

1999

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### Recommended Citation

Freer, Richard and Wells, Kathleen (1999) "Coordination of Family Preservation Services in a Rural Community: A Case Study," *Journal of Family Strengths*: Vol. 4: Iss. 2, Article 7.

DOI: <https://doi.org/10.58464/2168-670X.1115>

Available at: <https://digitalcommons.library.tmc.edu/jfs/vol4/iss2/7>

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# Coordination of Family Preservation Services in a Rural Community: A Case Study

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Richard Freer and Kathleen Wells

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*Family preservation programs designed to prevent the out-of-home placement of children depend on the coordination of services from multiple agencies. Little is known regarding how coordination occurs. This case study examined this issue. Information was sought from all workers who provided services to each of five families and from families' case records. Thirty-one workers were interviewed with a semi-structured interview schedule containing rating scales and questions with open-ended response formats. Case records were reviewed with a case record review form. Analyses of data revealed the following. Services were coordinated to a moderate degree but that coordination deteriorated over time. Workers elaborated how aspects of communities, human service agencies, workers, and families affected coordination. Implications of findings for future research were drawn.*

## Introduction

Coordination of human services, such as social, mental health, health, educational, vocational, and recreational services, has been discussed extensively across service systems (Corrigan & Bishop, 1997; Crowson & Boyd, 1993; General Accounting Office, 1992; Hunter & Friesen, 1996; Kolbo & Strong, 1997; Stroul & Friedman, 1986; Thomas, Guskin, & Klass, 1997).

Coordination has been defined variously. Definitions include enhanced communication and cooperation (Auluck & Ikes, 1991); co-location of services (Dryfoos, 1994 cited in Knapp, 1995); shared resources (Cutler, 1994 cited in Knapp, 1995); redefined professional roles (Robison, 1993); integrated referral systems (Marzke, Chimerine, Morrill, Marks, 1992 cited in Knapp, 1995); and redesigned and integrated public service systems (General Accounting Office, 1992). Despite this variability, definitions tend to emphasize either the coordination of services provided to clients or the coordination of systems through which services are delivered.

Coordination of human services is believed to carry many benefits. These benefits include meeting the complex problems of America's families, especially those who are poor (Center for the Study of Social Policy, 1996); enhancing the accessibility, appropriateness, and use of services (Kolbo & Strong, 1997; Schorr, Both, & Copple, 1991); facilitating integration of knowledge from diverse disciplines (Thomas, Guskin, & Klass, 1997); and promoting the goals desired for clients and their families (Center for the Study of Social Policy, 1996). Moreover, some argue that the synergy created by the effort to coordinate services will increase the likelihood of client goal attainment (Corrigan & Bishop, 1997). Corrigan and Bishop (1997) have concluded that coordination is no longer an option but rather is a necessity and professional obligation.

There is growing concern, however, that the effort to coordinate human services may also carry risks. These risks include confusion among service providers over authority and accountability (Kusserow, 1991); loss by clients of their privacy (Kusserow, 1991); fragmentation of services (Bruner, 1991) and inefficient practice (Kolbo & Strong, 1997); and poor client outcomes (Golden, 1991 cited in Knapp, 1995). Kolbo and Strong (1997) note that some service providers may feel that cases are out of their control and that their work is subjected to obtrusive and unwanted scrutiny.

At present, we have limited knowledge regarding the coordination of human services. This is particularly true for clients and especially for clients living in rural communities (Kelleher, Taylor, & Rickert cited in Cutrona, Halvorson, & Russell, 1996). We lack basic descriptive knowledge of how services for clients are coordinated and with what effects. At the theoretical level, we lack theory to explain the variability in coordination of services to clients.

### **Study Purpose**

The present study is a beginning effort to contribute to knowledge in this area. It examines the coordination of a wide range of public and private human services to families participating in a family preservation program in a rural county.

