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# Conceptual Bases of the Planning Process in Family Preservation/Family Support State Plans

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June Lloyd

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*Congress and the Department of Health and Human Services (DHHS) intend for the Family Preservation and Support Act of 1993 (P.L. 103-66) to catalyze major reforms in state human services systems. DHHS and numerous other institutions developed conceptual and procedural guidance for the states' planning processes. Review of the planning dimensions of participation and expertise reveals that major emphases on stakeholder participation and technical planning processes obscure the need for expertise in family preservation and family support.*

The adequacy of the public child welfare system in many states has experienced increasing scrutiny during the past two decades. Initially, "foster care drift" was targeted. During the late 1970's, almost 500,000 children were living in foster care. Child advocates and Congressional investigation targeted patterns of organizational and institutional neglect of these children. The response to these revelations was the development of a set of practice and procedural innovations called Permanency Planning. This movement focused the attention of child welfare systems on providing parents of children in foster care with clear choices and time frames in which to act to be unified with their children. As a result, foster care placement rates declined. Subsequently, the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) established states' obligation to "make reasonable efforts" to maintain at-risk children in their own homes and required judicial determination that the efforts had been made (McGowan, 1988, pp. 69-89).

By 1986, the brief decline was over and placements began to rise anew. As we moved into the next decade, three-fourths of the states continued to experience growth in the number of children in foster care by 5-10% per year (Tatara, 1993). An associated dilemma was the sheer volume of child abuse and neglect reports. "In the context of rising caseloads and declining resources, 'business as usual' is no longer possible and agencies are turning to family preservation and family support to address increasingly complex needs" (Nelson & Allen, 1995, p. 109).

Since the 1970's, there has been an accelerating interplay between practice innovation and federal and state attempts to improve services in the child and family arenas. At the federal level, this process culminated in the passage of the Family Preservation and Support provisions of the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66). The Act makes available to states one billion dollars over five years (Lloyd & Sallee, 1994, p. 4). One of the significant features of the Act is that it has initiated a broad-based experiment in near textbook social planning.



This paper describes the process by which planning and implementation of the Family Preservation and Family Support Act were initiated. The federally established process is analyzed in light of Gilbert and Specht's analysis of the community planning processes within the context of social welfare. Three competing values emerge in the social planning arena. These prized values are participation, expertise, and leadership (Gilbert & Specht, 1969, pp. 338-345). Analysis of the interplay among these critical values provides a useful framework for ongoing study of the process by which the Family Preservation and Support Act is implemented. Examples are drawn from review of the state plans developed in federal DHHS Region VI, as well as composite data from a national study commissioned by the Administration for Children and Families, DHHS. This analysis suggests areas of emphasis and further study as the implementation of the Family Preservation and Support Act continues.

The program instructions developed by the Administration for Children and Families, Department of Health & Human Services, provide the following direction:

The legislation requires states to engage in a comprehensive planning process [emphasis added] for the development of a meaningful and responsive family support and family preservation strategy. To take full advantage of the opportunity for comprehensive planning, the scope of planning should go beyond child welfare to include housing, mental health, primary health, education, juvenile justice, community-based programs providing family support and family preservation services, and other social programs that serve children and families in the state and its communities. Consumers, practitioners, researchers, foundations, mayors, and legislators are some of the stakeholders who should be active in the planning process (USDHHS, 1994, p. 1).

The program instruction laid out the broad goals and provided working definitions for family preservation and support services and a list of six "shared principles most often identified by practitioners." It neither required nor endorsed any specific program model for implementation. In fact, other than appending a number of individual program models, the program instructions offered little guidance for the full system and cross-system structural innovations and designs by which the envisioned family preservation and support strategies could be implemented. However, states would have an opportunity to discuss the bases for the selection of their program models, the operation of specific service designs and options, and sources for additional information on high quality program approaches and models. The shared principles include that services are focused on the family as a whole, are easily accessible, are flexible and responsive to real needs, are community-based and involve community organizations and residents (including parents) in their design and delivery.

The federal guidance further urges states to "seize the extraordinary planning opportunity by engaging in a thoughtful, strategic planning process [emphasis added] that includes a wide array of state, local and community agencies and institutions, parents, consumers, and other interested



individuals" (USDHHS, 1994, pp. 10-12). Finally, the state planners are advised that state planning and service development activities should include the identification and gathering of data needed for planning (USDHHS, 1994, p. 12). They were encouraged to use 100 percent of the first year funds for "comprehensive planning and other planning related activities such as training, technical assistance, assessment, public education, and commissioning further analyses" (USDHHS, 1994, p. 21).

