteristics. The following were measured at intake: nature of family's presenting problems, placement risk for each child, and demographic characteristics of family members. *Placement risk* was a dichotomous variable delineating the imminence of risk of placement (if the child were to receive no further services) for each child in the family. This rating was derived from the referring caseworker, based on the investigation report conducted in the home, at staffings conducted prior to the Family Preservation Unit acceptance of the case. *Demographics* included family composition and constellation, monthly income, prior child removals, criminal history, and presence and severity of substance abuse. *Family resources* were assessed at intake and at case closing, to measure whether they had increased during services. These included material resources such as food, a phone, AFDC, and housing, and other resources such as employment and the ability to read and write.

Service characteristics. Basic service characteristics included number of days the case was open and number of hours served. Monthly *Contact Sheets* were utilized by caseworkers to track service time with the family, documenting the amount and site of service time provided. This provides a specific count of hours spent in the home versus those spent in the office and other places. Enumeration of hard, soft, and enabling services was provided by a *Checklist of Services Provided* (such as household care, teaching of family care, transportation, health care, etc.), completed by the caseworker at case closing.

Results

Case Outcomes

Child removal. Of the 40 cases served by the Tarrant County Family Preservation Unit during this period, 36 (90%) were still intact at case closing and 36 (90%) were intact three months later. Of the 97 children served, four were placed, for a 96% placement prevention rate for children. Of the four families who were not still intact at case closing, three had voluntarily placed their children with relatives. The one child who was involuntarily placed was a failure-to-thrive infant who subsequently died. The remaining two (older) children in that family were not removed.

Only 53% of cases were closed outright due to satisfactory progress. Another 22% were transferred to other services; most to Catholic Social Services, a private agency offering a home-based program that could continue to support and monitor the family. Two cases were transferred to another in-house (non-family preservation) unit. None of these cases referred for continuing services had a subsequent substantiated report of abuse or neglect, nor were any reopened for services.

There were 34 families judged to be at imminent risk of placement in this sample, and all four placements occurred in imminent risk families. The non-placement rate among those families judged to be at imminent risk, therefore, was 88% at closing and at three months following case closure. There were a total of 61 children judged to be at imminent risk of placement, and the four children who were subsequently removed (7%) had all been at imminent risk.

Reports of mistreatment. Two-thirds of the families served (n=27) had no further abuse or neglect reports while receiving FPU services. One-third of the forty cases served (n=13) had an additional abuse or neglect report filed while the case was served by the Family Preservation Unit. There were 26 individual abuse reports filed in these thirteen cases, since some reports concerned more than one child in a family. Half of these reports were for physical abuse; another 35% were for neglectful supervision; the remainder were for sexual abuse (8%), emotional abuse (4%) or other mistreatment (4%). It is important to note that in at least seven cases, reports were unsubstantiated.

Twenty-nine families (72%) had no further reports of abuse or neglect after case closure. There were abuse or neglect reports filed on eleven families (28%) subsequent to receiving services. Four of these concerned physical abuse, five concerned neglect, and one, sexual abuse (one did not specify the type of abuse). Five of these reports were substantiated. The five children with subsequent substantiated reports of abuse (and the two children whose cases were subsequently reopened) had each been judged to be at imminent risk of placement when served by the Family Preservation Unit. Caseworkers appeared to apply the imminent risk determination judiciously in this evaluation.

Case reopening. Of the eleven abuse or neglect reports filed after case closure, only two resulted in the case being reopened to a DPRS unit, both for neglect. These reopenings occurred 2.5 and 4.5 months after case closure. Among the 37 cases that had been closed for at least three months at the time of this report, therefore, 35 (or 95%) were neither reopened nor had a child removed.

Characteristics of Children and Families Served

As is common among many evaluations of intensive family preservation services, few family or child characteristics were associated with program success or failure. This may be because the population served by these programs tends to be fairly homogeneous. The only family characteristic associated with a subsequent substantiated report of mistreatment or with case reopening was the problem of child neglect.

