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# FAMILY PRESERVATION JOURNAL

A Publication of the *Family Preservation Institute*

Volume 6 Issue 1 2002

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## SPECIAL FEATURES

### **Family Preservation in Child Welfare: Its Base and Its Future**

*Marianne Berry*

## ARTICLES

### **Family Preservation in Perspective**

*Anthony N. Maluccio and Edith Fein*

### **The Elegant Simplicity of Family Preservation Practice Legacies and Lessons**

*James K. Whittaker*

### **A Case Study of an Agency's Three Family Preservation Contracts**

*Mark Ezell*

### **Family to Family: Child Welfare for the 21<sup>st</sup> Century**

*Jill S. Roberts and Theresa J. Early*

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PLUS a review of current resources



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### Manuscripts

The *Family Preservation Journal* is a refereed biannual publication. The *Journal* provides a forum for practitioners, administrators, researchers and educators to present and critically review programs, policy, practice methods, and research findings in the areas of family preservation and family support. The *Journal* is intended to positively impact the type and manner of services provided to families. Research and case studies from those delivering services are encouraged.

Manuscripts should conform to American Psychological Association style, with an optimal length of 18 pages, not to exceed 25 typed, double-spaced pages (excluding tables and figures), with an alphabetical list of references. Also include a diskette copy using WordPerfect v 5.1 or v 6.1, or v 8.0 for PC.

Provide five copies of the manuscripts; the title page only should list the author's name, affiliation, address, and telephone number. The author's name must not appear after the title page; only the title should appear on the abstract and first page of the text. Include an abstract of about 100 words.

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## Editorial

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### Family Preservation in Child Welfare: Its Base and Its Future

This is the eleventh issue of the *Family Preservation Journal*, and we have chosen to focus this special issue on the use of family preservation services in child welfare. While family preservation services, as a philosophy and as a service model, are provided to families in a variety of service settings and sectors, including juvenile justice and mental health arenas, they have their basis and origin in services to children and families. We think it is time, in this 11<sup>th</sup> issue of the *Journal*, to take stock of the state of family preservation services in child welfare and assess where they might be heading.

Services and strategies to keep children at home and with their families are as old as help itself. Today's formal models of community- and home-based services to preserve families are not young, entering their sixth decade of life in the United States. These service models continue to expand and mature—reflecting the changing nature of families in the United States, the evolving social environment in which families live and work, and the innovative and adaptive qualities of family preservation workers and agencies.

Family preservation services have affected the lives of thousands of families in the United States, one family at a time. In the child welfare arena, these services have been used to keep children out of foster care and with their families, to preserve the bonds of children with extended family, to strengthen adoptive placements for children seeking a permanent family, and to support children and families who have been reunited upon the child's return from foster or residential care. Evaluative studies have consistently found that the majority of families are preserved or maintained after receiving these services.

Family preservation services have affected the national and professional discourse about families as well. The advent and expansion of family preservation services has resulted in an increased focus on the strengths and resources of families and communities, rather than their deficits and dangers. Families report feeling empowered and understood for the first time in a long service history. Family preservation workers pledge to do "whatever it takes" to serve and strengthen families, mobilizing communities and networks of helpers to form safety nets for families. Agency administrators explore creative and innovative ways to pool resources and decategorize funding, to better meet the individual needs of each family and each child. Scholars, researchers, and evaluators now focus on measuring family strengths and well-being, rather than presenting problems and their appeasement.

The four articles in this special issue of the *Family Preservation Journal* help us to take stock and anticipate the further development of family preservation services in the United States. In "Family Preservation in Perspective," Anthony Maluccio and Edith Fein combine their wisdom and experience in the field of child welfare to offer a contextual discussion of permanency planning principles and the place of family

preservation in supporting those principles. James Whittaker, in "The Elegant Simplicity of Family Preservation Practice," describes the policy content and practice developments that have helped family preservation services to endure in a volatile political and societal environment. Together, these two essays by three renowned child welfare scholars and practitioners serve as resonant touchstones and gently reminders that the fundamental principles and values of family preservation services will and can endure, and that we must continually take stock of whether innovations and evolutions are indeed true to those principles and values.

Following these two essays are two recent research studies that explore relatively new areas of research in family preservation services. In "A Case Study of an Agency's Three Family Preservation Contracts," Mark Ezell uses case study methodology to examine the effect of three different funding structures on the delivery of family preservation services, including caseworker and administrator perceptions of service effectiveness. This is important and illuminating reading for agencies and legislatures contemplating various strategies of managed care. Jill Roberts and Theresa Early examine one site of the Family-to-Family Initiative, a national service innovation demonstration project of family-centered, community-based child welfare services. These authors provide a clear description of this creative program that seeks to translate family preservation principles and values to the arena of community. These two research studies serve to explore and describe new areas of thought in family preservation services within the child welfare context and should stimulate new thinking about previously assumed or neglected structural issues in this service model.

Family preservation services to children and families are based on fundamental principles and values that have endured for decades in an environment characterized by change and innovation. We offer this special issue of the *Family Preservation Journal* in this same spirit: celebrating growth and development while reaffirming the underlying strengths of families and family preservation services.

*Marianne Berry*



# Family Preservation in Perspective

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**Anthony N. Maluccio and Edith Fein**

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*This essay traces the family preservation movement to its permanency planning roots; discusses the principles and underlying philosophy of the movement, and suggests the appropriate context for considering further development of child welfare services.*

The debate over family preservation in recent years has been building in professional journals and conference presentations as well as the popular press: Are we sacrificing the protection of our children to the ideal of salvaging damaged families? (See, for example, Gelles, 1996; Ingrassia and McCormick, 1994; and Murphy, 1993). Although family preservation initially was an exciting idea that we could all support, it has become the center of a public controversy that seriously undermines its use and progress. In order to understand the issues in this controversy, in this essay we will explore the antecedents of the family preservation movement, describe its principles and evolution, and argue for its development in an appropriate context.

## **Permanency Planning – An Enduring Concept**

We begin with an overview on the evolution of permanency planning and its contemporary relevance.<sup>1</sup> As a formal movement, permanency planning emerged in the 1970s as an antidote to long-standing abuses in the child welfare system, especially the inappropriate removal of children from their homes and the recurring drift of children in foster care. Its philosophical and programmatic emphasis was on the primacy of the family as the preferred environment for child rearing. Permanency planning was then extensively promoted through the landmark, federally funded “Oregon Project,” which demonstrated that children who had been adrift in long-term care could be returned to their biological families or placed in adoption through intensive agency services emphasizing aggressive planning and casework techniques (Pike, 1976).

In the 1980s, permanency planning flourished, and the goal of a permanent family for every child was embodied in federal legislation, the “Adoption Assistance and Child Welfare Act of 1980” [Public Law 96-272] (Pine, 1986). This law provided federal funding for the states to promote permanency planning for children and youths coming to their attention, through subsidized adoption, procedural reforms, and preventive and supportive services to families. The resulting policies and practices throughout the country reflected the following hierarchy of options for children:

- maintaining the child in her or his own home whenever possible
- reunification of placed children with their biological families
- adoption
- permanent or long-term foster family

Throughout the 1980s, permanency planning had a marked impact on service delivery. Among the positive effects were a substantial decrease in the numbers of children in foster care; reduction in the length of time in care for many children who needed to be placed; greater attention to the rights, roles, and needs of biological families; placement of fewer young children; reunification of placed children with their biological families whenever possible; and more adoption of older children and those with special needs.

By the end of the 1980s, however, permanency planning was increasingly questioned, not only because of management problems, such as excessive paper work and bureaucratic rigidities, but also because of the increase in the numbers of children being referred to public and private child welfare agencies, due to such dramatically growing societal problems as unemployment, poverty, family violence, substance abuse, and homelessness. Moreover, the resources required to implement all of the provisions of Public Law 96-272 never became available at the federal level.

As child welfare and other community agencies and service systems struggled to meet the more complex and multiplying needs of children and families coming to their attention, the original enthusiasm for permanency planning began to wane. Since at least the beginning of the 1990s, permanency planning has scarcely been talked about, and it is increasingly seen as an outmoded response to a complex problem (Pecora, Whittaker, Maluccio, and Barth, 2000).

In our view, however, it is not outmoded. Indeed, it should endure, both as a philosophy and as a program, because it incorporates a basic value—namely, that every child is entitled to live in a family, preferably her or his own biological family, in order to have the maximum opportunity for growth and development. Accordingly, 15 years ago we defined permanency planning as “. . . the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish life-time relationships” (Maluccio, Fein, and Olmstead, 1986: 5).

### **Family Preservation as An Outgrowth of Permanency Planning**

In accordance with the above-noted definition, a range of programs were derived from—or were influenced by—the philosophy and implementation of permanency planning:

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broader and more liberal adoption services, supportive family reunification programs, treatment foster care, wraparound services, and formal family preservation services.

In the latter instance, as considered among others by Berry (1997), McCroskey (2001), Meezan (2000), and Pecora, Whittaker, Maluccio and Barth (2000), the philosophy and practice of family preservation can be expressed in many forms, including

- community-based and culturally competent services
- placement prevention at the primary and secondary levels
- family reunification and post-reunification supports
- open adoption and post-adoption supports
- family foster care with frequent child-family visiting
- residential care with high family involvement
- termination of parental rights with some form of continued child-family contact, if appropriate

Each of these varied ways to maintain family bonds is consistent with the concepts of permanency planning, and each places emphasis on the safety, protection, and development of children and youths (Warsh, Pine, and Maluccio, 1995).

As with permanency planning, the underlying principles of family preservation imply serving children and youths at risk of out-of-home care and their families through policies and programs that

- balance concern over the parents' or children's pathology with attention to the conditions that create or sustain family dysfunctioning
- emphasize preventive and supportive services
- establish a continuum of services—from day care to residential treatment
- promote collaboration among the various helping systems, particularly child welfare, courts, education, housing, health, and income maintenance
- provide supports to child welfare workers, foster parents, and other child care personnel to encourage them in their jobs—rather than having them struggle in an unrewarding and unsupportive work environment
- address juvenile court and other legal and procedural issues that inhibit the timely decision-making required to maintain families
- provide after-care services to support the child in the biological or other permanent family following discharge from foster care (Maluccio, 1997: 4)

In addition, as noted by Sallee and Sallee (2001) following a study of the “In-Home Safety Service Programs” in Texas, expansion of funding for reduced caseloads is required to “help increase safety and reduce the risk to children.” (p. 64).

### **Jumping from One Solution to Another**

While most of the child welfare community would concur with the value of the policies and programs outlined above, in the last decade state child protection agencies, and indeed the federal government, seem to have embraced one program or philosophy or another as their designated “mission.” One agency promotes broader adoption programs; another funnels resources to family reunification efforts; another publicizes child protection as its prime function. In this confusion, each program initiative is promoted as the solution to major societal problems. What has led to this state of affairs?

Part of the answer is that children’s well-being is always defined in terms of the conditions of the times. For example, the poorhouse was an altruistic response to children who previously had been abandoned; orphanages were established to deal with the difficulties that had developed with farm and apprenticeship placements; foster care was a response to the growing psychological understanding of child development and the deficiencies of group care; family reunification programs were designed to deal with the excesses of foster care and the resulting “drift” phenomenon; and family preservation services were created as a preventive response to overcome some of the failures of family reunification.

Children’s well-being, in turn, was always influenced by political and economic realities. That is, poorhouses required free labor in return for charity; orphanages were initially more cost-effective than individual farm placements and apprenticeships; poorly paid foster placement became financially more viable than the increasingly expensive orphanages; and family reunification and family preservation programs were justified by research that purported to demonstrate that the programs were cheaper than foster care.

Truman Capote once said that the only lesson mankind learns from history is that no one learns from history. Child welfare history should instruct us that no one program will solve all problems, yet we burden each new program with that elusive goal. Rather than shifting from one policy or program or another as the definitive solution, perhaps we should take a lesson from the permanency planning movement, namely that we focus on our core value of the importance of family, and view family preservation as *one* of a number of potential solutions to some of the problems of families facing certain personal and environmental circumstances.