### **Background**

#### **Coordination of Services in Family Preservation Programs**

Coordination of services to clients is a central component of the family preservation program model (Child Welfare League of America, 1989). Family preservation programs are designed to keep children at risk of out-of-home placement with their families (Tracy,



Haapala, Kinney, & Pecora, 1991). Typically, such programs are based in one service system such as the child welfare system but rely on services provided by other service systems such as the mental health system.

Several investigations of family preservation programs have examined some aspect of service coordination (cf., Beckler, Mannes, & Ronnau, 1991; Howard & Johnson, 1990; Landsman et al., 1993; Yuan, McDonald, Wheeler, Struckman-Johnson, & Rivest, 1990). For example, Yuan and her colleagues examined the relationship between agencies with which the State of California contracted for family preservation services and local child protective agencies. Based on site visits made to three family preservation programs, investigators identified factors they believed facilitated service coordination. These included the use of memoranda of understanding to establish guidelines for coordination, the presence of a liaison to coordinate work among agencies, and the provision of ongoing training for staff.

Howard and Johnson (1990) examined the relationship between the private agencies with which the State of Illinois contracted for family preservation services and local Division of Children and Family Services (DCFS) agencies. Based on intensive interviews with private agency and DCFS workers and personnel, investigators identified factors they believed facilitated and impeded coordination. Facilitators included prior positive relationships between agency and DCFS workers, the presence of a liaison to coordinate work, and use of group meetings to resolve problems that arose. Several impediments to coordination were named. These included delays in referring clients to family preservation programs, philosophical differences regarding the role of family preservation, disagreements over when and how to involve the courts in cases, and controversy over use of DCFS to monitor families, after termination from family preservation programs.

Beckler, Mannes, & Ronnau (1991) examined the implementation of the Intensive Home-Based Intervention Services Program, a family preservation program administered by the New Mexico State Youth Authority through contracts with private agencies. Based on stakeholders' (i.e., staff from contracting agencies, staff from the Youth Authority, and community and system personnel) answers to open-ended questions, investigators identified two impediments to coordination of services—lack of clarity regarding roles of workers involved with the same family and disagreements over appropriateness of clients referred to the family preservation program.

Landsman, et al., (1993) studied the Families First Program of Minnesota, a family preservation program administered by Minnesota's State Department of Human Services. Investigators examined relationships among the Families First of Minnesota providers and

## Coordination of Services in Rural Communities

Investigations of service delivery in rural communities (Bachrach, 1885; Davenport & Davenport, 1984; Farley, Griffiths, Skidmore, & Thackeray, 1982; Ginsberg, 1971; Martinez-Brawley, 1981; Martinez-Brawley, 1990; Whittaker, 1986) document human service professionals' views that services in rural communities are limited; that human service professionals in rural communities need to function as generalists rather than as specialists; and that rural clients may have a bias against seeking help from professionals. These findings suggest that coordination of human services in rural communities differs from that in urban communities but we lack an empirical investigation of this issue.

### Study Aims

We sought to fill a gap in knowledge of coordination of human services, specifically family preservation services, to families in rural counties. In the present study, we had two goals. The first goal was to describe the services delivered to families and how they were coordinated. The second goal was to elaborate the ways in which facilitators and inhibitors of coordination identified in the literature affected service coordination.

### Method

#### Study Design

We used a case study design. Following Yin's (1993) typology, we employed a descriptive, retrospective, single-site, embedded case study design (Yin, 1993). As such, it focused on one case (a family preservation program), in one site (one rural county in one state), and on several units within the case (five families who received services in the program). Information about each family was sought from the family's case record and from interviews with workers involved in providing services to the family. Such designs are appropriate when a study's purpose is to provide in-depth description in order to illuminate critical issues of importance to a field (Patton, 1990) or to develop hypotheses.