Over half of the families served had either one (35%) or two (20%) children, although some families had three (22%), four (13%) or five children (10%). No family had more than five

children (see Table 3). The children tended to be fairly young, with a mean age of 4 years, and ages ranging from 13 days to 14 years old. Approximately one-third of families (35%) were headed by a single caretaker. Almost all of the families (85%) had at least one child who was judged to be at imminent risk of placement when the case was opened by the Family Preservation Unit. Eight families (20%) had experienced a prior child removal.

The type of abuse was noted for each family, and more than one type of abuse or neglect could be noted for a family. Over half of all cases were opened for physical abuse (58%), followed in frequency by neglectful supervision (30%), physical neglect (25%) and medical neglect (15%). Relatively uncommon were cases opened for sexual abuse (8%), emotional abuse (5%), abandonment (5%), or refusal to accept parental responsibility (5%). Subsequent reports of mistreatment and/or case reopenings were significantly more likely for families who had received services for physical neglect and/or neglectful supervision.

In most families, the primary caretaker was female (85%). Using the ethnicity of the primary caretaker as a proxy for family ethnicity, over half of the families served were Anglo (57%), followed by African American (30%) and Hispanic (13%). There was only one family where the primary and secondary caretakers differed in ethnicity. Two of the three families who voluntarily placed their children with relatives were African American.

The mean age of both the primary and secondary caretaker was 25 years old, although the youngest primary caretaker was 13 years old. No caretaker was older than 38 years old, and 15% of each group were younger than 21. The parent's age was not related to case outcomes. Few primary caretakers had a criminal history (8%), but a greater proportion of secondary caretakers (31%) had such a history.

Caseworkers were asked to list any special conditions of the primary or secondary caretaker which impaired their ability to parent. Among primary caretakers, 13% were said to have a learning disability, 5% a physical disability, 3% a developmental disability, and 10% were said to have a substance abuse problem. Among secondary caretakers, caseworkers noted that 15% had a substance abuse problem, followed by physical disability (8%), developmental disability (8%) or acute illness (3%). Special conditions were not associated with poorer outcomes.

It is interesting to note that, while substance abuse was noted as an impairing condition for 10% of primary caretakers and 15% of secondary caretakers, caseworkers noted that 20% of primary caretakers and 31% of secondary caretakers (double the proportion of those who were impaired by substance abuse) were said to actually abuse substances. The primary substances listed were alcohol, cocaine and inhalants. Substance use or abuse, as noted by the caseworker, was not associated with poorer outcomes.

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Family resources and risk factors. Caseworkers noted whether each family had a number of basic supports or resources at the initial assessment (see Table 1). The vast majority of families had a parent who could read, could write, and could speak and understand English. A large number had food in the home and housing. Over half of the families began treatment receiving Medicaid and/or food stamps, with fewer families receiving AFDC and/or SSI. Just over half of families had a phone and just fewer than half had a car.

Only one-third of families had a parent with employment. The mean monthly income at intake was $732.50, for a mean annual income of $8,790 (including AFDC and other cash sources). There were ten families, however, for whom an income amount was unknown. Monthly incomes at intake ranged from $0 to $3000.

Mean risk levels, as measured by caseworkers using the Family Risk Scales, were comparable to those found by Magura, Moses, and Jones (1987). The mean summary risk scores on parent-centered risk and child-centered risk were slightly lower than those for the normative sample of 1,158 families in New York, while the two groups were equivalent in economic risk (see Table 2). Cases referred for neglectful supervision were rated as having more severe levels of parent-centered risk at intake. Physical neglect cases were rated as having significantly more severe levels of parent-centered risk, child-centered risk, and economic risk at intake, and still had significantly higher levels of parent-centered risk at case closure, as well.

Looking at the proportions of families for whom any particular risk item was a problem (scoring more poorly than a "1," or "adequate"), more than two-thirds of families in this sample were judged to be at risk concerning knowledge of child care, financial problems, verbal discipline of children, emotional care of children over age 2, preparation for parenthood, adult relationships in the household, use of physical punishment, and parenting of older children. Risk was most severe regarding parents' knowledge of child care, emotional care of children over 2, parenting of older children, financial problems, use of physical punishment, and school adjustment.