With this in mind, our future priorities in child welfare should involve sustained attention to

- provision of adequate service and supports to children and families
- development of knowledge about the effectiveness of different approaches and options for diverse client groups
- greater collaboration among service providers within child welfare as well as other systems such as income maintenance, health and mental health, and juvenile justice
- greater flexibility in service delivery
- readiness to experiment with new concepts and methods (Fein and Maluccio, 1995: 5)

In pursuing these priorities, in addition to the provision of family preservation services we urgently need to address through research and debate questions such as the following, which are stimulated by the philosophy of permanency planning and its enduring significance in the contemporary world:<sup>2</sup>

- How can vulnerable parents be supported when they need assistance with housing, employment, domestic violence, or substance abuse?
- Can we make concrete, goal-directed plans to alleviate the environmental stresses imposed by inadequate employment, housing, education and drug policies?
- How can we respond more effectively to the needs of children and families of color?
- How can we focus our attention to maintaining, as well as creating, a permanent plan for each child?
- What supports do practitioners need as they go about their difficult decision-making tasks, balancing the best interest of the child with the pull of the biological family?

How can professionals cooperate in creating clarity in such crucial areas as minimal standards of care, principles and tools of risk assessment, guidelines for removal or returning home, and criteria for termination of parental rights? (Fein and Maluccio, 1995:5).<sup>3</sup>

### Conclusion

As society's understanding of child well-being changes, as new ideas about children's rights evolve, and as economic and political considerations impinge on

how child welfare services are delivered, we need to be mindful of our history and to develop judgment about what to retain and what to discard from the past. Any particular program may be valuable or expendable depending on contemporary conditions. In that light, we can view family preservation in perspective, recognizing that its practice and its potential are derived from permanency planning philosophy and programming. We are then better able to appreciate that family preservation cannot solve many problems in child welfare, but can continue to play a useful role as a guiding framework for services to a variety of vulnerable families and children.

### Notes

1. This section draws from Maluccio (1997).
2. See Yoo and Meezan (2001) for an extensive examination of the “historical evolution of family preservation studies in child welfare and [suggestions for] future direction for research in the field” (p. 25).
3. Pheatt, et al. (2000), also consider the impact of managed care on family preservation agencies, as experienced in the state of Texas.

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# The Elegant Simplicity of Family Preservation Practice

## Legacies and Lessons

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James K. Whittaker

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*An earlier version of this manuscript was prepared for the Chapin Hall invitational seminar on family preservation, The Chapin Hall Center for Children at the University of Chicago, September 16 & 17, 1999. The author wishes to acknowledge the comments and helpful suggestions of seminar participants—Jacqueline McCroskey, Martha Shirk, Fran Jacobs, John Schuerman, Lee Schorr, Charlotte Booth, Kristi Nelson, Susan Kelly, Frank Farrow, and Susan Notkin. These comments, as indeed many of their prior contributions, have had a seminal effect on my thinking about family preservation services over the years. Clark Peters and other Chapin Hall staff deserve special thanks for creating the conditions necessary to produce a lively and productive discussion. As always, Harold Richman, Executive Director of Chapin Hall, and Hermon Dunlap, Smith Professor at the School of Social Service Administration of the University of Chicago, as seminar convenor combined perfectly the skills of gracious host and incisive critic. We in the child welfare field are in his debt for continually raising the level of discourse in our field. In the end, as it should be, the thoughts and opinions in the following paper are wholly my own.*

If we take a child away from the mother, we willingly pay an asylum to care for him; the public funds pay for his support. Why should not the public funds pay it to the mother herself and keep the family together?

Judge Julian Mack in his opening address to the 1912 Chicago Child Welfare Exhibit: "The Child in the City."

### Historical Antecedents of Intensive Family Preservation Practice

Judge Mack's prescient question, posed near the beginning of a promise filled 20<sup>th</sup> century, awaits an adequate answer. Is it fundamentally a matter of values: a predilection for rescuing vulnerable children from the harmful influences of families and communities when things go terribly wrong? Or is it the continued elusiveness of what it actually takes to sustain and nurture families and in so doing assure the safety of children within them? For example, what is known with what degree of certainty about how to titrate the dosage of adequate income and other basic supports in combination with well

defined, well timed, and well targeted social services to simultaneously preserve families and protect children? Or is it, after all, less a matter of either valuing families adequately, or knowing how to help them and more a problem of what Lisbeth Schorr (1997) describes as “scaling up”: developing the organizational infrastructure to deliver promising family centered intervention on a broad scale while at the same time creating the conditions for system change sufficient to insure that such innovations will endure?

A careful reading of the history of the “idea” of family preservation as well as an appraisal of the recent policy context for its adoption—as illuminated by Berry (1997), Schorr (1997), McCroskey and Meezan (1997), and others—suggests that all three explanations—dissensus on values, practice lacunae, and organizational complexities—may to a degree be valid. At a minimum, these and other trenchant commentaries such as those provided recently by Littell and Schuerman (1999) and Halpern (1999) suggest that any discussion of the “practice” of family preservation absent its historical/valuative roots and current organizational and policy context will be incomplete.

That said, this present paper will focus on some of the most vexing challenges of implementing family preservation practice, some of its enduring legacies as a practice modality, and some of the longer range problems in developing practice theory and application that it has illuminated.

### **The Essential Components of Intensive Family Preservation Practice**

As many commentators have noted, “family preservation” is not an entirely “new” idea. Its roots may be traced to some of the fundamental precepts of social treatment, and in its contemporary forms, it is easily traced to such pioneering demonstrations as the St. Paul Family Centered Project (Overton & Tinker, 1957). Its components are largely borrowed from other forms of practice, though its “newness” may well lie in the particular form and configuration in which they are offered. “Family preservation” at its core has most certainly been influenced by several sets of seminal ideas which have shaped the course of child welfare policy and professional practice in North America for at least the last two decades. These include

- The idea of the family as the ideal developmental context for the child.
- The notion of services as first and foremost family supportive and family strengthening.

- A primary focus on meeting basic developmental needs of children in culturally acceptable ways, as opposed to identifying and treating child/family psychopathology.
- More focus on what might be termed an ecological perspective—looking at the effects of both proximate and distal environments on child outcomes—and moving from changing children and families from the “inside-out” to the “outside-in” (e.g., by working to create more supportive environments as well as by improving individual coping skills).

Consensus on these ideas is by no means complete and, indeed, revisionist sentiment is not infrequently heard, as witnesses the frenzy of debate about the call to “bring back orphanages,” which accompanied the Republican congressional victory in 1994, and briefly found voice in the famous “Contract with America.” Such proposals, strongly “child saving” in their value base, often were put forward absent any discussion of the fiscal costs associated with them. For example, at the time, the director of social services in San Francisco County estimated if one third of all children then receiving Aid to Families with Dependent Children nationally were placed in minimum standard group care, the cost would be \$100 billion versus \$8 billion for maintenance payments and food stamps for their care (Brian Cahill, personal communication, November, 1995). This in addition to the fact that our present placement capacity in either foster or residential care often cannot guarantee basic safety and freedom from abuse to its wards.

Because the present discussion will be focused on one small but crucial corner of the social welfare world, it is important to note programs and policies beyond the scope of what is generally thought of as “family preservation” may have a great deal to do with the efficacy of these specialized services. I speak of the critical importance of a minimal social provision for families, including the basics of income, health care, housing, education, employment, and public safety—without which family preservation services cannot succeed and for which they are, in no sense, a substitute. Suffice it to say here that all of these provisions—the basic benefits and the more specialized services—have been altered post “welfare reform” and continue to be potential targets for major change, particularly following the recent presidential and congressional elections. With that as a general caution, let us turn briefly to an analysis of how some of these ideas have taken concrete form in the development of family centered social services.

I have noted elsewhere Sheila Kamerman’s observation that “family support” and “family preservation” services are perhaps the two dominant expressions of a move from child centered to “family focused” service (Whittaker, 1997). What do these terms mean?

### Family Support Services\*

The “Family Support Movement” is at this point more loosely defined than the more narrow “Family Preservation” initiative. Indeed, there is some considerable debate in my own state and others as to whether it ought to be associated with specific programmatic initiatives at all, or left simply as a set of guiding principles. On the programmatic side, family support typically includes prenatal and infant development programs, many child abuse and neglect prevention programs; early childhood education, parent education and support, home and school community linkage programs, family-oriented day care, and many neighborhood-based mutual help and informal support programs. Key federal initiatives, such as the Family Preservation and Support legislation, and key private foundation initiatives, such as those from the Annie E. Casey Foundation along with voluntary associations such as the Family Resource Coalition and the Child Welfare League of America, have given impetus and sustenance to the family support movement.

A report to Congress from the General Accounting Office defines family support services thus:

Family support services are primarily community-based activities designed to promote the well-being of vulnerable children and their families. The goals of family support services are to increase the strength and stability of families, increase parents’ confidence and confidence in their parenting abilities, afford children a stable and supportive family environment, and otherwise enhance child development. Examples include respite care for parents and caregivers; early developmental screening of children; mentoring, tutoring, and health education for youth; and a range of home visiting programs and center-based activities, such as drop-in centers and parent support groups. (GAO Report, 1995, p. 4)

At this point, it appears that “family support” reflects more a set of values than a clearly defined program strategy. Chief among these values is a deep respect for the complex tasks involved in family caregiving, particularly in parenting. The relationship between parent and professional is defined as essentially collegial: to paraphrase Heather Weiss, we no longer view parents as “empty vessels” waiting to be filled up with professionally derived child development knowledge, but as active partners in a search for the formal and informal supports necessary to carry out the difficult tasks of parenting.

The following list of value statements from the Family Resource Coalition is illustrative of the values attendant to family support in general and “partnership” in particular:

- Parenting is not instinctive; it is a tough and demanding job.
- Parents desire and try to do the best for their children.
- Parents want and need support, information, and reinforcement in the parenting role.
- Parents are also people with their own needs as adults.
- Programs should focus on and work with family strengths, not deficits.
- Programs should empower families, not create dependence on professionals. (Family Resource Coalition, 1983)

Such value shifts shape the ways in which we think and act as professionals and, if put into practice, assure that things will never be the same again. Though as Halpern has recently noted, this “new paradigm” for services is not itself sufficiently specified to effect lasting change (1999, p. 220). While its principles are critically important in creating a template for reform, their sheer repetition, absent clearly specified practice protocols and service regulations, will serve only to provide the veneer of reform without its substance.

Suffice it to say that a broad spectrum of opinion exists on how to achieve more “family support”—from arguments for provision of more entitlements and greater access to various and sundry support services, to arguments for a de-emphasis on formal programs and professional involvement so that the “mediating structures” of society (church, extended family, neighbors, informal associations, and so on) can reclaim their “natural function” as agents of (non-monetized) family support. The debate on how best to support families is, needless to say, scarcely settled. In addition to basic definitional issues, a key question in family support revolves around the degree to which such services or helpful exchanges should be monetized versus provided voluntarily with minimal involvement of public dollars. Given the disproportionate role of women in support and caregiving activities in most western societies, there is a clear gender equity issue lurking ever so slightly below the surface of the family support debate as well.

### **Family Preservation Services**

Intensive family preservation services, our focus in this present volume, are typically thought of as brief, highly intensive services generally delivered in the client’s home with the overarching goal of preventing unnecessary out-of-home placement.

There has been considerable federal, state, and local interest in these services, in part as a response to the escalating cost of out-of-home care, and, in part, because placement services were often offered before less dramatic alternatives were made available to families. Family preservation has been a central focus of federal child welfare reform legislation in 1980s and 1990s, as well as the focus of many state legislative initiatives and efforts by national associations and voluntary foundations to promote these services. Perhaps, not since the inauguration of Project Head Start has so much national attention been focused on a single service strategy.

The previously cited GAO report offers the following and somewhat expanded definition of family preservation:

Family preservation services are typically designed to help families alleviate crises that, left unaddressed, might lead to the out-of-home placement of children. Although more commonly used to prevent the need to remove children from their homes, family preservation services may also be a means to reunite children in foster care with their families. The goals of such services are to maintain the safety of children in their own homes, when appropriate, and to assist families in obtaining services and other support necessary to address the family's needs. (GAO Report, 1995, p. 4)

What then are the defining characteristics/components of intensive family preservation services?

The first is a set of values and beliefs. Variouslly stated and as referenced earlier, they all speak to the notion of "family" as the ideal locus for child rearing and family support. Parents are viewed collegially, crises are viewed as opportunities for change, families are presumed to be doing the best they can under difficult circumstances, and caution is urged in labeling families as untreatable. While this particular set of values originates from the Homebuilders program, perhaps the best known of all of the family preservation models, the expressed values reflect the larger and more diverse array of family preservation programs as well (Kinney, Haapala, & Booth, 1991).

As Berry (1997) and others have noted, debates have raged over the defining characteristics of family preservation services. I would argue broad consensus exists presently on the following set: (1) imminent risk of placement; (2) immediate response; (3) highly flexible scheduling; (4) intensive intervention; (5) home-based services; (6) time limited and brief; (7) concrete and clinical services; (8) ecological approach; (9) goal oriented/limited objectives.