One weakness of this design is the retrospective nature of the data obtained. To help overcome this deficiency, we used several strategies. To encourage accurate recall of subject families, each worker reviewed a family's case record prior to our interviews with them. To promote a comprehensive assessment of service coordination, we asked all workers involved with each subject family to participate in the study. We asked each worker to describe his or her involvement with a family from the date of referral through four weeks



after service termination. To correct for biases introduced by reliance on a single data-collection method, we used both quantitative and qualitative measures.

### **Approach to Sampling**

Purposeful, rather than probability sampling, was used to select the case (the program) and units within the case (the families) (Patton, 1990). Purposeful sampling depends on the selection of an "information rich" sample elaborate understanding of the phenomena under study.

***Selection of the case.*** The family preservation program investigated was selected for study because it requires coordination of services, is mature, and is part of a rural service system. All workers involved with the same family are asked to identify common goals, develop joint service plans, and use therapeutic methods and techniques that are mutually compatible and do not confuse the client. The program has been in continuous operation for the past ten years. The county in which the program is located is rural. Its population was less than 70,000 in 1990.

***Program description.*** The program is housed within the county's Department of Children and Family Services (DCFS). The goals of the program are to prevent the out-of-home placement of abused and neglected children and to improve family functioning. The program resembles most closely the Homebuilders model (Nelson, Landsman, & Deutelbaum, 1990). It is intensive (up to 35 hours of service are provided weekly); brief (services are provided up to 90 days); and flexible (services are available seven days a week, 24 hours a day). Public and private health, education, child welfare, welfare, mental health, and vocational services are available to families. The program is small. It has served an average of 25 families per year over the past five years.

We believed the program to be an ideal case in which to study a complex process such as service coordination.

***Selection of subject families.*** Subject families were identified using a two-stage procedure. In the first stage, families who had been discharged from the program within the past 12 months were selected using the following criteria. These were (1) the family had an abused or neglected child at risk of out-of-home placement; (2) the family had been involved with workers from at least three agencies; and (3) the family had been involved in the family preservation program for at least one month but no more than three months. Twelve of the 25 families served by the program within 12 months of the beginning of the study met these

criteria. (The remaining families were either reunification cases or were still receiving services.)

In the second stage, families were selected if they required from a moderate to a great deal of coordination of the services they received in order to succeed in the program.<sup>1</sup> Eight of the 12 families identified in stage one met this criterion. Three of the 8 families could not be located. The remaining five families comprised the study sample.

We believed these families to be ideal because they required coordination of services from multiple agencies in order to be successful, had been enrolled in the program for a sufficient period of time, and had been discharged recently from the program.

***Selection of study respondents.*** Workers were selected for participation in the study if they had been involved directly in the delivery of services to one of the five subject families.

Thirty-seven workers qualified as respondents for the study. Of the 37, 31 agreed to participate. Of the six who did not participate, three could not be located; two refused; and one was asked not to participate by a third party. Of the 31 respondents, seven were involved in the delivery of services to more than one family. As a result, some respondents were interviewed about more than one family. We did not consider this to be a limitation because we had multiple respondents for each family. The number of respondents interviewed for each of the five subject families follows, with the number of respondents who could have been interviewed for each one in parentheses—8(9); 12(14); 6(8); 7(8); 11(11).

We believed these respondents to be ideal. They had the knowledge needed to provide detailed information regarding the coordination of services to the five subject families.

### **Study Concepts and Measures**

We used three measures in this study—a case record review form, a semi-structured interview schedule, and a rating scale. These measures were designed to obtain data to describe study respondents and subject families and to measure the major study concepts noted below.

***Services received.*** Services were conceptualized in terms of their type, number of units received, and duration of services. These concepts were measured with the case record review form. This form was used to obtain information that was recorded in a family's DCFS file.



Other critical elements of service use were also assessed. These elements included the services needed and the quality and appropriateness of services received. These elements were assessed with the semi-structured interview schedule. For example, a respondent was asked to identify the services the family needed in order for their problems to be resolved.