Relatively few families were judged by caseworkers to be at risk concerning sexual abuse (13%), the parent's attitude to preventing placement, the habitability of the residence, the mental health of the child, or the parent's substance abuse.

Families were more likely to have subsequent substantiated abuse or neglect reports following case closure when they had entered family preservation services with more severe levels of economic risk. Severity of parent-centered or child-centered risk at intake was not associated with subsequent reabuse.

Service Provision

Type of service provided. The most common services provided were soft services, namely case planning, assessment, teaching of parenting and family care, crisis intervention and counseling by the caseworker (see Table 3). Of these, counseling by the caseworker was associated with subsequent family stability. Forty percent of families received counseling from the caseworker, and none of the families who had subsequent substantiated reports of abuse or neglect had received counseling from their FPU caseworker.

Due to budget cuts halfway through the evaluation, provision of purchased services to families was severely curtailed, with cuts in funding for purchased services (except for protective day care) to 40 hours per month for the Family Preservation Unit. Due to these cuts, fewer than a quarter of families received some of the soft services, such as adult counseling, parenting classes, family counseling, child counseling, child development services, psychological assessments or attended the contracted groups for neglectful mothers or anger control classes.

Of the enabling services, referral was a fairly common service for families, followed by the "Learning About Myself" and "Nurturing" support groups. Half of all families attended the "Learning About Myself" educational and support groups and/or the "Nurturing" educational and support groups. Many families were provided purchased protective day care for their children. Many families received help in acquiring medical services, food, financial assistance, and housing. Relatively few parents attended the "Rightful Options and Resources" educational and support groups, or parenting classes. Few were helped with parent educational goals.

Of the hard services, transportation was very commonly provided to families, but help with household maintenance or resources were provided to only 10% of families. This is too low a proportion, given the number of families with severe levels of risk concerning the adequacy of the residence and material resources.

Site and length of service provision. The mean time spent in direct contact with a family was 52.5 hours, although contact time ranged from 7.5 hours to 129 hours. Cases were open an average of 123 days (or 17 weeks). Fewer than half of cases (39%) closed in the recommended four months or less, but 73% had closed by the end of five months.

Each family received an average of 14.7 hours in in-home service with the caseworker (see Table 4). This is much less than the required 20 hours per month in the home. Families spent another 11.8 hours on average in agency support groups such as "Learning About Myself" or "Nurturing." The client spent another 11.7 hours on average with the caseworker at other locations outside the office. These could include schools, hospitals, day care centers or households, grocery stores, etc. Almost four hours were spent by the caseworker per case on the phone, and 3.4 hours were in the car. Fewer than two hours on average were spent with the

clients in the office, and fewer than two direct service hours were spent on paperwork. A little over an hour, on average, was spent in collateral contacts, meaning time with other parties such as teachers or doctors, when the client was not present.

The intensity of service for a case was computed by averaging the number of minutes spent on a case per week. Service intensity ranged from 42 minutes to 363 minutes (6 hours) per week, with a mean of 3 hours per week. Service intensity was not related to the severity of risk levels in the family at intake or at case closure, and did not differ by the type of abuse or neglect present in the family.

Families with subsequent abuse or neglect reports had received significantly less service time overall (28.4 hours vs. 56.6 hours, on average), and fewer days of services (90 days vs. 127 days, on average). Families who had substantiated reports of abuse or neglect following FPU services had received significantly less time in support groups, in field contacts, and in office contacts. They also had received somewhat less time, on average, of services in the home.

The match of services to family risk. It appears that there was some matching of services to the initial risk factors present in the family. When families had severe levels of parent-centered risk at intake, they were significantly more likely to receive teaching of parenting skills and help with legal assistance. When families had greater severity of child-centered risk, they were also significantly more likely to receive teaching of parenting skills, and were significantly less likely to receive adult counseling or attend the Rightful Options and Resources support group. When economic risk was severe at intake, families were significantly more likely to receive help acquiring food, help with household maintenance, and transportation. In addition, families with severe levels of economic risk were somewhat more likely than others to receive help with financial assistance, or help with medical care.