In support of these values for family and the practices through which they are operationalized, a considerable infra-structure of training capacity, state and local demonstration efforts, including dissemination of model programs such as Homebuilders and public education, was developed through the U.S. Children's Bureau and key private organizations, such as the Edna McConnell Clark and Annie E. Casey Foundations. Taken together, these elements came to be seen as constituting the family preservation movement. At its core, this movement has been about system reform. Peter Bell, formerly President of the Edna McConnell Clark Foundation in New York, offers a succinct picture of what such a system would look like.

In our experience, social programs that work have a common core of characteristics. They understand, respect, and respond to the people being served. Effective programs increase their client's sense of self-esteem, enlarge their capacities for self-help, connect them with a broader community, and deepen their stake in the community. These programs are usually "family like" in that they are personal and caring. They keep track of their clients; they do not lose them in a bureaucratic maze. Nor do they give up easily on people. They keep coming back at clients out of the conviction that the people they serve matter. (1989 *Annual Report*, Edna McConnell Clark Foundation)

What then was the experience of trying to alter established practice on such a broad scale?

### **The Challenges of Implementing Intensive Family Preservation Practice**

#### **Strict Constructions and Liberal Interpretations**

If consensus was easily attained on the value base of intensive family preservation, agreement on the actual specification of its essential components has proved to be more elusive. The more general question for all family oriented prevention services could be stated as follows:

What combinations of treatment/education/social support/concrete resources for what duration of time and intensity will produce varying outcomes of interest for differing types of children and families?

As noted earlier, some advocates, such as Mark Soler (1990) of the Youth Law Center, raised the concern early that model state legislation was too often silent on the specifics of intervention while eloquent on its values and principles, a theme echoed recently by

Halpern (1999). While many compendia of exemplary family preservation programs exist, few of their components have been subject to rigorous empirical evaluation and are offered, typically, as a kind of consensus statement of “best practices” within a particular model or approach. Within the family preservation initiative, the absence of specificity, coupled with considerable resistance to the imposition of particular intervention models (such as Homebuilders), has led to what some describe as considerable “model drift” in application which translates into very real questions of treatment integrity in follow-up evaluations. Such critical features as caseload size, the teaching of certain cognitive-problem solving skills (such as anger management), the mobilization of social support including the provision of concrete resources await further research to ascertain their centrality and particular contribution to the overall intervention. Such questions are of course not unique to intensive family preservation.

In the area of placement services, for example, both residential treatment services for emotionally disturbed children and the newly emergent alternatives of “therapeutic fostering” (Hazel, 1989) and what are termed “wrap-around services” (VanDenBerg, 1993) present something like a series of “black boxes” as opposed to a well specified and empirically validated set of interventions. In the area of family involvement for children in placement, basic questions about the length, intensity, and nature of the intervention remain to be answered and many of these questions pose profound implications for budgeting as well as for treatment planning. For example, does “family intervention” mean:

- Periodic contact with an indigenous and minimally trained family worker with, perhaps, linkage to mutual aid and self help?
- Parent skills training from a highly skilled parent educator in a group context?
- Structural family therapy with a master's level trained family therapist?
- Occasional telephone consultation with a parent volunteer?

For intensive family preservation, similar questions can be raised with respect to such basic issues as the locus of service (client's home vs. agency), the length of the service contact including the provision of follow-up or “booster shots,” the relative merits of service teams as opposed to single workers, and the theory base for the intervention itself (cognitive-behavioral, structural, person-centered, environment-centered). The core issue remains the identification of what are necessary and what are the sufficient elements of intensive family preservation required to achieve the desired outcomes of either avoidance of unnecessary placement, or re-unification while maintaining child safety? What, in other words, constitutes “reasonable efforts”? Gershenson's observation of the



1980 reforms (P.L. 96-272) suggests why agreement on a well-specified model of intensive family preservation practice continues to elude us. “Reasonable effort,” he noted, “was more a hope than a designated program” (1995, p. 273).

### **Re-Thinking Professional Helping**

An oft repeated anecdote from the early days of the Clark Foundation initiative on family preservation concerned a certain casework eminence from the middle west who, on hearing what family preservation workers did and didn't do, observed that at least it ought be clear that M.S.W. trained social workers did not do housework. A social worker in the audience immediately responded that only yesterday, she had helped her client clean her oven! What this anecdote captures are the myriad ways in which intensive family preservation challenged the conventional wisdom on what constituted “professional behavior” and extended its boundaries. While “beginning where the client is” had always been a precept of social casework, the simple fact of meeting in the client's life-space meant oftentimes a blending of concrete and clinical helping in ways not typically taught in professional social work education. In some pilot training efforts, for example, the result was a focus on accomplishing simple home repairs (replacing broken window glass and weatherization) along with learning about anger management, crisis intervention, and parent-child communication. Similarly, the brevity of the intervention meant that conventional concerns about creating dependencies or worker self-disclosure receded in importance as workers struggled to help clients fashion case goals for the family that would result in stabilization and safety for all. The very process of assessment in family preservation was palpably different from that in most out-patient counseling services where clients often waited long periods to see a worker for the initial visit and longer still for the follow-up. Jill Kinney, one of the founding directors of Homebuilders, captured the differences perfectly: “We (Homebuilders) are there the first time long enough to hear the whole story and back soon enough so that it hasn't changed” (personal communication). As intensive family preservation programs proliferated in the mid 1980s and early 1990s, issues of what constituted “professional behavior,” how linkages were to be made with other services and with mutual aid and other forms of informal helping, and what supports workers needed to respond effectively to different levels of client need came increasingly to the fore.

### **The “Scaling Up” Problem**

As noted earlier, Lisbeth Schorr has written eloquently on the problem of “scaling up,” or as she puts it “spreading what works beyond the hothouse:”

Time was when scaling up from success was less an issue because it was generally assumed that successful programs contained the seeds of their own replication. The notion that promising models would automatically

spread provided the rationale for funding of demonstration projects over the years. But these beliefs have not been supported by experience (1997, p. 24)

Schorr rightly directs our attention to what might be thought of as the organizational infra-structure for innovative program services, their stimulation, care, and nurture. For example, in family-oriented prevention, generally, the modal approach to implementation might best be described as a “train and hope” strategy. If intervention is the “black box,” training is the “black hole” in most social services departments. To the extent it exists, it is often didactic and diffuse as opposed to experiential, outcome driven, and skill oriented. More often than not, its content is driven more by the desires and interests of practitioners than either the demands of client families or relevant intervention research on “what works.” Moreover, much of training is patchwork—episodic with little attention given to follow-up, worker supports, and either training needs assessment or evaluation. A very few programs, such as the Teaching Family Model (Blase, Fixsen, Freeborn, & Jaeger, 1989), view training as the primary support to practitioners and have developed a fully integrated training/evaluation/career development continuum that works toward treatment integrity with the troubled youth served. Again, this program suggests more the exception than the rule. A great deal of attention needs to be paid to the careful and systematic development of a training capacity in family-oriented prevention if anything like full dissemination of promising intervention approaches is desired. Within the family preservation domain, Pecora, Fraser, Nelson, McCroskey, and Meezan (1995) offer many useful insights on quality assurance, development of training capacity, including the Quality Enhancement Systems and Training Program (QUEST), which includes standards for programs, therapists, intake workers, supervisors, and administrators (p. 81).

A related and serious problem is that prevention/intervention knowledge is often effectively “pigeon-holed” in a series of discrete program categories, with little opportunity for technology transfer or even the sharing of good ideas. Thus, in a large midwestern youth and family agency where I have consulted for over a decade, the family preservationists work and train separately from the aftercare workers and those providing therapeutic fostering, thus foreclosing the possibility of discovering that what makes for effective family preservation might also contribute to aftercare for youth returning to residential services—and vice versa. Isolation of programs, and particularly knowledge about intervention content, remains a major impediment to progress in prevention development at present. In addition to efforts at collaboration at the program level, I believe we sorely need some systematic and rigorous review of existing programs to try and identify a generic core of effective family work intervention (Whittaker & Pfeiffer, 1994). This, of course, leads us full circle to one of the dilemmas which faced

the proponents of certain models of intensive family preservation for whom “generic” meant “homogenized” or “watered down” and who opted instead for model purity and avoidance of model drift. With the benefit of hindsight, I am convinced that this is a true dilemma with no easy solutions, but with profound implications for the kinds of evaluation challenges identified by Pecora, et al. (1995), Berry (1997), and other researchers.

### **Defining Meaningful Outcomes and The Problem of Targeting**

At present, virtually all major systems providing services to children and families are re-thinking the issue of what constitutes “success.” One would like to report that this rush of interest in outcomes stems primarily from a desire to improve professional effectiveness, but while this might be a partial stimulus, the far greater impetus stems more from the accountants of social services than from its architects. The advent of managed care and managed revenue—tying service funding to tightly defined outcomes, specified time limited interventions, and constant monitoring—has made provider agencies and professionals acutely aware of the need to specify precisely the intended outcomes of their interventions and then to live with the results. In the intensive family preservation initiative, the apparently straightforward choice of avoidance of unnecessary out of home placement as the primary outcome of interest has caused major problems for researchers, program planners, and practitioners alike. It turns out that “placement” is a relatively low frequency event and therefore difficult to predict through precise targeting of services.

The dilemmas raised for researchers when placement avoidance is the primary outcome of interest are highlighted in the widely recognized Illinois study conducted by John Schuerman, Tina Rzepnicki, Julia Littell, and their colleagues (1994) at the Chapin Hall Center for Children at The University of Chicago. In brief, the Illinois study consisted of a sample drawn from the population of children known to the state and adjudged at “imminent risk of out-of-home placement.” Families were randomly assigned to one of two conditions: regular child welfare services (the control condition), or the intensive family preservation program (the experimental condition). While the study has been open to criticism on many grounds including the degree to which the treatment condition was faithful to the intensive family model, one of the most startling findings concerned the sampling frame itself. Examination of the control group (i.e., those not receiving intensive family preservation services) revealed that less than 7% of cases in the group were placed within 4 weeks of a case opening, and barely in excess of 20% after a year; 18% of cases in the comparison group were never opened for service (Schuerman, Rzepnicki & Littell, 1994). Moreover, it is now well known that in a great many jurisdictions “placement” as an outcome is subject to a wide range of factors independent

of services: formal and informal administrative policies, the presence or absence of resources, and the discretion of juvenile court judges, to name a few.

Finally, the actual practice of intensive family preservation suggests that, for some families, there may be a kind of case finding function involved which uncovers the need for, say, a brief period of residential treatment for an emotionally disturbed child. Should “placement” in such instances automatically equate with “failure”? The backdrop for such discussions of the relative utility of “prevention of unnecessary out-of-home placement” as a criterion variable includes both the specific call on the part of some for a far greater emphasis on child safety as the primary outcome of interest, as well as a more general sentiment for focusing less on the physical locus of the child and more on his/her developmental trajectory and the state of the family’s functioning. Such findings are at least in part the reason that some researchers urge abandonment of “placement prevention” as the primary outcome of interest in family preservation in favor of a much broader array of child and family developmental outcomes. Wells and Tracy (1996), for example, argue strongly for a reorientation of intensive family preservation services within public child welfare toward a much expanded set of goals and the abandonment of placement prevention as the primary rationale for their existence. Littell and Schuerman sound a somewhat similar note:

Experience with family preservation programs raises questions about how to think about program success and failure... At the case level, when placement occurs, it is almost always thought to be in the child’s best interest; yet, in the aggregate, placements are viewed as something to be avoided. This conflict between clinical and policy goals muddies the interpretation of placement as an outcome. As in the past, there are differing views about what constitutes the best interests of children, but, clearly, placement prevention is not always in a child’s best interest. We think it will be more productive to focus on the goals of removing risks to children (child protection) and achieving continuity of care (permanency). (1999, p. 118)

Much of this discussion is evocative of the initial and negative outcome studies that followed the first wave of early intervention demonstrations, including many of the prototypes for Head Start (Lazar & Darlington, 1982). Here, senior investigators aided by foundation support were able to pool data from a number of controlled studies, conduct a follow-up, and offer cross study analysis of effects and their meanings. While the analysis found some evidence of educationally beneficial effects on children’s school performance, no evidence was found of significant improvements in intellectual functioning—an early hope for the demonstrations. The consortium of researchers concluded by cautioning against unrealistic expectations for limited educational

intervention programs with low income disadvantaged children and their families (Lazar & Darlington, 1982). The effect of such careful re-analysis and reflection on policy makers cannot be underestimated. In the case of early intervention, it allowed for a broader interpretation of the aims of such programs as well as for crucial time to further develop and refine the interventions and build the political constituency necessary to insure their continued funding. Today, early childhood intervention programs in general and Head Start in particular stand first in rank among all child welfare programs in terms of popular support.