The magnitude and importance of this planning process is illustrated by the extensive roster of national organizations which involved themselves in the development of planning tools and the provision of technical assistance for state planners. Of particular note was the collaboration of the prestigious Center for the Study of Social Policy and the Children's Defense Fund on a 150 page planning guide entitled Making Strategic Use of the Family Preservation and Support Service Program and the Family Impact Seminar's collaboration with numerous national experts to provide An Assessment Tool for the Child and Family Service Plan. Various other planning supports were developed by the network of resource centers funded by the Children's Bureau, DHHS. Despite the fact that the state agency administering the public child welfare program was most frequently designated as the lead agency for the planning process, little representation from these state agencies was included in the process of developing tools and planning supports.

The Administration for Children and Families, DHHS, contracted with James Bell Associates to conduct the "Family Preservation and Family Support Services (FP/FS) Implementation Study." There was a preliminary report issued in 1995 and the "Final Report on Analysis of 1995 Five-Year State Plans," which was issued in March of 1996.

### Participation

According to Gilbert & Specht, the first planning value is participation. A salient feature of the guidelines for the planning process initiated by the Act is the constant emphasis on actively involving a broad-based group. The program instructions list nine required categories of stakeholders including parents, community representatives, judges, advocates, and public and private service providers, from the major human service systems (USDHHS, 1994, p. 50668). A reviewer of the planning tools is immediately struck by the frequency of words from the rhetoric of participation such as "inclusive," "broad-based," "stakeholders," and "community." While the majority of the planning processes are conceived and administered from the state level, this emphasis on the community's role and the involvement of parents is a clear departure from other recent planning endeavors in the arena of services to children and families. The preliminary Bell Associates Report indicated that most states appeared to make serious efforts to be as inclusive as possible in the planning process.

The value of participation is supported by experiments which indicate that when people are engaged directly in the decisions that impinge on their own lives, those decisions are more likely to be binding. However, by opening the planning process to many stakeholders, "a swarm of



competing claims to the public interest descend and decision-making is at risk of degenerating into a hopeless drone of discussion and debate" (Gilbert & Specht, 1969, pp. 338-345).

Let us consider first the most important grassroots participants, the parents and families who receive family preservation and support services. Over 80 percent of the states reported parent involvement at the outset of the planning process (Bell Associates, 1995). Several regional DHHS offices noted that the level of consumer involvement diminished during the course of the planning effort. These dynamics are characteristic of the level of citizen participation at which citizens begin to have some real degree of influence. However, the effectiveness of their efforts and how long their participation is maintained largely depend on the quality of the technical assistance they have in articulating their priorities and the extent to which they are organized (Arnstein, 1969). It is legitimate to conclude that what rescues participatory efforts from being perceived as placation and what sustains consumer participation in the planning process is provision of the expertise needed to meaningfully participate. In the national study, only the state of Maryland is noted as supporting this process by conducting leadership training for parents who participate in the planning process (Bell Associates, 1996).

The second major group of stakeholders is the professionals in the human services arena. The Bell Associates Preliminary Report indicates that involvement of private welfare agencies, advocacy groups, and other community-based organizations was reported in from 72 to 78 percent of the state plans analyzed (Bell Associates, 1995, p. 54).

### Expertise

A potential antidote to the dilemmas introduced by multiple stakeholders is combining participation with a high level of expertise. This concept includes "the special skills and knowledge possessed by the planner" (Gilbert & Specht, 1969, pp. 344-45). In addition, this second value has more than one dimension. The first dimension is the value of knowledge and skill about how to plan, in which the planner is accountable primarily to the requirements of his profession. This conception may overlook the importance of the second dimension, which is expertise in the arenas of human activity in which a discrete planning endeavor is focused, in this case the principles and practice strategies of family preservation and support. These include the program designs, service innovations, and collaborative strategies which have potential to carry the benefits of this approach cross-systems to all human services. The question which rises is to what extent are planning processes enlightened and guided by both types of expertise? Federal program instruction and planning tools emphasize community and grass roots participation and application of the technical expertise of strategic planning. The values base and expertise of family preservation and support, accumulated over the past 20 years, while evident, are given much less emphasis. Even when guidelines urge steps to ensure that stakeholders are actively engaged in planning and "have all of the information and support they need to be full participants" (Allen, Emig & Farrow, 1994, p. 107), the content that is recommended is "of administrative, budgeting, and other issues," rather than interpretations of



program information and research data presented in ways to engage and galvanize them to advocacy.