The amount of total service time spent with a family was not correlated to the risk levels present in the family at intake. Regarding the site of service, the amount of time spent in the home was not related to levels of risk at intake. Caseworkers spent significantly less office time and significantly more collateral contact time with families with a higher level of parent-centered risk, and spent significantly more collateral contact time and more time in staffings when there were higher levels of child-centered risk. The number of days the case was open was not related to the family's severity of risk at intake.

Client Gains During Treatment

At case closing, equivalent numbers of families could write and understand English, and there were no increases in the number of families with food or housing. There were statistically significant increases, however, in the number of families receiving Medicaid (from 58% to

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83%), food stamps (from 58% to 80%), and AFDC (from 33% to 50%). Two more families had a phone and four more families had a car at the close of services. Five families had gained employment by the end of services. The mean monthly income increased by $156.50 to $889 a month, or $10,668 a year, still under the poverty level for a family of three. Again, there were twelve families for whom a monthly income at closing was not given.

The mean scores on family risk items decreased from initial assessment to case closing on all items but two, which remained the same. Thus, on average, severity of family risk did decrease somewhat from intake to closing, as rated by the caseworker. A statistically significant decrease was seen in parent-centered risk, particularly concerning the parent's knowledge of child care, preparation for parenthood, and the emotional care of children over the age of two. There were no significant decreases in child-centered or economic risk, however. Subsequent reabuse was not associated with severity of risk levels at case closure.

Looking at the proportions of families for which risk factors were still judged to be a problem at closing (rated more poorly than "adequate"), there were decreases in most individual risk factors from case opening to closing, with a statistically significant decrease in the proportion of families for whom adult relationships were a problem. Despite the lack of statistical significance, there were large decreases (greater than 15%) in the proportion of families with problems with preparation for parenthood, parental cooperation, parent's mental health, emotional care of children over the age of 2, children's school adjustment, children's cooperation, and delinquent behavior. At case closing, however, there were still large proportions of families with poor parenting of older children (80%) and financial problems (77%). The fewest improvements were seen in the proportion of families judged to have inadequate social support, problems with parenting of older children, and poor emotional care of infants.

Risk levels at case closing were also not associated with the amount of time the worker had spent with the family, or with any particular service. Severity of risk at closing was also not related to how long the case had been open.

Conclusions

Limitations of the Research

Before discussing the findings of this evaluation and their implications, several cautions about the study design and data are in order. This program evaluation examined the cases opened by the Family Preservation Unit over a six-month period, from May 1 to October 31, 1993. This time period resulted in a sample size of 40 families, which is a relatively small sample for any statistical comparisons. The lack of statistically significant associations between client or

service characteristics and case outcomes, therefore, may be more a function of sample size than anything else.

Without a control or comparison group, this study was not able to assess whether children would actually have been placed with or without family preservation services. It is hoped that a control group will be added in subsequent evaluation efforts, but, because the program was relatively new in the agency and there was political concern about the fit between the Family Preservation Unit and conventional units, a control or comparison group at this time appeared infeasible and unwise. A control group was particularly infeasible due to the high-risk nature of the sample; denial of services to this population would be contrary to the state mandate to serve these families. Once this pilot study lays the groundwork for research efforts in the unit, access to comparison (conventional services) cases may become more available.

All information about families, from client characteristics to severity of family risk factors, was based on caseworker assessment of, or information about, the family. It may be that changes in family functioning from intake to closing (or the lack of change) was biased by other factors affecting the worker's perception of the family, rather than objective assessments of family risk or family characteristics. Use of the Family Risk Scales, in which each rating score is anchored by operational definitions of risk for that level, was intended to minimize the subjectivity of ratings, but the extent to which this occurred is unknown.