Intensive family preservation, having raised the banner of “placement prevention” so high and so prominently as its primary criterion of success, is now in real danger of being prematurely dismissed. Faced with less than conclusive research findings and some tragic and well publicized child deaths, the initiative has recently been under serious attack in many states and localities and from some former advocates (Gelles, 1999). One can only hope that the same thoughtful reconsideration that followed the initial early childhood intervention demonstrations will occur for intensive family preservation as well.

### **Dealing with Danger and Difference**

Another challenge accompanying the broad scale implementation of intensive family preservation programs has been adapting program models to meet the needs of particular communities of color and low income communities and the related challenge of adequately preparing workers to deal effectively with real and perceived dangers in the communities within which they work. A recent practice text offered the following observation on race, class, and environment:

The deep, intricate linkages between race, class, and environmental context can be seen in the ways that spatial segregation and surveillance reinforce wider social patterns of power, privilege, and access to resources.... Everyday lived experiences of racism are intensely spatial in nature, regardless of class or income. Despite the Civil Rights Act (1964) and three decades of civil rights activism, middle class blacks still describe a sustained pattern of discrimination in public places: they are shadowed by security guards in department stores, ignored by cab drivers, given poor service in restaurants and hotels, harassed by the police, and denied access to housing in elite white neighborhoods (Feagin & Sikes, 1994 ).... Low-income blacks are even more vulnerable for discrimination, hostility, and surveillance, not only in public places clearly defined as white, but also in their own communities and neighborhoods. For residents of housing projects, for example, ongoing oversight by police, security guards, and representatives of various social

service agencies undermines independence and fuels hostility and perceptions of differential treatment (Murray, 1995)... Less obvious but equally salient is the growing evidence that environmental risks (e.g., toxic waste dumps, landfills, recycling plants, and garbage dumps) concentrate disproportionately in low income and minority communities.(Kemp, Whittaker, & Tracy, 1997, pp. 177, 178)

The net result is what Cutter (1995) describes as a “landscape of risk” (cited in Kemp, et al., 1997) which offers a powerful challenge to the operationalization of the core values of intensive family preservation enumerated earlier. For example, how well equipped are workers to assess the relative balance of risk and protective factors in low income communities of color and deal adequately with either?

Taken as a whole cloth, how much are the strategies and techniques of intensive family preservation oriented to changing the person, as opposed to changing the environment? How well are cultural and religious institutions (e.g., the black church community and faith-based helping) understood by the practitioners of family preservation? While important resources have been developed (Hodges, 1991) and much has been learned about cultural competence in training development in states like Michigan, much work needs to be done to fully render the core practices of intensive family preservation appropriate for the various communities of color and ethnicity in which they are practiced. Halpern (1999) challenges the appropriateness of even the bedrock notion of “partnership” in work with certain highly stressed families:

It is critical to refrain from viewing vulnerable families as all good or all bad. There is a difference between a parent who has little confidence he or she is doing a good job and one so overwhelmed, angry, and preoccupied that his or her children are in real danger. I question whether the latter can and ought to be a “partner” to the helping professional, let alone “help” with the work a service agency is doing in a particular neighborhood. (p. 259)

Preparing workers adequately for the variety of families they will work with, the novel situations they will encounter, and the often dangerous environments they and their families must traverse has always been at the forefront of training priorities in quality family preservation services. Homebuilders, for example, devotes considerable time to very practical information on “keeping people safe,” including predicting violence, gathering information on the neighborhood, traveling to the family home, and staying calm (Kinney, et al., 1991). Anecdotal evidence from present and former family preservation workers suggests to me, however, that more time and attention should be

paid to the issue of worker safety. In addition to providing “street smarts” and personal safety tips, this means integrating knowledge across training areas so that workers see the connection between their understanding of a particular community and culture and their own comfort level and sense of safety. We expect a great deal from front line family preservation workers and as Halpern observes (citing Musick & Stott, 1990), we need to create a “chain of enablement” to support them: “Agencies that serve families need to be invested in and nurtured, so they in turn can invest in and nurture staff, who can in turn look after the families they serve” (1999, p. 259). This means, among other things, continued and sustained support and availability of supervision and on-the-spot consultation beyond the period of pre-service training and greater utilization of local community resources in worker preparation.

### **The Legacy of Family Preservation Practice**

Given all these challenges of implementing intensive family preservation practice, what is it that endures? Disappointing research results (Littell & Schuerman, 1999; Rossi, 1992) intensive media scrutiny following highly publicized child fatalities, and some very critical accounts of the family preservation initiative (Adams, 1994; Gelles, 1996) follow closely on the heels of a long planned decline in support from the Edna McConnell Clark Foundation, a prime mover in the initiative, more modest federal support, and much greater visibility for new forms of family centered practice, such as “family group conferencing” (Connolly & McKenzie, 1998). All of this seems to suggest that the “bloom is off the rose” with respect to family preservation.

Yet, in some important ways, family preservation continues to influence the wider field of child and family services beyond direct benefits to families currently served. First, and in spite of some strongly expressed views to the contrary (Gelles, 1999), there remains an enduring presumption for family as both the best guarantor of child safety and nurture for the long term, as well as a promising focus and locus for a wide variety of family supportive services. Schorr cites as hallmarks of successful programs those that “see children in context of their families” and “deal with families as parts of neighborhoods and communities” and offers numerous programmatic examples of community-anchored family programs that make a difference (1997, pp. 6,7). Similarly, Halpern (1999), while acknowledging the enormous complexity involved in designing effective and humane family-oriented services, nonetheless, sees the elements of a new template for services in the legacy of successful and unsuccessful community centered family support programs that have been launched over the last several decades:

We have now, as at other moments in the past, a number of promising ideas and elements to work with. We have plenty of best practice principles and interesting program and agency models. We know that the

heart of services is caring relationships, not rules and procedures. We know that we must seek ways to provide help that do not undermine people's sense of dignity. We are beginning to appreciate the need to help in ways that are empathic but do not insist on or assume a common interest between service providers and recipients. We are learning to design services that give at least a modest measure of voice and actual control to poor families being served. (1999, p. 254)

The lessons of genuine respect for families' attempts to cope, the value on "situated practice" (Haraway cited in Kemp, et al., 1997, p. 7) including the preference for doing assessments in living rooms and kitchens as opposed to offices; the spirit of partnership; creative, flexible approaches to problem solving; and the value on community "connectedness" all remain vital. They constitute a body of knowledge slowly acquired from the St. Paul Family Centered Project (Overton & Tinker, 1957), Homebuilders (Kinney, et al., 1991), the Family Connections Project in Los Angeles (McCroskey & Meezan, 1997), the National Resource Center on Family Based Services in Iowa (1991), and a host of other family preservation projects current and past. They continue to inform new service initiatives as well as professional education for family and child practice in ways large and small. Many of us in social work education view the practice legacy of intensive family preservation as an important building block for a sequence of graduate practice education which prepares students for a wide range of settings and contexts, including schools, community agencies, and integrated service efforts.

Another area where family preservation has made a lasting contribution is in servicing as a catalyst for a transformation of the professional helping role. One illustration of this transformation involves the longstanding emphasis in family preservation on the importance of combining concrete and clinical services in the unit of intervention, often provided by a single worker. From the earliest studies of family preservation, researchers have stressed the importance of tracking both concrete and clinical components in the overall intervention. Fraser, Pecora, and Haapala (1991), McCroskey (McCroskey & Meezan, 1997), Schuerman, et al. (1994), and other researchers have provided useful templates for tracking concrete services as well as a rationale for doing so. Their empirical emphasis buttresses a long standing view of the practitioners of family preservation that helping a family make order in a chaotic household and attending to such basic needs as food, heat, clothing and shelter often is a necessary prerequisite to other more clinically focused interventions as well as setting an all important relationship base for other forms of helping. Kinney, Haapala, and Booth state clearly the basic rationale for inclusion of concrete services:



We help families with basic needs because they will not be able to care adequately for children without mastering these areas. They will not be able to concentrate on more abstract skills such as parenting and communications unless basic needs have been met. (1991, p. 117)

Nelson and Allen (1995) suggest the transformative nature of such emphases on the fundamental definition of the professional helping role:

Respect for family strengths and integrity requires a concomitant redefinition of professional roles so that they are more responsive to family needs. Professionals, no longer seen as the experts responsible for “fixing” families, use their skills and knowledge to increase the options families have for dealing with problems and help remove barriers to change. With a focus on the whole family and access to a comprehensive array of services and resources, professionals are freed from narrow role definitions and are able to be more creative in addressing family needs. (1995, p. 112)

A third area of contribution concerns the contextualization of family centered practice. Adherence to the basic values of intensive family preservation, as well as to its in-situ practices leads, ineluctably, to a more ecologically focused, contextually grounded form of practice. Currently, the most widely promoted legatee of the intensive family preservation tradition, “multi-systemic treatment,” extends the foci of earlier models to peer group, neighborhood, school, and community in ways that are utterly consistent with such first generation approaches without explicitly adopting either the rubric of “intensive family preservation” or its familiar outcome of “placement prevention” (Henggler & Borduin, 1990, 1999).

Buttressed by a growing body of empirical findings and the blessings of NIMH and significant opinion makers in the youth and family services field, MST is presently undergoing a wide ranging expansion into a variety of youth service, child mental health, and family service domains. This expansion is but one example of an incipient movement within the human services to fundamentally restructure “direct practice” to reflect more of the environments in which clients actually reside, and/or which affect their life circumstances profoundly (Adams & Nelson, 1995; Kemp, et al., 1997). Coupled with a new emphasis on “resilience and risk,” such ecologically oriented approaches suggest both a new template for what has typically been described as “direct” or “interpersonal practice” and new foci for the training and education of human service professionals by providing a “third way” (i.e., one distinct from either personalistic therapies or community organization). Intensive family preservation practice is, at least in part, responsible for this shift.

Finally, and in a curious way, the unhinging of intensive family preservation from its overriding focus on “placement prevention” perhaps has had a liberating effect in that it has encouraged the creative uses of the intervention, where placement prevention is not the primary objective, and has illustrated the potential transfer of intervention technology to other key problems and populations. Thus, family preservation strategies are at work in a wide range of primary and secondary prevention efforts including reunification, home visiting, school-based interventions, and other family-centered interventions, such as family group conferencing. As noted earlier, the values of intensive family preservation and some of its key features, such as in-situ assessment and the focus on partnership, provide important building blocks for more general professional education and training.

### Some Concluding Thoughts

Close to the core of the issues surrounding intensive family preservation lies what my colleague Anthony Maluccio and I have called “the Conundrum of Child Placement:”

...the family preservation experience causes us to reconsider the continued utility of “child placement,” per se, as a defining concept for risk assessment and service planning. In many ways, we have built an edifice of policy and services around a dichotomous outcome which is both difficult to predict and a low probability event. We are struck with how much of child welfare’s total activity is directed toward determining who is at “imminent risk,” or “ready for reunification,” or “in out-of-home care.” We know that “placement,” as a criterion measure, can have a variety of meanings and is subject to a wide range of factors independent of services (Maluccio & Whittaker, 1997, p. 1).

Such thinking as elaborated by Wells and Tracy (1996) and others will not sit well with some advocates of family preservation for whom the whole movement rests on assumptions about the harmful aspects of placement. That said, we seem at least on the federal level, to be moving in the opposite direction with tighter timelines for decision making, stricter rules for leaving children in marginally safe situations, and preeminence given to a particular permanency strategy: adoption (Adoption and Safe Families Act, 1997). The stridency and increasing volume of calls for return to a “child-centered” policy from known and respected authorities like Richard Gelles (The Children’s Crusaders, 1999) may help to stimulate a discussion of what is essentially the meaning and present social construction of “child placement.” The alternative (i.e., further polarization of child and family advocates) would be most unfortunate.

Beyond concerns about the meaning and consequences of a “child placement” focus, I raise as earlier the question of the future of the direct practice context wherein intensive family preservation currently resides. “Direct practice”—work with and on behalf of individuals, families, groups, and neighborhoods—has been and remains the core focus of the human services. In my discipline, social work, for example, fully 75% of the nearly 180,000 members of the National Association of Social Workers identify direct practice as their core activity. A similar percentage of incoming graduate students each year enters M.S.W. programs with some form of direct practice as a career goal. Direct practice in many ways constitutes the “signature” of the social work discipline.