***Service coordination.*** Following Auluck & Ikes (1991), service coordination was conceptualized as the communication and cooperation that exists among workers involved with provision of services to one family. Communication and cooperation were assessed with the semi-structured interview schedule. The schedule contained questions pertaining to communication and cooperation that occurred among all workers who provided services to a subject family at each of five stages of the service-delivery process (referral, assessment and planning, service delivery, termination, and initial after-care (up to one month following termination of services)). For example, a respondent was asked how communication occurred during the assessment and planning of services for the subject family.

Respondents also rated the extent to which workers communicated as needed to meet the needs of the family and the extent to which workers cooperated as needed to meet the needs of a family. On these scales, a rating of 1 meant "not at all"; a rating of 7 meant "to a great extent." These questions were asked for each of five stages of the service-delivery process noted above.

***Facilitators of and inhibitors of coordination.*** The fifteen facilitators and inhibitors identified in the literature were condensed and re-conceptualized as eight domains. They included the following: public pressure or opinion regarding child welfare agencies; laws or court-orders; relationships among agencies; specific agency policies; professional background of workers; issues pertaining to the nature of family preservation work; interpersonal relationships among workers; and group dynamics. We assumed that each domain might facilitate or impede coordination depending on a family's situation.

Respondents' views of each domain were assessed with the semi-structured interview schedule. For example, a respondent was asked how specific agency policies affected the coordination of services that occurred in the subject family under discussion.

We also evaluated whether program processes intended to support coordination—development of common goals and joint service plans—were followed. These concepts were assessed with the case record review form. Data obtained included presence of written treatment and after-care plans as well as the dates of meetings held and the names of workers at each meeting.



**Descriptive information.** Information needed to describe study respondents (job description, education, and role with a subject family) was obtained from the semi-structured interview schedule. Information needed to describe the subject families was obtained from the case record review form (family structure, ethnicity, and number of children at risk of placement) and from the semi-structured interview schedule (family problems and goals of the intervention).

### Procedures for Data Collection

The first author obtained permission to conduct the investigation from agencies that employed potential respondents. He then obtained informed consent from one of the adults in each of the five subject families so that they could be studied.

The case records of each subject family were reviewed to identify workers involved in provision of services to each family. (The case record review was also conducted at this time.) Informed consent to participate in the study was obtained from study respondents. The first author told respondents he was conducting his dissertation research; that he had no affiliation with agencies involved in the study; and that he would maintain the anonymity of their responses.

Interviews with respondents took place in respondents' offices and took from one to two hours to complete. Prior to the conduct of each interview, a respondent was given the family's DCFS file to review to refresh his or her memory of the family.

### Data Analysis

**Case record review data.** To establish the reliability of data obtained from the case record review form, the first author recorded information from a DCFS file onto the case record review form for one subject family. His research assistant coded the same file. The answers of the two recorders were compared and found to be identical. The first author then reviewed the files of the remaining four families.

To analyze case record review data, the following variables were calculated. Calculations included the number of units of service per type of service noted, length of service per type of service noted, number and timing of group meetings held, names of all workers at each meeting, family structure, ethnicity, and number of children at risk of placement. Presence of written treatment and after-care plans was noted. Calculations were made for each family and then across families.

**Interview form data.** The analysis of the eight domains (public pressure or opinion about child welfare agencies; relationships among agencies; specific agency policies; nature of the work; professional background of workers; inter-personal relationships among workers; laws and court-orders; group dynamics) proceeded in the following four stages. First, audio-tapes of interviews were transcribed and read for errors by the first author and by respondents. Few errors were found and respondents made no requests to delete responses or to add material.

Second, the text was subjected to a content analysis (Miles & Huberman, 1994) to confirm the presence of content relevant to the eight domains about which respondents were queried. To perform this analysis, the first author and his research assistant independently read the text and conceptualized the content. They compared content areas and resolved discrepancies through discussion. This process was repeated until their conceptualizations agreed.