Only a three-month follow-up period has elapsed since closure of the majority of cases in this evaluation. It is probable that more children may be placed or more cases may be reopened as more time passes. Therefore, the placement prevention and case reopening prevention rates reported will probably decrease at six-month and twelve-month follow-up points.

Conclusions

This evaluation found that 90% of families were still intact at three months following case closure (88% among imminent risk cases). This placement prevention rate is on the high end of the range of success rates reported by family preservation programs across the country. About one-fifth of cases, however, were referred upon case closure to Catholic Social Services for continuing services. None of the families referred for continuing services had a subsequent report of abuse or neglect and none were reopened for services. While this is a positive finding regarding case outcomes, the cost-effectiveness of intensive family preservation services when they result in subsequent referral to ongoing services has not been examined.

The characteristics of children and families served were fairly typical of a child protective services caseload, in that these were fairly young parents with fairly young children. Approximately one-third of families were headed by a single parent. The mean income for

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these families was $732.50 per month. Over half of all cases were opened for physical abuse, although large proportions were open for neglect.

The Family Preservation Unit was least effective in strengthening families who had the presenting problems of physical neglect or neglectful supervision. This has been found by other evaluations of family preservation services (Berry, 1992; Yuan & Struckman-Johnson, 1991), as well. A short-term model of services is probably best suited to acute crisis-level problems and not to chronic situations of severe neglect. Neglectful families typically come to the attention of child welfare services after a longer period of dysfunction and are also more difficult to engage in treatment. If family preservation caseworkers are not well-trained in engagement tactics and also do not provide the concrete assistance and social supports needed by these more impoverished and isolated families, intensive and short-term services will continue to be inadequate.

The primary services provided to families by the Family Preservation Unit caseworkers appear to concern the soft services of case planning, assessment, and the teaching of parenting and family care. The most common hard service is transportation. There did appear to be some matching of services to the severity and type of risk factors present at intake. Teaching of parenting skills was significantly more likely to be provided to families with higher levels of parent-centered and child-centered risk. The enabling services of help acquiring food, help with household maintenance, and transportation were more likely to be provided to families with higher levels of economic risk.

The amount of total service time or time in the home, however, was not related to the level of risk in a family at intake. The five families who had subsequent substantiated reports of abuse or neglect had not received counseling by the caseworker and had attended significantly fewer hours of support groups. This finding may indicate that caseworker counseling and support groups are very effective services. On the other hand, the provision of counseling by the caseworker may also or instead serve as an indicator of parental motivations or engagement of the family by the caseworker. This conclusion is corroborated by the finding that families with subsequent substantiated reports of mistreatment had received less direct service time, on average, and their cases had been open significantly fewer days.

After receiving services from the Family Preservation Unit, significantly larger numbers of families received financial assistance, in the form of AFDC, food stamps, and Medicaid. The mean monthly income of families had increased to $889 or over $10,000 a year. Risk factors decreased for many families, with a significant decrease in parent-centered risk and a substantial reduction in the number of families judged to have a problem with parenting practices. There were smaller decreases in the severity of economic risk and in the presence of environmental risk factors, such as financial problems, suitability of living conditions, habitability of residence and the parent's ability to meet the physical needs of the child.

Recommendations

Clarity of purpose. Family Preservation programs need to make clear the distinction between appropriate and inappropriate cases for intensive family preservation services. Clear criteria for determining whether a family is at imminent risk of placement is most important. If a Family Preservation Unit is to stand apart from other ongoing services units in a child welfare agency, the other units need to understand the focus of the treatment model. Family Preservation programs which provide short-term and intensive service to families in acute crisis will not be effective with chronic neglect families nor as a monitoring service for less than crisis-level cases. Acceptance of inappropriate cases will degrade a program's adherence to an intensive model of treatment and the role of such a program within a larger agency.