What used to be a fairly predictable and orthodox base of human behavior theory and research, practice paradigms, models and methods of helping, and agency boundaries has now been transformed into a plethora of sector-specific intervention requirements, competing theories of change, and shifting organizational loci for practice, all underpinned by a growing empirical research base, much of which, while practice relevant, has not yet been translated from the language of science to the language of action. The effect of the above, coupled with a natural tendency of practitioners and students to identify with particular populations (children, the elderly) or “fields of practice” (child welfare, mental health), or particular social and health problems (AIDS, homelessness, family violence), has been to elevate the specific over the generic and to exacerbate what might be thought of as the “atomization” of practice knowledge. Sorely needed are broadly integrative practice schema that cross cut specific sectors, ages, and conditions and emphasize the critical thinking skills that are the *sine qua non* of professional education. The alternatives—sector-specific interventions served up as the “intervention du jour” and conveyed in a “training to task” mode—are unsatisfying if one thinks long term about development of a coherent knowledge base for community- and family-centered practice that will inform the kind of policy vision advanced by Lisbeth Schorr (1997), Robert Halpern (1999), and other visionaries.

At its heart, intensive family preservation practice is an integrative modality. It derives from diverse theoretical perspectives and draws on multiple data sources, including practical knowledge garnered directly from clients and workers. Its focus is holistic and its strategies of providing support, teaching skills, mediating crises, and linking to resources are, at once, simple and elegant. Whatever setbacks it has experienced in meeting its original policy objectives, it holds the potential for informing a much more broadly constructed and robust version of direct practice that will aid vulnerable children, adults, and families. One hopes that the many lessons of family preservation from evaluative research and from practice wisdom generated in hundreds of demonstration efforts will be brought to bear on that important task. When all is said and done, it would be a very great shame if the proverbial “baby” was thrown out with the bath water.

\*NOTE: Portions of this section appeared in an earlier form in Whittaker (1996 & 1997).

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# A Case Study of an Agency's Three Family Preservation Contracts<sup>1</sup>

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Mark Ezell

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*This article presents a case study of a nonprofit child welfare agency that delivered family preservation services under three different purchase-of-service (POS) contracts. The research specifically focuses on how certain POS contract provisions and reimbursement rates influence the delivery of family preservation services. The three contracts examined differed on criteria, such as reimbursement mechanism, service volume, definition of clientele, and reimbursement rate. The study found that as reimbursement rates decline and as administrative costs increase, the service provider struggled with cash flow, staffing, fundraising, and service provision, among other things. It is concluded that contract-related resources, policies, and procedures impact provider agencies in multiple, significant ways that are critical to the provision of services and the accomplishment of positive client outcomes.*

Contracting out by public agencies for goods and services produced in the private sector is a longstanding governmental practice, including in the human services sector. Agreement exists that the practice of contracting with private agencies accelerated during the Reagan Administration (DeHoog, 1984; Gronjberg, Chen & Stagner, 1995; Kamerman & Kahn, 1998; Rosenthal, 2000) to the point where “purchase-of service-contracting is the principal mode of human services delivery in this country” (Kettner & Martin, 1996b, pp. 107-108).

While it is yet to be the case that purchase-of-service contracting is the principal mode of service delivery in child welfare, it is fair to say that the practice is quite extensive, notwithstanding whether governmental child welfare agencies are implementing the broad policy approaches of privatization, managed care, or some hybrid of the two. The specific funding levels set by contracts as well as a variety of contract provisions are, therefore, of critical importance to all parties involved, ranging from public and private agency leaders and staff to the eventual recipients of services and their advocates. In addition, the structure and quality of contractually established partnerships between

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public child welfare agencies and private service providers strongly condition government's ability to achieve child welfare goals in an effective and efficient manner. The overall question to which this research contributes is similar to that raised by Shapiro (1976), "What factors in the agency system are most likely to influence ... outcomes?" (p. 3). In the broadest sense, this study is part of the effort to determine what influences the capacities of family preservation programs or other child welfare programs to achieve their goals for families and children. Partial answers have already been suggested. Berry, Bussey, and Cash (2001) summarized much of the prior research and identified many of the conditions when intensive family preservation services (IFPS) and intensive family reunification services (IFRS) were most effective. They also point out, however, that "the broader research base of family preservation consists primarily of information on client characteristics and case outcomes" (p. 293) and that many important variables that can potentially impact outcomes have been neglected.

This research specifically focuses on how the provisions and rates of purchase-of-service (POS) contracts influence the delivery of family preservation services. No such detailed examination has appeared in the literature to date. In a general way, it can be said that contracts shape services to children and families by defining the clients to be served, the mechanisms to receive referrals, the types and amounts of services, staffing levels, caseloads, and concrete financial and other resources for families and children. This study specifically explores the ways that POS contracts influence program operations and staff activities such that the achievement of positive outcomes may be facilitated or constrained. This initial effort suggests that contract-related resources and policies can be critical to the accomplishment of intended goals. Much more work will be needed to fully explore all of the direct and indirect connections between specific contract provisions, reimbursement rates, services and outcomes.

It is broadly hypothesized that specific provisions of purchase of service contracts and the reimbursement rates themselves have direct and indirect correlations with case outcomes, both short and long-term. These correlations are actuated through staff behaviors and attitudes and by the degree of expansiveness and types of resources directed toward the achievement of program objectives. Contract provisions define, facilitate, and/or limit the types and amounts of services to be delivered, the target population, methods for referral into and out of programs, and they dictate the types and amounts of staff to be used. Further, contracts articulate the procedures for individual case reporting and billing and aggregate reporting and billing, the definitions of outcomes, performance levels, the definitions and limits of administrative and indirect costs, and payment rates. The hypothetical linkages among various contract provisions, reimbursement rates, staff behaviors (and nonbehaviors), the amounts and types of



services provided and not provided, and subsequent case outcomes are far easier to discuss than to measure and to establish correlations.

With varying degrees of specificity, contracts guide various agency practitioners (e.g., managers, supervisors, and direct service staff) on how they use their time. For example, when detailed and extensive case reporting and hourly billing are required in the contract (as is the case in one of the contracts studied here), a portion of direct service time that could be devoted to service delivery is required to generate revenue. In the same scenario, supervisors devote less time to case consultation, training, and clinical supervision, and more time to monitoring staff time and compiling case plans, progress reports and billing statements. Managers, likewise, may not be able to engage in as much planning and conducting of fundraising activities, coordinating staff development programs, negotiating interagency agreements as they otherwise might while they closely monitor the agency billing practices, the receipt and checking of revenues, and mediating between the agency and the public/contracting agency.

This article presents a case study of a nonprofit child welfare service provider that delivered family preservation services under three different POS contracts. Specific provisions of the contracts, as well as reimbursement rates, are compared and their impact on service delivery is analyzed. The next section includes a review of prior research on contracts in the social service arena. The specific research methodology used in this case study is discussed in the section following the literature review. The findings are thoroughly presented in the next section and discussed in the final section of the article.

### **Review of Literature**

While a substantial amount of literature exists on contracting, very little is of an empirical nature (Peat & Costley, 2000). Kamerman and Kahn (1998), for example, wrote an excellent history of privatization and contracting in social services and child welfare. This review focuses on recent empirical work. Theoretical and conceptual literature, and even some of the literature that Kettner and Martin (1996b) say is ideologically based, is used throughout the article to define concepts and to make comparisons.

In an early study, DeHoog (1984) examined contracting across all human services and classified prior studies into two categories (1) studies that focus on the frequency of contracting; and (2) studies that focus on comparing the cost of in-house service delivery to delivery by private agencies under contract. The analysis of more recent literature suggests that two new categories be added. The first new category includes research on the dynamics of contract procurement. The work of Kettner and Martin (1993) fits here,

where they looked at the relative importance of different factors on the decision-making of state administrators responsible for contracting. They found that funding and fiscal considerations were the most influential. Gronbjerg, Chen and Stagner's (1995) research on which agencies tend to get the contracts in Illinois fits here too. They found that nonprofits currently with contracts had a good chance of getting the new contracts.

The second new category of research suggested here is one that includes studies that seek to assess the nature, quality of, and trends in partnerships between government and private agencies. One such study is one in which Kettner and Martin (1994) used surveys to assess several elements of the public-private partnership. Mailing surveys to top administrators in all states, they found that public agencies use multiple methods to assess the need for services, that the strongest reason for contracting was to increase the total resources available for programs, that there is a tendency to continue with the same contractors from year to year, and that state contractors are concerned about quantity and quality of services as well as outcomes. Using the same data, Kettner and Martin (1996b) found that top administrators in state agencies believe POS contracting is less expensive than government delivery of the same services and that they believe that contracting results in fewer governmental employees. Finally, in another study that fits this category, Kettner and Martin (1996a) surveyed executive directors of nonprofit agencies to collect their opinions on recent trends associated with POS contract funding and the impacts of these trends on their agencies. Nonprofit directors indicated the following: the demand for services from non- and low-paying clients is increasing; contract revenues fall short of the real costs of delivering the contract services; and revenues from other sources (e.g., fees and fundraising) are increasingly being used to underwrite contract shortfalls.

Most recently, and perhaps calling for another category yet, Peat and Costley (2000) examined the relationships between contract characteristics (e.g., service categories, costs, units), contractor characteristics (staff size, years of operation, and proposal rating) and contract performance (as the dependent variable). They found that the ratings of nonprofits' proposals and their geographical proximity to the funding agency explained 27% of the variance in contract performance (measured from site visits that examined multiple sources of information).

In summary, while it is clear that empirical work on contracting is advancing, there remain many gaps in our research-based knowledge. Very little has been written on the degree and manner in which specific contract provisions influence the implementation of programs or services and, further, how those provisions may impact service outcomes. Case study methodologies would seem to be useful when examining contract agencies and contracts. The unit of analysis for the study reported here is one nonprofit agency in which the provisions and funding of three different contracts can be compared.

## Methods

This article presents a case study of a nonprofit, child welfare agency with several POS contracts with a state child welfare agency. The organization serving as the contractee is referred to here as Agency ABC.<sup>2</sup> The agency has three contracts that are the focus of the study: a recently completed contract; and two contracts in operation during the study. More specifically, two were contracts for Intensive Family Preservation Services (IFPS), and one for Family Preservation Services (FPS). The guiding research question was “What are the ways that the provisions and rates of these POS contracts impact the agency and its services?”

The focus of the case study relied on Alter and Egan's (1997) and Alter and Murty's (1997) discussions of logic models, as well as the work of Staff and Fein (1994). This study uses the resource approach (Alter & Murty, 1997) by describing and analyzing the relationships between program inputs and methods. “Inputs,” as used here, are “all the things used and managed in the process of working toward expected short-term results and long-term outcomes” (Alter & Egan, 1997, p. 93). Alter and Egan's examples of inputs include such things as financial resources, trained personnel, physical facilities, time and commitment of those in leadership, legitimacy and community sanction. “Methods” are the techniques of intensive family preservation services and family preservation services.

Staff and Fein (1994) also stress the importance of “studying the process of programs as well as their outcomes” (p. 195). This research extends Staff and Fein's (1994) idea of exploring the black box of service delivery to an investigation of the black box of selected program inputs, and, further, inquires about the impact of certain inputs on program methods. Few would dispute the eventual need to establish direct and indirect connections between inputs, methods and client outcomes; this complete goal couldn't be achieved in this study because of the absence of data on client outcomes.