Third, the consistency with which interview text could be placed into one of the eight domains was tested. Investigators independently coded one interview from three of the five subject families. This process demonstrated that the domains could be used reliably.<sup>2</sup> The text for all interviews was then coded. Analyses completed in stages two and three confirmed the presence of the eight domains abstracted from the literature.

In the fourth stage, we read the text within each of the eight domains and elaborated how coordination was facilitated or inhibited within each.

**Rating scale data.** To analyze quantitative ratings of the communication and cooperation that occurred, respondents were selected randomly from the respondent pool for each family until five respondents were selected who had not been involved in the delivery of services to any other family. The means and standard deviations of their ratings for each of the five families were calculated. The mean and standard deviation for families considered together were calculated also.<sup>3</sup>

## Findings

### Description of Respondents

Of the 31 respondents, seven were therapists or counselors from either community mental health centers, schools, private social welfare agencies, or residential treatment programs; four were family services workers and four were case aides from DCFS; four were case managers from private psychiatric hospitals or residential treatment programs; three were



school principals and three were protective service workers from DCFS; and two were intensive family preservation therapists in private practice. One respondent held one of each of the following jobs: parent facilitator in private practice, educational coordinator at a private child development agency, assistant director at a private child welfare agency, and juvenile court officer.

Of the 31 respondents, 26 had a college education. Eleven had baccalaureate degrees, thirteen had master's degrees, and two had doctoral degrees. Five had less than a college education. The mean length of time respondents had worked in their current position was six years.

### Description of Families

As Table 1 shows, families had one or more children at risk of out-of-home placement. Three of the five were comprised of a child, the child's mother, and the child's grandmother or great-grandmother; one consisted of a child and her mother; and one consisted of a husband and wife and their children. All were white. Four of the five included one adult with a non-substance-related mental disorder. Four of the five included one adult with a substance-related mental disorder, such as alcohol dependence. In short, families had severe, complex, and chronic problems. Preservation of the family was a goal in all cases. Children in two of the five subject families were placed sometime between assessment and after-care. (However, six months after completion of the study, at least one child in each subject family had experienced a placement.)

**Table 1. Description of Families by Descriptor and Subject Family**

	Subject Family				
	1	2	3	4	5
<b>Descriptor</b>					
Number of children at risk	1	5	2	1	1
Ethnicity	White	White	White	White	White
Family structure <sup>a</sup>	MGC	MFC	MGC	MGC	MC
Problems <sup>b</sup>					

**Table 2. Units of Service by Service Type and Subject Family**

Service Type <sup>a</sup>	Subject Family				
	1	2	3	4	5
Case Management	10	17	12	12	14
Intensive in-home therapy	7	5	9	8	4
Individual counseling	7	30	7	6	33
Group counseling	7	5	3	7	29
Food, cash, clothing	2	3	0	0	0
Transportation	4	0	4	1	0
Protective services	1	1	1	1	1
Placement	1	1	1	2	3
Homemaker services	4	33	0	0	0
Diagnostic assessment	1	1	1	1	1

<sup>a</sup> Units of service differ by service type. Case management is recorded in number of weeks; in-home therapy in number of sessions; counseling in number of sessions; food, cash, or clothing in number of instances; placement in number of out-of-home placements during family preservation service; homemaker services in number of visits; diagnostic assessment to number of times assessed. All families received protective supervision services from DCFS while receiving family preservation services.

Respondents varied widely in their assessment of the appropriateness and quality of services provided to these families. All five families rejected some of the services offered. For some respondents this constituted evidence that services were inappropriate. In four of the five families, respondents were split concerning the quality of services provided.

In sum, although families did not use all of the services respondents believed they needed, they used a range of services over a relatively brief period of time. Respondents disagreed as to whether the services received were of high quality.