Clarity of method. Many researchers and practitioners are lamenting the phenomenon whereas agencies are implementing the family preservation model due to the appeal of short-term treatment and highly publicized effectiveness, without adequate training of workers or agency directors in a coherent and integral model. As discussed earlier, this model builds on family-defined needs and goals to engage families early in treatment through all three types of services: hard, enabling and soft. Caseworkers, therefore, need additional training and assistance in engaging resistant clients through client-defined goals and other strategies. This training should include attention to the role of providing concrete assistance and services as a way to build trust with families within the Intensive Family Preservation model.

Slippage from adherence to the classical intensive family preservation services model is most evident in the low number of hours spent by caseworkers in the home (workers spend fewer than 15 hours per case, on average, in the home, although they are practicing a home-based model of services), and the low average number of total service hours per week with the family (an average of 12 hours per month). The family preservation model of services emphasizes spending the bulk of service hours in the home and with field contacts, such as school and medical personnel, to increase the provision of concrete and enabling services. The neglect of concrete resources and the inability to engage resistant clients indicates that this program is slipping toward a more general model of ongoing services, but with the added stress of a four-month time limit. Family Preservation caseworkers, therefore, need basic and ongoing training in the classical home-based and family-centered model of treatment, with some attention to how their particular program adds to or modifies that model.

Concrete resources are a necessity in short-term programs with high-risk families. These families need assistance with household maintenance and basic needs such as food and transportation. Attention to these needs is a critical element of intensive family preservation services, for two purposes that are empirically sound: assistance with concrete needs helps to engage families in the short period of time that cases are open, and child placement decisions,

made by investigators not familiar with the family, are heavily influenced by the environmental safety and appearance of the household.

Table 1
Family Resources

	At Intake		At Closing	
	Number (n=40)	Percent	Number (n=40)	Percent
Parent can read	39	98	40	100
Parent can write	39	98	39	98
Parent speaks/understands English	39	98	39	98
Family has food in home	38	95	38	95
Family has housing	36	90	36	90
Family receives Medicaid	23	58	33	** 83
Family receives food stamps	23	58	32	** 80
Family has a phone	21	53	23	58
Family has a car	18	45	22	55
Family receives AFDC	13	33	20	* 50
Parent is employed	13	33	18	45
Family receives SSI	6	15	5	13
Mean monthly family income (all sources)	$ 732.50		$ 889.00	

* Increase from intake to closing is significant at .05 level (one-tailed test).
** Increase from intake to closing is significant at .01 level (one-tailed test).

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Table 2
Family Risk Scores

	Mean Risk Scores		Percent with Problem	
	Number (n=40)	Percent (n=39)	Number (n=40)	Percent (n=39)
Summary Factors				
Parent-centered risk (b)	1.9	** 1.6		
Child-centered risk ©	1.4	1.3		
Economic risk (b)	1.7	1.6		
Household and Family Risk Items				
Financial problems (a)	2.2	1.9	83	77
Adult relationships (a)	1.9	1.7	73	** 53
Family's social support (a)	1.8	1.7	62	59
Suitability of living conditions (b)	1.6	1.6	45	37
Habitability of residence (b)	1.3	1.2	20	14
Primary Caretaker Risk Items				
Knowledge of child care (a)	2.5	** 2.1	88	73
Preparation for parenthood (a)	2.1	* 1.9	75	56
Parent's motivation (b)	2.0	1.7	55	49
Parental cooperation (a)	1.7	1.5	58	41
Parent's physical health (b)	1.5	1.3	35	24
Parent's mental health (b)	1.5	1.3	49	30
Parent's substance abuse (b)	1.4	1.3	24	16
Attitude to preventing	1.1	1.2	13	6
Oldest Child Risk Items				
Emotional care if child 2 or	2.3	* 1.7	79	63
Parenting of age 10 and up (a)	2.3	1.5	67	80

* Pre-to-post difference is significant at .05 level (one-tailed test).
** Pre-to-post difference is significant at .01 level (one-tailed test).

(a) Item is measured on a 4-point scale. Lower number indicates lower risk.
(b) Item is measured on a 5-point scale. Lower number indicates lower risk.
© Item is measured on a 6-point scale. Lower number indicates lower risk.