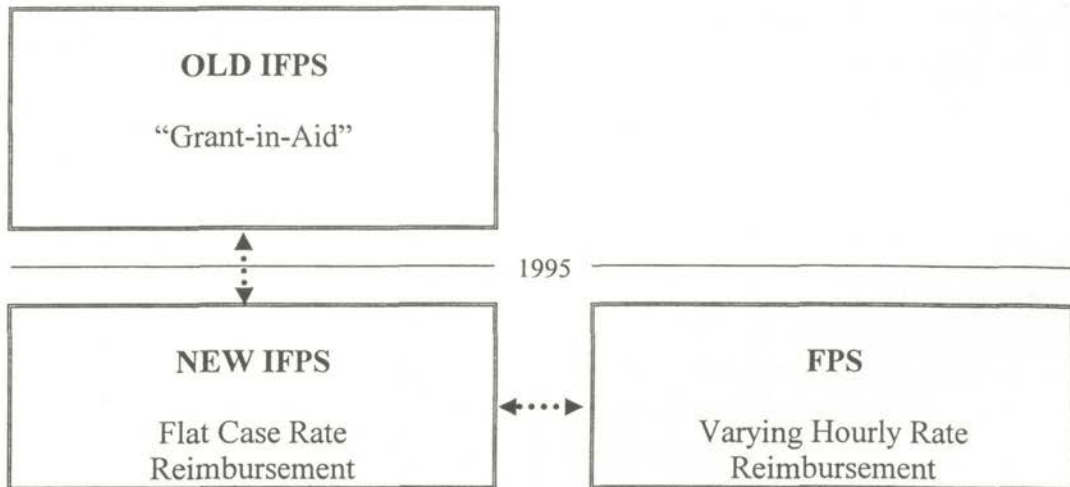
To a large degree, the conceptualization of program inputs utilized in this research parallels Pecora, Whittaker, Maluccio, and Barth's (2000) idea of organizational requisites necessary to deliver effective services. They discuss requisites such as clear organizational mission and program philosophy; effective service technologies; personnel recruitment, screening, and training; reasonable caseloads; and supervisory capacity and supports. Most, if not all, of these examples can be influenced by contract provisions. Glisson and Hemmelgarn (1998) provide a good example of this type of work where they investigated the relationships between two organizational requisites,

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<sup>2</sup> By agreement with the organization, their name is to remain confidential. Further, the location and description of the agency is purposely vague in order to prevent identification. The author is grateful to all the staff of Agency ABC who contributed their time and ideas to this research.

organizational climate and interorganizational services coordination, and service quality and service outcomes. In the case study reported here, we examine the relationship between POS contract requirements, an organizational requisite, and how the various requirements impact service delivery. We can only infer their relationships to service outcomes.

Figure 1 depicts the comparisons between the different types of contracts that were at the heart of the case study. Prior to 1995, the IFPS contract – referred to here as “Old IFPS” – resembled a grant-in-aid because the total dollar amount the provider would receive was predetermined and was not calculated on a “per case” basis. The “New IFPS” contracts used a flat, case rate reimbursement method. At the same time that the New IFPS began using the case rate reimbursement method, FPS contracts were structured to reimburse providers by varying hourly rates. The case study makes two major comparisons: (1) Old versus New IFPS contract provisions; and (2) New IFPS contract provisions to FPS contract requirements. All of the specific provisions will be described in the Findings section.



**Figure 1. Contract Comparisons in Case Study**

Interviews were conducted with key agency staff—executive director, assistant directors, comptroller, clinical supervisors, therapists, and clerical staff. In one instance, the therapists, supervisor, and clerk were interviewed as a group. Others were interviewed in person with follow-up as necessary by phone and letter. The interviews explored many issues, from contract procurement, contract provisions, reimbursement rates, and the impact of these on the agency and on service delivery. In addition, the researcher interviewed a regional contract manager for the state child welfare agency. Besides the interviews, the researcher studied copies of contracts, work orders, reports, and other contract paperwork. This work was carried out during the first half of 1998.

Eight criteria were established to compare the contracts to one another: (1) procurement method; (2) type of contract; (3) reimbursement mechanism; (4) reimbursement rate; (5) target population; (6) definition of client; (7) service volume; and (8) length of service. Many other issues are discussed as well, such as cash flow, staffing and supervision, and management's mindset.

### Findings

The findings from all the interviews are organized in a somewhat chronological fashion, starting with the Old IFPS contract, moving forward to the New IFPS contract, and onto the FPS contract. The description is only "somewhat chronological" because while moving ahead in time to the New IFPS and FPS contracts, we look backwards to make comparisons. The material in this section is derived from the respondents' descriptions of contract provisions, their comparisons across types of contracts, and their analyses of the differing consequences of certain provisions. In this section, the story is told from the point of view of Agency ABC. The Discussion section includes the author's observations and analysis.

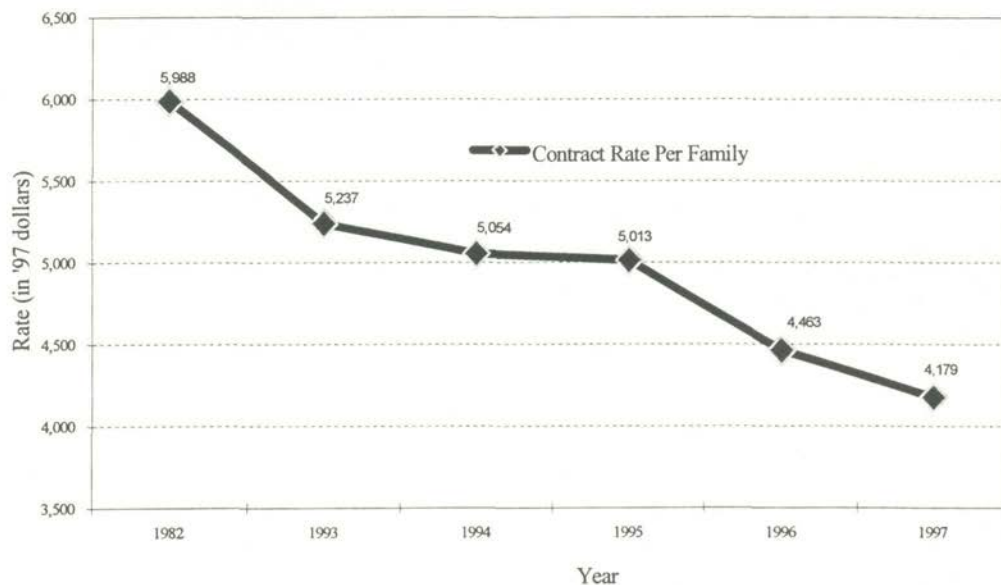
### Background

Since the early 1980s, the state provided intensive family preservation services to eligible clients with contracts to nonprofit service providers. During the 1995 legislative session, a new, less intensive level of service was created, family preservation services (FPS). IFPS focuses on children at "imminent risk of placement" and FPS focuses on those at "substantial risk."

"Old IFPS" contracts resemble, to some degree, grants-in-aid because they were for a fixed annual amount, only specifying a minimum number of children to be served.<sup>3</sup> The total annual amount for the contract was not stated as a "per family" or "per child" reimbursement rate but in lump sum. The central office of the state public child welfare agency set the contract amount and Agency ABC received approximately one-twelfth of the total amount each month. The receipt of revenue was unrelated to case flow. The

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<sup>3</sup> Agency ABC always served more than the minimum.



**Figure 2. Contract Rate Per Family Per Year**

program model to be used was described but no minimum or maximum number of hours per client was articulated. A “client” was defined as a child in imminent danger of removal from his/her home; these children were referred to as “pr’s” – potential removals.

In the 1982 contract, if Agency ABC served the minimum number of children, their total annual lump sum amount was approximately equivalent to \$2,400 per child. Converted to 1997 dollars, this was almost \$4,000. (“1997 dollars” were used because that was the date of the most recent contract completed and examined). In 1993, the contracted rate was \$3,491 per child (1997 dollars), a decrease of 12.5%. Because they served more than the minimum in all of these contract years, the effective rate per child is considerably less than the contract rate (estimated by Agency ABC to be approximately \$300 less). Figure 2 charts the reimbursement rates per family over time. All figures have been converted to 1997 dollars and “per family” (see explanation below) to make the comparisons valid.

In 1994, the state made three significant changes in the IFPS contract. This contract is referred to as “New IFPS.” First, providers were to be reimbursed per family not per child. The state agency designated that on the average there were 1.5 pr’s per family. Second, the contracts stipulated the maximum number of families to be served, no longer the minimum. In the past, Agency ABC determined the maximum number of families to

be served; this new approach prevented Agency ABC from serving more families if they saw the need to. Third, instead of the steady flow of monthly checks, Agency ABC was to receive payments once families' cases are terminated, once the paperwork is sent to the state, and once the state social worker authorizes payment. That year the reimbursement rate per family was set at \$5,054 (1997 dollars), a decrease of 3.5% from the previous year.<sup>4</sup>

There were also two different lengths of service the state could request for a referred family: up to 40 days, or up to 90 days. The family did not get more services if they were designated for 90 days; the approximately 80 hours of services were stretched over a 90-day period. Clearly, the 90-day model changes the intervention by reducing service intensity. One wonders if service outcomes are commensurate with those achieved with families being served for 40 days.

Both changes – the reimbursement mechanism and the two lengths of services – had a significant effect on Agency ABC's cash flow. First, while Agency ABC always relied on the state for referrals, it became crucial for the state to make referrals at a regular pace. Since reimbursement is essentially attached to "terminated families," cash flow tracks case closure rates as opposed to the steady monthly checks in the grant-in-aid approach. Second, with the 90-day option for IFPS, the agency has to wait a long time before reimbursement can be requested. If the state is requesting the 90-day option frequently, this will make cash flow very difficult. Administrators of Agency ABC agreed that these contract and service features make large cash reserves and lines of credit virtually mandatory.<sup>5</sup>

There is another design feature that slows cash flow. Agency ABC relies on state social workers to complete their termination paperwork on families and, then, to authorize payments to providers. State social workers are very busy with large caseloads of very complex cases. Completing payment paperwork tends to be a low priority. Agency ABC reported that a significant length of time passes after case closings by their staff and completion of paperwork by the state and arrival of the check—sometimes a year and a half. At one point in time, Agency ABC had \$600,000 in receivable payments from the state.

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<sup>4</sup> In 1995, the state granted IFPS providers a vendor rate increase to \$4,760 (1995 dollars), up 2%. However, the Consumer Price Index (CPI) indicates that from 1994 to 1995, the cost of goods increased by 2.8%, making what was thought to be a vendor rate increase, a small decline in buying power (.8%).

<sup>5</sup> Since the time of this study, the state permits billing every 30 days.

A final administrative issue that makes cash flow unpredictable is the propensity of the state to make payment errors. Since all the providers negotiated different reimbursement rates, and families they serve could be on either the 40- or 90-day protocol, payments to Agency ABC were incorrect or duplicated a significant number of times. It was not uncommon for Agency ABC to receive checks paying them for other providers' clients. Staff at Agency ABC, therefore, had to invest the extra time to double check all payments received and do more paperwork with the state to correct errors. This either adds to existing jobs or reaches the point when a new position is needed. As is readily apparent, administrative costs are increased markedly over those associated with the former grant-like mechanism.

The steady and predictable cash flow from the Old IFPS contract permitted Agency ABC to maintain a cadre of regular staff. The primary direct service staff for Agency ABC are called "therapists." The entire staff thought that the funding from the Old IFPS contract to be very reasonable; it allowed flexibility when serving families. For example, a second therapist could be assigned to a family if necessary. Also, since the contract did not include strict constraints on the minimum or maximum number of hours to be spent with a client, or how those hours were to be spent, therapists could focus on producing positive outcomes for the family without being overly concerned about costs.

The decline of reimbursement rates and the increase in administrative costs had significant impacts on Agency ABC. By cutting the margin so close on the costs of delivering services, agency leadership felt that it couldn't afford to accrue funds for future expenditures or innovations, couldn't buy new computers, give raises, nor fund the depreciation of equipment and furnishings. Agency ABC moved their offices to smaller quarters after the changes in the IFPS contract.

### **1995 Forward**

Major legislative changes occurred in 1995 as well. The new, less intensive Family Preservation Service (FPS) program was started. It targets children at "substantial risk" of removal from the family (as compared to the more critical "imminent risk"). Where average caseload size for IFPS was dictated to be no more than two families per therapist, FPS caseloads could be up to 10 families.

The FPS contracts were designed quite differently from the IFPS contracts. The nature of the services and reimbursement rates were clearly spelled out in the contracts. Even after the parties agreed to terms, the state was not obligated to refer any minimum number of families to a provider. Contracts between providers and the state only made agencies available to the state to receive referrals. The RFQ explicitly stated "All respondents



meeting qualifications for contracting will receive a contract without [emphasis in original] guarantee of referrals or funding.” As a result, providers could not predict how many cases they would receive or when they might receive them.

When state caseworkers referred families, the families could receive FPS up to 6 months. Contract provisions directed Agency ABC to bill the state each month for each family according to varying hourly rates in the contract. The FPS rate is a maximum of \$3,075 per family and is broken down as shown in Figure 3. Toward the end of every month, FPS therapists spend a significant amount of time calculating the charges for every family on their caseload and pass these on to their supervisor. After the supervisor reviews the bills and straightens out any errors or misunderstandings, the bills are sent to the central office of Agency ABC and then onto the state agency. Time spent doing paperwork such as this was not billable to the state. Paperwork dramatically increased again.