### Leadership

The third value is leadership in which the planners either make complex decisions or align with powerful leaders who have the authority and skill to implement. The caveat for implementing a paradigm shift as value laden as that of family preservation/support is that leaders (administrators and planners) who set the direction and make the salient decisions about service system orientation often are political appointees whose selection may have little relationship to their planning expertise, service orientation, or value set. Ideally, they would look to the planner for the needed expertise and, ideally, the planner is expert both at planning and at the special knowledge of family preservation and family support. Even when an administration's value sets are congruent with the new paradigm, "the capacity to rule or lead does not ensure the capacity to plan and implement changes" (Gilbert & Specht, 1974, p. 346).

### Interplay of Values

As the direction was set for the nation to plan and implement the Family Preservation and Support Act, this planning effort seemed to support the Gilbert & Specht observation that "... at their inception all community planning programs seem to invoke all three values, though this kind of *tout ensemble* never comes off very well. One of the values is sooner or later elevated above the rest" (Gilbert & Specht, 1974, p. 347). The remainder of this paper reviews the interplay of the values of participation, expertise, and leadership during the planning year phase. The hypothesis is that, while the Act and federal program instruction enabled a blend of all three, in practice, an emphasis on grass roots participation and the expertise of strategic planning methods often emerged above the values of informed leadership and the practice expertise of family preservation and family support.

We choose to follow Rothman and to use Friedman and Hudson's definition of planning as "an activity centrally concerned with the linkage between knowledge and organized action" (Rothman, 1995, p. 290) [emphasis in the original]. It then becomes a logical progression to look at the levels of knowledge and expertise which support the players at each stage of the planning process.

The national state plan analysis notes that first year training and technical assistance were focused on assisting with planning process activities. Those activities specifically mentioned were needs assessments, focus groups, parental involvement, gathering baseline data, and priority setting (Bell Associates, 1996, p. 61). Significantly, training in the second dimension, which is the specialized expertise of family preservation and family-centered practice, largely seems missing from the first year planning process. An alternative interpretation is that data was not collected on the training dimension of planning. Indeed, the Report concludes that "less

information was available in the state plans concerning training and technical assistance efforts to support FP/FS service delivery" (Bell Associates, 1996, p. 62).

The preliminary Bell Associates Study breaks out the percentages of first year planning allocations which states designated for training and technical assistance. Thirty-one states reported no allocation in this category during the planning year, although, in some instances, funds spent for training may be included in the general planning allocation category (Bell Associates, 1995).

In recent years, critics of professional education and training have called into question the competency-based approach to training precisely because it is grounded in analysis of what is currently being done. If family preservation is characterized accurately as a genuine paradigm-shift, it requires methods of training which provoke, inspire, and catalyze cognitive restructuring and a new set of practice competencies.

This is particularly true when the envisioned change requires participation and collaboration among multiple largely independent systems. The planning guides repeatedly urge planners to involve all major human services systems. "... Change must occur at the policy, administrative, and service levels of all agencies, serving children and families" (Allen, Emig & Farrow, 1994, p. 13). This implies that the intent is to apply the values, strategies, and techniques of family preservation and family support throughout the human services system. Systems frequently mentioned include health, juvenile justice, mental health, and developmental disabilities services. Applying the paradigm shift across systems requires major changes in the values, attitudes, and behavior of members of each system.

Another tenet of family preservation practice, family empowerment, also supports a stronger role for pre-planning training. Classic empowerment theory declares that being aware of and possessing the knowledge and skills to implement potentially better options is a prerequisite to genuine empowerment. Are local stakeholders, whether consumers or agency leaders, empowered to plan if they have never been introduced to the values nor mastered the state-of-the-art strategies and designs which accompany the paradigm shift?

The need for training in the innovative designs and techniques of family-centered practice may be equally strong among professionals from disciplines or agencies in which traditional practice does not include or support the principles of family preservation practice. Developing expertise and options through excellent training may be the most accessible route to integrated community planning, yet cross-systems training is barely touched upon in the planning tools and guidelines to implement the Act.

In fact, there are precedents in accomplishing this feat at the state level. Faced with narrowly categorical and fragmented services, complex bureaucracies, and declining resources, several



states are now turning to family centered services as the cornerstone by which to integrate human service systems (Adams & Allen, 1995, p. 109).

Contrast the suggested planning process with the process employed by Idaho, one of the acknowledged national leaders in system-wide innovation. Extensive training and consultation from the National Resource Center on Family Centered Practice included two weeks of training for each system's management and supervisory staff and 50 hours for direct service and supervisory field staff.