## Coordination of Services

Respondents rated the coordination of services received as moderate. To evaluate respondents' views of the degree to which workers cooperated and communicated in the provision of services to the five families studied, we randomly selected five respondents for each family who did not provide ratings for any other family. The ratings of this sample of 25 respondents were used to calculate the mean ratings of coordination (i.e., communication and cooperation) for each stage of the service delivery process. As the mean ratings in Table 3 show, respondents believed that cooperation was consistently better than communication but that both deteriorated over time.

**Table 3. Mean Ratings of Communication and Cooperation by Stage of Service**

Service Stage	Communication			Cooperation		
	M	SD	n	M	SD	n
Referral	5.17	(1.75)	23	5.91	(1.44)	23
Assessment	5.33	(1.58)	24	5.79	(1.32)	24
Service delivery	5.46	(1.44)	25	5.71	(1.23)	24
Termination	4.65	(2.23)	17	4.83	(2.03)	15
After-care	4.21	(2.39)	14	4.31	2.56	13

Note: The higher the score is, the greater the communication or cooperation. The number of subjects differs because subjects rated only those stages of the service-delivery process in which they were involved.

In four of the five families, the case record lacked evidence of a meeting at which all workers involved with the family were present. However, respondents' answers to the interview schedule revealed that numerous meetings were held for each family. The number of times workers for each family met is as follows: 14 (family 1), 11 (family 2), 8 (family 3), 6 (family 4), and 12 (family 5). Meetings tended to be small. Of the 51 meetings held, 38 were comprised of two to three workers, with the remainder comprised of four or five workers. Discussions tended to focus on specific issues, such as the attempt to obtain a

specific service for a family rather than on clinical issues. In four of the five families, the case record lacked a written treatment plan or after-care plan.

## **Facilitators and Inhibitors of Coordination**

Analysis of text within each of the eight domains studied revealed how coordination was facilitated or impeded within each one.

**Agencies' policies.** The policies of agencies that affected coordination pertained to program philosophy, structure, function, billing procedures, and approaches to working with other agencies.

The following were viewed as facilitating coordination: administrative support for the value of services provided by other agencies; understanding of the services provided by other agencies; mechanisms for communication with other agencies; and small caseloads that allow workers the time to coordinate services.

The following were viewed as impeding coordination: policies which prohibit involvement of workers from multiple agencies in the assessment of families; program structure which limits access to workers from other agencies; policies which limit worker autonomy regarding handling of families; confidentiality policies that restrict communication with workers from other agencies; and approaches to billing that prevent reimbursement for time spent coordinating services.

**Nature of the work.** Characteristics of both families and workers affected coordination of services. For example, the following were viewed as facilitating coordination: children who are perceived as likeable; children who elicit an empathetic response; and parents who are perceived as "good" or highly motivated to change.

The following were viewed as impeding coordination: children or parents whose behavior is highly unstable or who resist service provision and workers who fail to do their jobs.

**Disciplinary background or training of respondents.** Efforts to minimize differences in professional status among respondents working with the same families were viewed as facilitating coordination. Perceived differences in service philosophy (child protection or family preservation) were viewed as inhibiting coordination.

**Relationships among agencies.** Formal and informal agreements among agencies affected coordination of services. With respect to formal agreements, respondents viewed written



involved in providing services to each family; and by using both qualitative and quantitative methods to do so.

We found that families received a range of human services of uneven quality, that these services were coordinated to a moderate degree, and that coordination tended to deteriorate over time. Workers met frequently to discuss families; however, there were no meetings at which all workers involved with a family were present. When workers met, conversations focused on procuring services for families rather than on how services fit into a clinical treatment plan for addressing families' needs. Our analysis of workers' responses showed how agencies' policies, nature of the work with the families of abused and neglected children, disciplinary background of workers, relationships among agencies, interpersonal relationships among workers, group dynamics, public pressure, and regulations and court-orders worked to affect the coordination that occurred. These findings confirm those from prior investigations by showing the relevance of each domain. These findings extend prior knowledge by showing the importance of all of these domains and by doing so in a rural service system.