Two features of the FPS program are that “concrete services” are billable up to a maximum of \$300 and “other supports” are billable up to \$500 per family, less the amount billed for concrete supports. The management of Agency ABC explained how they incur financial losses whenever they provide either of these. For example, if a therapist works with a family to purchase a \$300 washing machine, the state will reimburse Agency ABC \$300. It actually costs Agency ABC more than \$300 to get the washing machine because of the administrative costs associated with processing the bill, but none of those hours is billable.

- I. **Services** (cannot exceed \$2,575)
  - A. Therapist: face to face = \$46.35 per hour
  - B. Therapist's case related travel = \$23.18/hr.
  - C. Paraprofessional, face to face and case related travel = \$15.45/hour
  - D. Mileage = .32/mile
- II. **Concrete Supports** (food, shelter, clothes, etc.): up to \$300
- III. **Other Supports** (e.g., childcare, respite care, anger management, etc.): up to \$500, less the amount spent for concrete supports.
- IV. **Unbillable**: phone time with state case manager, or collaterals; meetings with case manager, client phone contact, case consultation/supervision.

### Figure 3. Reimbursements for FPS Contracts

The state made another significant change in 1996. Competitive bidding for the IFPS and FPS contracts was decentralized out of the central office and was handled separately in each region of the state. After requests for qualifications (RFQs) were issued, and at the end of the demanding process, Agency ABC was awarded IFPS contracts in all of the regions, ranging from a high of \$4,583 per family to a low of \$3,945. The average rate was \$4,463 (1997 dollars), a decrease of 11% from the previous year. Preparing separate bids and reporting to multiple regions adds further to administrative costs.

The legislature further amended the statute to permit the use of trained paraprofessionals in the delivery of FPS and IFPS services. As a result of the 1996 legislation and an accumulation of changes to state agency practices, state caseworkers now have many more options available for eligible families.

Again in 1997, providers bid by region for IFPS contracts and, again, Agency ABC was awarded contracts in all six regions: the highest reimbursement rate was \$4,422 and the lowest was \$3,610 per family. The rates decreased in five of the six regions and the average rate declined by 4.23%. Over the span of 1982 to 1987, the reimbursement rate decreased by 30.2% (see Figure 2).

## **Staffing Issues**

In 1997, keeping the agency staffed with qualified personnel was a much bigger problem than in prior years. In the Old IFPS years, Agency ABC had regular staff (both full and part-time); these staff had vacation and sick leave as well as other benefits. Now there are fewer regular staff and many more contract and hourly employees. Agency ABC attributed these changes largely to the unpredictability of referrals and the need for efficiencies. Prior to 1996, almost all therapists were regular, salaried employees. The position of "Family Support Assistant," a paraprofessional, did not exist. In 1998, Agency ABC employed 37 salaried therapists, eleven contracted therapists, 50 hourly therapists, and 43 family support assistants, most of whom only work a few hours a week. Due to the low hourly reimbursement rate for FPS therapists and the unpredictability of referrals, Agency ABC mainly uses hourly therapists with FPS families.

Staff turnover has increased, especially those paid on an hourly basis. This also increases administrative costs because of increased recruiting, screening, hiring, and training. At the same time, the agency had to increase their investment in quality control mechanisms. For example, Agency ABC has increased the number of accounting staff to process outgoing invoices and incoming payments.

## **Supervision**

When therapists were interviewed in 1998, they expressed a high level of satisfaction with the supervision they received. They did indicate that very little supervision is available at the end of every month because the clinical supervisor is swamped with paperwork and billing duties. The nature of the clinical supervisor job has changed from one that involved case consultation to one that involves much more monitoring of staff and many financial duties. Supervisors are more focused on productivity (i.e., how much each therapist earned for the agency) than they used to be. In addition to changes in clinical supervision, therapists' jobs suddenly included supervision in addition to their other responsibilities. When paraprofessionals are used, therapists serve as their supervisors.

## **Management Mindset**

For many years under the Old IFPS contracts, Agency ABC's managers emphasized quality of service, doing whatever was necessary to keep children safe, and helping the family. The mindset has, of necessity, shifted to one that looks for efficiencies. Also, instead of the child and/or family being viewed as the customer, the state is now considered the primary customer, especially the state caseworkers. Staff throughout the

agency feel vulnerable to the predilections of individual caseworkers because they are so dependent on referrals. In instances when Agency ABC complained about slow payments, a few caseworkers retaliated by withholding referrals. Agency ABC quickly learned how to avoid such situations.

Management's thought process shifted to a more conservative outlook. Fiscal considerations began to become a higher priority than people; staff were giving more and more negative feedback about this. There was an increase in tensions and a dampening of morale within the agency. One person explained, "We're having to pay attention to the pennies as well as the dollars." It is far more often the case than in previous years that cost justifications are requested when new ideas are proposed. Risk-taking on innovations has declined. Having a resource cushion became one of management's central concerns. Most recently, managers are looking for projects that pay for themselves, and they're trying to adapt what they do to other markets.

### **Service Implications**

Therapists reported that the change from the Old IFPS to the New IFPS changed little in terms of how services are provided, except when the 90-day option is requested. In this instance, stretching the 80 hours of therapist time over a three-month period is a challenge.

The ramifications on service delivery of the FPS contracts are significant. Staff are beginning to limit their time with clients and change their activities. For example, they try not to talk with clients on the phone because it is not billable. Their home visits are less frequent because driving time is reimbursed at a lower rate.

No one at any level of Agency ABC was willing to say or imply that service quality had declined—no one offered that it had improved either—or that fewer families than before were staying out of foster care. Therapists did confess that monthly per-client billing and progress reporting increased their stress.

Therapists reported that the methods they used to connect families to community resources were shifting because of the different contract provisions in the FPS contracts. In the past, therapists worked with collaterals by phone to make connections between families and community resources, usually without a family member present. Since the FPS contracts don't permit billing for phone time, they are doing more of this work directly with clients. They thought that this new approach could serve as training for the family to make their own connections, and the older approach was probably more efficient.

### **Solicitation Process and Type of Contract**

The central office of the state agency issued requests for proposals (RFP) for the Old IFPS program in 1981. They sought proposals for three localities in the state. The RFP indicated that a minimum of 54 referrals had to be served in each of the three areas, and they also set the maximum amount of each bid at \$120,000. Thus, the central office of the state agency established the rate per referral. Agency ABC successfully bid on contracts in two of the three areas, and their proposals included detailed budgets as required by the RFP. This was a performance contract (Kettner & Martin, 1993) in that "75 percent of [the] referrals shall not be placed in Foster Care for a minimum of 90 days following initial termination of the case" (Old IFPS Contract with Agency ABC). The burden to demonstrate compliance with the performance goal fell on Agency ABC. The RFP also announced the state agency's intention to provide \$500 bonuses (up to \$5,000) if the clients diverted from foster care placement for 90 days remained diverted for 180 days.

In 1982, and all years up to 1995, Agency ABC received new contracts without having to bid. There were some small changes in the contracts for 1982 and subsequent years. The performance standard was increased from 75% of the cases diverted from foster care to 80% diverted. Language was also included saying that if the performance standard was not achieved, that the state agency "shall pay for only those clients successfully prevented from foster placement at the rate of \$2,379.97 per client" (1982 Old IFPS Contract). The burden of proof continued to fall on Agency ABC.

The New IFPS contracts were performance contracts, as well, but with far more specific language:

The contractor shall prevent out-of-home placement for, at a minimum, 70% of the children served under this contract for at least six (6) months following the clients' exit from the IFPS program. For this outcome measure, "prevents out-of-home placement" means that a child who has been the recipient of IFPS has not been placed outside of the home, other than for a single, temporary period of time not exceeding fourteen days (IFPS Contract with Agency ABC).

The FPS contract was a performance contract, but unlike most performance-based contracts in social services that define performance in terms of inputs (Else, Groze, Hornby, Mirr, & Wheelock, 1992), this contract is outcome-based in that five outcome measures were specifically articulated. RFQ language indicated that providers would need to achieve "satisfactory performance" on these measures and more might be added.

The specific measures of the five articulated areas were still under development, so the agency signed their contracts without specific knowledge of either the measures or what constitutes satisfactory performance. There were no incentives for achieving satisfactory performance or for achieving them at less than the total allowable rate.

### Discussion

This article examined one partnership between a state child welfare agency and a non-profit agency contracted to deliver family preservation services. The provisions of each contract were thoroughly explained as were the different kinds of impact each contract had on the nonprofit. Overall, and as the years passed, the state sought to fund more services with fewer dollars. The state also tried to increase efficiencies by using competitive bidding, tighter definitions of clients, strong gatekeeping, and more reporting. This is a fairly typical position for a state to be in—demand for services increases, funding does not, and the legislature wants more accountability and efficiency. Notwithstanding the commonness of these pressures on states, this research documents how one nonprofit child welfare agency struggled through these years as reimbursement rates declined and administrative costs increased. Table 1 serves as a summary of the similarities and differences of the three types of contracts, comparing them on eight criteria.

While state caseworkers put extra time into service and payment authorization, and therapists in Agency ABC spend more time doing case reporting and billing paperwork, the amount of time delivering services to children and families inevitably declines. While questions about the quality and effectiveness of services remain to be answered, the state's efforts, although well intentioned, appear to be expensive for the state, providers, and families.

The New IFPS and FPS contracts, as described above, are largely consistent with Kettner and Martin's (1990) market model in that there were invitations to bid, fixed fees, and single year contracts, just to name a few features. The Old IFPS contracts had features that make them somewhat consistent with the partnership model, such as continuation contracts without bidding, flexibility, attention to history, and that "contracting decisions [seemed to be] based primarily on concern for the stability and maintenance of the state or community human services system" (Kettner & Martin, 1990, p. 16).

**Table 1. Comparisons of Three Family Preservation Contracts**

	<b>Old IFPS</b>	<b>New IFPS</b>	<b>FPS</b>
<b>Procurement Method</b>	RFP from central office of state agency.	RFP from regional offices of state agency.	RFQ from regional offices of state agency.
<b>Type of Contract</b>	Performance contract with incentives.	Performance contracts.	Performance contract.
<b>Reimbursement Mechanism</b>	Resembles grant-in-aid. Consistent monthly payments.	Flat case rate. Payments made when state social worker closes case.	Variable hourly rate. State billed monthly per family.
<b>Reimbursement Rate</b>	In 1982, averaged approximately \$4,000 per child served. In 1993, averaged \$3,401 per child. (Average based on serving the minimum number in contract.)	In 1994, \$5,054 <u>per family</u> . In 1996, \$4,463 per family. In 1997, \$4,179 per family.	In 1995, maximum of \$3,075 per family.
<b>Target Population</b>	Children at <u>imminent</u> risk of placement in foster care.	Children at <u>imminent</u> risk of placement in foster care.	Children at <u>substantial</u> risk of placement in foster care.
<b>Definition of Client</b>	Child	Family	Family
<b>Service Volume</b>	<u>Minimum</u> number established.	<u>Maximum</u> number established.	<u>Maximum</u> number established.
<b>Length of Service</b>	40 days.	40 or 90 days.	6 months.

The funding mechanism of the Old IFPS contracts slightly resembles a managed care mechanism in that the total dollar amount of the contract was predetermined. Agency ABC had the discretion to adjust service intensity for families as needed and serve as many clients as they saw fit as long as the minimum was served. It is interesting to note that while many states are implementing or experimenting with managed care features (Wulczyn, 1998), the specific contract provisions related to flat case rates and variable hourly rates is taking this state in the opposite direction.

Managing service delivery under the New IFPS and FPS contracts was a challenging situation because the state agency was not committed to making a specific number of referrals to Agency ABC. Projecting contract revenues, cash flow, and staffing levels is very difficult under these circumstances. This increases Agency ABC's risk in that the potential for revenues to be different from expenditures (Wulczyn, 1998) is greater.

The decline in the IFPS reimbursement rate certainly had an impact on Agency ABC. While it was shown that reimbursement rates declined over the years, we do not, however, know if total agency expenditures per case changed. Whether Agency ABC was totally or partially making up for these reductions from other sources of revenue, we don't know, but we have confirmed Kettner and Martin's (1996a) finding that the vast majority of nonprofits say that reimbursement rates do not cover all the costs of delivering contracted services. In order for the agency to break even, it must engage in other fundraising and revenue generating activities or dip into their endowment. Agency ABC did not have a large endowment, and the executive director talked extensively about the increased pressure for fundraising.