It is especially noteworthy that all this training preceded the state's planning for administrative and rules changes. It was felt that only after staff had developed substantive knowledge and skills through training, could their experience be incorporated into policy development (Nelson & Allen, 1995, pp. 118-119). In summary, training at the community level has the potential of strengthening and focusing administrators' potential as system change agents, laying consensual groundwork for effective coordination between and among agencies and disciplines, and enlivening the participation of all stakeholders in the planning process.

From the review of Region VI plans, three types of expertise emerged as important to planners and stakeholders: (1) pre-planning inspiration and education of planners and stakeholders on the basic practice and program design principles of family preservation and family support; (2) technical methodologies for measuring need and allocating resources; and (3) the technology of outcome-focused goal setting measures and monitoring. The plans also reveal that who plans is a relative matter that depends upon the organizational arrangements among planners, political, and state agency leaders.

Lead state agencies have responded to the importance of the strategic planning process as demonstrated by how they accessed planning expertise. For example, Oklahoma contracted with the National Resource Center for Youth Services, located in Tulsa, "to collaborate and manage the planning process, including the design and implementation of the needs assessment process" (Oklahoma Department of Human Services, 1995, p. 3).

Oklahoma was the only Region VI state in which systematic pre-planning training was a reported component of the planning process. It is reasonable to conclude that the fact that that planning agency (National Resource Center on Youth Services) is noted for the quality of the training materials it develops and the training it delivers, predisposed their awareness of the potential importance of pre-planning training. A series of eleven three hour information sessions were held throughout the state to prepare for the planning effort.

Louisiana engaged staff from the National Resource Center for Management & Administration in Human Services at the University of Maine. The Resource Center collected as much information on each parish as was available. The information was compiled and used as background data for community forums, as well as being incorporated into a set of databases



which allowed for detailed comparative analyses of the parishes. Eight indices were created and integrated into a single child and family need index. Total index scores were used to scientifically determine the ten parishes in which the systems of family preservation/family support service will be developed and expanded (Louisiana Department of Social Services, 1995, pp. 18-27).

Again, we point out that the type of expertise which leaders chose to engage profoundly shaped the planning process and outcomes. The resource center known for its technical expertise in management information systems and data analysis assisted the state to develop a sophisticated methodology to bring together need and resources. In this instance, the high quality of technical expertise available to the assessment process provided a solid database on which the participatory forums could function.

Federal guidance and the planning manuals previously referenced all stress "community" participation. For example, Texas held 27 consultative town meetings (Texas Department of Protective and Regulatory Services, 1995, p. 20). Oklahoma received input from community members and service providers in telephone surveys, in community meetings, and in focus groups (Oklahoma DHS, 1995, pp. 9-12).

The extensive emphasis on "community participation" requires further clarification of the actual role in plan development for the nine designated categories of stakeholders. In the current planning effort, the term "community" is used with almost mystical connotation of value. Yet many assert that geographical sense of community is all but extinct (Panzetta, 1972, p. 28). Is it perhaps anachronistic to program for a form of social organization that many assert no longer exists? Furthermore, it is uncertain that "community interest" is accurately represented by often self-selected or "professional" consumer members of an essentially horizontal "community" such as clients of the child welfare or other human service systems? This dilemma may be resolved by clarifying whether the community representatives are "facilitative" decision-makers or whether their role is one of sensitizing the decision makers to representative client family perspectives. The sensitizing role seemed to be the one operant in the plans reviewed. In either case, their ongoing participation is critical.

In addition to broad-based participation, a second theme of planning instructions and Vice President Gore's National Performance Review seems to be understood and heeded. The slogan "moving from red tape to results" requires a shift from measures of program activity to results measured as outputs and outcomes (Cohen & Ooms, 1994, p. 13). The Region VI plans demonstrate this movement by including largely appropriate process indicators and outcome measures. While the ultimate attainability of some (i.e., reduction in the divorce rate) or the utility of others may be unclear, they nonetheless represent a clear intent on the part of leadership to demonstrate results with measurable outcomes.



The effects of three major planning values are evident in the plans developed to implement the Family Preservation and Support Act. However, as we seek to improve the effectiveness of actions in pursuit of valued outcomes, as systems boundaries get stretched and as we become more sophisticated about the complex workings of open societal systems, it becomes even more difficult to make the planning idea operational" (Gilbert & Specht, 1977, p. 33). Developing the undeveloped facets of a cross-systems approach requires innovative application of each of the three of the planning values reviewed in this paper. Expertise on such issues as development of instruments and curricula for cross-systems application, caseload management, and implementation of funding strategies for managed care are current needs. All require a much greater role for development of expertise through training and technical assistance. The realization of the lofty visions of each state plan will be shaped by how dialectically responsive the leadership of each system can be to the emerging needs for expertise, leadership, and participation.

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