## Future Research

Based on these findings, we propose a conceptual framework to guide future research in this area. In this framework, coordination is conceptualized as being affected by specific factors within four spheres of influence: the community context, the service-delivery system, the program context, and the characteristics of clients receiving services. At this stage of knowledge development, however, we are unable to identify the way in which these factors interact or the magnitude of their effects on coordination.

**Community context.** With respect to community, we propose that the size of a community, its level of knowledge or concern regarding abuse and neglect, and the resources it has available to address abuse and neglect affect the degree to which workers coordinate the services they provide.

For example, in this investigation, the community studied is small and relies on personal relationships to guide transactions of many types. Egregious cases of child abuse and neglect are known and public agencies are pressured to respond to the needs of abusive and neglectful families. Workers also are known in the villages and towns in which they work: We speculate these factors worked to facilitate the coordination of services families received.

**Service-delivery system.** With respect to the service-delivery system, we propose the following factors affect coordination: the number of agencies and workers involved with a family; the level of consensus regarding workers' roles, particularly with respect to who has the power to define, in the case of conflict, the work around which coordination is to occur; the formality of mechanisms to promote coordination; the extent of monitoring of coordination; and the compatibility of agencies' treatment philosophies and conceptualizations of clients' problems.

For example, in this investigation, a minimum of seven workers were involved with each family, yet the service-delivery system lacked formal agreements regarding how they were to coordinate the services they provided. (Agreements that did exist were bilateral.) As a result, there were no mechanisms to handle conflicts regarding philosophy of services (such as how to define the primary client) or conflicts regarding family needs (such as how to define clinical goals). We speculate these factors worked together in this community and service-delivery system to promote behavior designed to maintain workers' relationships with one other, such as the suppression of divergent views regarding treatment of individual families. At times, personal relationships aided coordination and at others, they impeded coordination. At their best, however, personal relationships among workers were unable to ensure coordination throughout families' involvement in the intensive family preservation program studied.

**Program context.** With respect to the programmatic context, we propose that the degree of program stability and the level of program implementation affect service coordination.

For example, in this investigation, the stability of the program promoted relationships among workers, especially between the family preservation therapists and DCFS workers. These relationships facilitated coordination. By way of contrast, the program's failure to promote development of clinical treatment and after-care plans, conduct of meetings at which all workers involved with each family were present, and discussion of critical issues relevant to the provision of short-term services to families with chronic and complex problems inhibited coordination.

**Client context.** With respect to clients, we propose workers' perceptions of clients' attractiveness and motivation to change affect coordination of services.

For example, in this investigation, workers expended extra effort for children they considered attractive, thereby facilitating coordination of the services such children received. By way of contrast, workers' efforts on behalf of clients whose problems seemed



intractable waned over time thereby limiting coordination of the services such clients received.

### Conclusion

This study documents that coordination of human services is a complex task. It also serves as a cautionary note to any who might presume that coordination will occur simply because it is mandated.

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### Footnotes

1. To confirm that families receiving services required the coordination of services from multiple agencies, the director of the family preservation program and one of her experienced workers reviewed the record of each family and then independently rated, on a seven-point Likert-type scale, the extent to which interagency coordination would have been necessary to successful treatment of the family. A rating of 1 meant that "little or no coordination" was needed, while a rating of 7 meant that a "great deal of coordination" was needed. The ratings were compared and differences were resolved through discussion between the two raters. No family received a rating of less than 5. The eight families with ratings of 6 or 7 were contacted to obtain their permission for



inclusion of their family in the study. Three of these had moved and the remaining five agreed to participate in the study.

2. In this study, each paragraph of text was placed independently into one or more categories by two investigators. This process was considered a reliable one if investigators agreed in the way in which they classified text 80% of the time (Miles & Huberman, 1994).

Reliability was defined as the extent to which investigators independently placed text in the same categories. For the text examined, this occurred 85.9% of the time.

3. Differences in mean ratings were not tested with statistical tests due to the non-random sample employed in this study and inadequate power.

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