Table 2 -- continued
Family Risk Scores

	Mean Risk Scores		Percent with Problem	
	Number (n=40)	Percent (n=39)	Number (n=40)	Percent (n=39)
Oldest Child Risk Items (continued)				
Physical punishment (b)	2.2	1.7	71	60
School adjustment ©	2.2	1.6	57	22
Verbal discipline (a)	2.1	1.8	81	64
Child cooperative (a)	1.8	1.6	50	30
Physical health (b)	1.7	1.6	35	24
Physical needs met (a)	1.6	1.4	41	34
Supervision under age 10 (a)	1.6	1.4	38	27
Emotional care if child	1.5	1.5	40	47
Sexual abuse (b)	1.4	1.3	13	14
Behavior at home (b)	1.4	1.2	28	22
Delinquent behavior (b)	1.4	1.1	27	6
Mental health (b)	1.3	1.2	22	16

Mean scores are presented for the purpose of pre-to-post comparisons on factors and individual items, but are not appropriate for comparisons between factors or items.

* Pre-to-post difference is significant at .05 level (one-tailed test).
** Pre-to-post difference is significant at .01 level (one-tailed test).

(a) Item is measured on a 4-point scale. Lower number indicates lower risk.
(b) Item is measured on a 5-point scale. Lower number indicates lower risk.
© Item is measured on a 6-point scale. Lower number indicates lower risk.

Table 3
Service Provision

	Total Sample		Experienced Subsequent Abuse	
	Number	Percent (n=40)	No (n=35) %	Yes (n=5) %
Soft Services				
Case planning	33	83	86	60
Assessment	32	80	83	60
Teaching parenting and family care	29	73	71	80
Crisis intervention	22	55	51	80
Counseling by caseworker	16	40	46	* 0
Contracted adult counseling	9	23	100	0
Contracted family counseling	5	13	14	0
Contracted child counseling	4	10	9	20
Contracted child development services	4	10	9	20
Contracted psychological services	3	8	9	0
Contracted filial therapy	1	3	3	0
Enabling Services				
Referral	27	68	63	100
Learning About Myself support group	20	50	54	20
Nurturing group	20	50	51	40
Help acquiring medical	19	48	49	40
Protective day care	17	43	40	60
Help acquiring food	16	40	40	40

* Difference is significant at .05 level.

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Table 3 -- continued
Service Provision

	Total Sample		Experienced Subsequent Abuse	
	Number	Percent	No	Yes
		(n=40)	(n=35)	(n=5)
			%	%
Enabling Services (continued)				
Help acquiring financial assistance	13	33	34	20
Help finding housing	8	20	20	20
Rightful Options and Resources group	6	15	14	20
Contracted parenting classes	6	15	17	0
Parent education	5	13	14	0
Neglectful mothers group	3	8	9	0
Anger control class	2	5	100	0
Help acquiring legal assistance	2	5	6	0
Hard Services				
Transportation	32	80	83	60
Household maintenance	4	10	9	20
Other	6	15	14	20

* Difference is significant at .05 level.

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Table 4
Service Time Spent by Family Preservation Caseworker

		Reabused	
	Total Sample	No	Yes
	(n=40)	(n=35)	(n=5)
Mean Number of Hours Spent:			
In home	14.7	15.3	11.2
In group	11.8	13.1	* 4.2
In field	11.7	12.8	* 4.9
On phone	3.9	4.0	2.8
In car	3.4	3.5	2.7
In office	1.9	2.1	** 0.2
Paperwork	1.9	2.0	1.2
Collateral contacts	1.2	1.2	1.2
In staffing	0.3	0.3	0.1
Other	2.0	2.3	0.0
Total Time Per Case	52.5 hrs.	56.6 hrs.	* 28.4 hrs.
Mean Number of Days Case Open	123.0 days	127.0 days	* 90.0 days
Intensity	2.9 hrs./wk.	3.0 hrs./wk.	2.0 hrs./wk.

* Difference is significant at .10 level.
** Difference is significant at .05 level.

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