Contract provisions relating to payments, be they the flat case rate for an IFPS family or the variable hourly rate for a FPS family, are, to some degree, shaping the nature of service delivery. With an eye toward the bottom line, agency management is hesitant to allow IFPS therapists to devote more time to a family than is dictated in the contract or to permit therapists to work jointly with a family as was done in the Old IFPS work. FPS therapists reported that the frequency of home visits declined because the reimbursement rate for driving time was so low. Also, due to the fact that FPS contracts do not reimburse for therapists' time on the phone, therapists were less available to clients, and they changed how they work with collaterals.

Not only have service delivery practices changed, but the management mindset has begun to shift from the traditional social work service ethic, to one that is more and more efficiency oriented. The comment about paying attention to the pennies as well as the dollars is quite telling. This kind of agency climate can lead to low morale and high turnover.

In much of the literature these contractual relationships are conceptualized as public-private partnerships. Contracts certainly create partnerships of a sort, but it would be presumptuous to jump to the conclusion that they are consistent with Kettner and Martin's (1990) partnership model. The statement of one state employee explains, "Yes, we are partners, but we are not equal partners." The state is the buyer and the provider the seller. Not only does the state let the seller know what they'll buy, but they, just like many consumers, establish standards for quality and the form of payment.

### **Cautions**

Numerous internal and external changes occurred during the time period studied that makes it impossible to say that the differences in the three types of contracts caused all of the changes in Agency ABC. With the invention of FPS, for example, state

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caseworkers have far more service options than before. Various respondents raised questions regarding the appropriate use of these options by the state. For example, some therapists reported that six months of FPS is very frequently requested—and may be cutting into the IFPS referrals—because of the misconception that the longest service is the most intensive. Nevertheless, with all the service options and differing reimbursement rates and mechanisms, therapists and their supervisors are struggling with new and challenging caseload mixes with different reporting and billing requirements.

Generalizing from a case study of a single nonprofit, child welfare agency is not recommended. However, the provisions in Agency ABC's contracts, except for the specific reimbursement rates, were standard across other service providers. How different providers responded to and absorbed the changes in contract provisions is, undoubtedly, different. The variations across providers are likely associated with agency age and history, size, management style, financial health, and size of endowments or cash reserves. A goal for future researchers is to associate agency performance and client outcomes with differing contract provisions and reimbursement schemes. A time-series methodology might be a means to that end.

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## Family to Family: Child Welfare for the 21<sup>st</sup> Century

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Jill S. Roberts and Theresa J. Early

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*Child welfare services have undergone many revisions and transformations since their initiation. Some scholars trace the beginning of child welfare in the United States to events such as a 1655 Massachusetts conviction for maltreatment leading to the death of a 12-year-old boy (Watkins, 1990). The predominant philosophy of child welfare has shifted over time from an early emphasis on child saving, to child protection, to family preservation. Building on family preservation, one of the current transformations in child welfare that is taking place in isolated pockets to whole states, is family-centered, neighborhood-based services. One force behind implementation of this transformation is the Family to Family Initiative of the Annie E. Casey Foundation.*

*This paper places family-centered, neighborhood-based child welfare services within the historical context of development of child welfare and within the recent move to reinvent human services (Adams & Nelson, 1995). Against this backdrop, a locality-based implementation of the Family to Family Initiative is described.*

The term “child welfare” has had different meanings over time in the United States. Child welfare has responded to different social problems, and its institutions and programs have operated under different philosophies and mandates. The shifts in emphasis of the child welfare system continue to the present day in at least a limited fashion, with some of the more recent trends including family preservation, kinship care, and family-centered neighborhood-based services.

The beginnings of child welfare in the United States are traced by various authors to early events, such as the 1655 conviction of a man in Massachusetts for maltreatment leading to the death of a 12-year-old boy (Watkins, 1990) or the 1874 placement of severely abused, eight-year-old Mary Ellen with the American Society for the Protection of Animals (Antler & Antler, 1979). Events such as the latter gave rise to the founding of organizations such as the New York Society for the Prevention of Cruelty to Children and many other children’s aid societies (Lindsey, 1994). In a matter of years, the main focus of the aid societies was on orphaned and abandoned children (Lindsey, 1994; Costin, 1992), who were housed primarily in orphanages of various sizes (Smith, 1995).

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Institutional care was eventually seen as overly restrictive and failing to prepare residents for eventual independent living, resulting in a preference for placing dependent children in family foster care (Smith, 1995). The number of children in out-of-home care was later influenced by the “rediscovery” of child abuse with the 1962 publication of the battered child syndrome (Kempe, Silverman, Steele, Droegemueller & Silver, 1962). Children who entered care often moved from placement to placement or remained in care for long periods of time when families continued to be judged inadequate to care for them. As Curtis (1999) reports, almost 8 out of 1,000 children in the United States, a total of 502,000 children, were in out-of-home care by 1977.

Federal legislation was passed in 1980 (Public Law 96-272, the Adoption Assistance and Child Welfare Act), requiring “reasonable efforts” to avoid out-of-home placement, to speed reunification, or achieve permanency of living arrangement through adoption. The shift to family preservation yielded new program models (Kelly & Blythe, 2000), a brief decline in the number of children in out-of-home care from 1980-1982, but subsequent increases in this population (Curtis, 1999). Although figures vary across states, African American and Hispanic children are disproportionately represented among children entering care (Goerge, Wulczyn, & Harden, 1999). The provisions of “most familylike” and “least restrictive” placements of P.L. 96-272 express a clear preference that, if placement could not be avoided, children should be placed with relatives when possible (Pecora, Whittaker, Maluccio, Barth, & Plotnick, 1992). In a similar vein, the earlier Indian Child Welfare Act of 1978 (P.L. 95-6087) requires active efforts to maintain Indian children with their families or other families that share the same culture (Matheson, 1996). Thus, both pieces of legislation have resulted in a preference for relative foster placements or kinship care, which has been described as “the African American response to family preservation” (Scannapieco & Jackson, 1996). Formal kinship care is defined as a system in which the state or county has custody of a child but a relative takes care of the child and “...the term ‘kin’ often includes any relative by blood or marriage, or any person with close nonfamily ties to another” (Scannapieco & Jackson, 1996, p. 191). Kinship care has also made up for the decline in the availability of more traditional foster families, with about one third of the children in court-ordered care being served in relative placements (Courtney & Maluccio, 1999).

Changes in child welfare intervention models, then, have been driven by changes in the social problem being addressed, with the intervention sometimes later being included in the problem definition (e.g., institutions as the intervention into abandoned and orphaned children as the social problem; family preservation as the intervention into growing numbers of children adrift in foster care; kinship care as the intervention to maintain foster children’s ties to family and/or culture). In discussing the impact of out-of-home

placement on development of minority children, Urquiza, Wu, and Borrego (1999) state: "...whenever children are removed from their own family and cultural context—that is removed from their family of origin, from consistent contact with extended family members, from their community or neighborhood, or from situations in which care providers and social contacts have similar behaviors, values, and traditions—they no longer possess the supports and familiarity afforded by these social institutions" (p. 88). Family preservation efforts and kinship care have been partial remedies, but these options either do not always work or are not always available.

Recognizing the protection that may be afforded by the neighborhood and community, recent reform efforts have focused on providing another option to maintain cultural ties and social contacts when placement cannot be averted and when kin are not available: family-centered, neighborhood based (FCNB) services. The Family to Family Initiative, sponsored by the Annie E. Casey Foundation, is one force behind the development and implementation of FCNB child welfare services.

### **Family to Family**

Consistent with other "reinventions" of human services programs, the shift to FCNB services entails "...encouragement of a mission-driven, outcome-oriented, innovative practice that builds partnerships and empowers citizens, prevents problems, is proactive and entrepreneurial, decentralizes authority, and empowers workers to get results" (Adams & Nelson, 1995, p. 10). Family to Family is intended to bring about a new system that emphasizes appropriate family preservation efforts; targets children in congregate or institutional care, to return them to foster homes in their neighborhoods; involves foster families in family reunification efforts; serves as a neighborhood resource for children and families and builds the capacity of communities from which the foster care population comes; and provides permanent families for children in a timely manner (Annie E. Casey Foundation, 2001).

Key strategies of Family to Family, intended to bring about necessary change in the child welfare agency as well as the community, are recruitment/support of resource families, building community partnerships, family team decision making, and self-evaluation (Annie E. Casey Foundation, 2001). As with any other field, making a major change in the way services are organized and delivered is not easy. As Omang and Bonk (1999) point out, "Hardly anyone disagrees in theory with the most basic Family to Family principle, which is that of child welfare agency partnerships with foster and adoptive families and relatives, with neighborhoods and communities, and with other public and private agencies. But in practice, child welfare workers have always run the procedure and made the critical decisions, too often regarding birth parents as adversaries and foster parents as employees in the day-to-day work of caring for children at risk" (p. 17).

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The remainder of this article chronicles the efforts by a county child welfare agency to implement Family to Family in one portion of the county.

### **Local Implementation**

In 2000, Franklin County Children's Services (FCCS) was awarded \$50,000 to begin the Family to Family approach in Columbus, Ohio. The North Region, specifically the Linden area, was to be the target population for implementation. This region and area were chosen because of a high concentration of open cases within the neighborhood and a correspondingly high placement rate. Of the many children in foster care from the Linden area, only a few were actually placed in foster homes in their own community. According to unpublished FCCS statistics (April 2001), placement statuses of the 524 open cases were as follows: 274 (52 percent) were living at home; 116 (22 percent) in kinship care; and 134 (26 percent) in placement. Of the children in placement, only four (3 percent) were placed in the Linden area. Of the 250 children in out-of-home care, 43 (17 percent of those in placement, 8 percent of open cases) were placed outside the county, eight (3 percent of those in placement, 1.5 percent of open cases) were placed out of state, and 22 (9 percent of those in placement, 4 percent of open cases) were placed in congregate care.

To begin the program, many things needed to happen concurrently, including an assessment of current agency functioning to determine how it needed to be adjusted to conform to the FCNB approach. At the same time, a community resource was needed to be the initial contact between the agency and the community and its families. Once identified, policies needed to be written and procedures developed, and staff needed to be trained. The initial plan submitted to the Casey foundation and the Ohio Department of Job and Family Services identified seven work committees that would be convened to begin the process.

Policies and procedures committee, to assure existing agency policies and procedures support and complement the philosophy and practices of the FCNB approach, and to craft additional policies/procedures to support the integration of FCNB practice modalities. Initial tasks of this committee included working with various other committees to develop policies and procedures for new or revised practices, such as the Family Team Meetings, Family Case Conferences, Community Visitation, and Family FCNB Reimbursement and Respite Services.

Geographic assignment committee was tasked with establishing and recommending options for geographically assigned North Region cases, by neighborhood within the North Region.

Foster parent committee, in charge of refining foster parent education and training activities and foster parent support. This committee also reviewed policies and procedures relevant to foster parent training and support and made recommendations for needed changes to be consistent with the FCNB approach.

Family partnership committee, with responsibility for working with the policies and procedures committee in developing, implementing, and tracking integration of the Family Team Meetings, as well as assisting staff with integrating the Family Team Meetings into practice.

Provider partnership committee, charged with identifying and recommending strategies to enhance partnerships between targeted provider agencies and North Region staff. Tasks included identifying providers with which to partner and orienting them to FCNB practice.

Neighborhood partnership committee, responsible for establishing partnership relationships with neighborhood groups and individuals, to develop support for neighborhood children at-risk of abuse and neglect and their families, in the various North Region neighborhoods.

Self-evaluation committee, in charge of developing and monitoring outcomes related to Family to Family goals, and reporting on these to the entire team.

## **Early Results**

### **The Community**

The first step in relation to the community was to identify community resources that could support the change effort. To be successful, FCNB services have to take the community as a partner right from the start. Agency staff may believe that the agency is developing the community, but community members find this perspective offensive. To avoid this type of conflict, it was helpful to find a link to the community to act as a guide and a messenger, and to help agency staff navigate within the community. The Greater Linden Area Council was identified as the guide in the community.

One way to be in the community is to hold meetings in the community, away from the agency offices, to break down barriers and build relationships. St. Stephens Community

House, a long-time Linden settlement house, was identified as “home base,” and all meetings initially were held there. As churches became involved, meetings began to be held at them as well. Working with the Greater Linden Area Council and St. Stephens, other community entities were identified that would be helpful in promoting Family to Family, including schools and health providers.

*Family to Family Initiative*  
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Effort was made to identify churches and enlist their support. As a result, a number of the community leaders who have signed on as active partners and supporters of the project are local clergy. The Linden clergy are organizing to work with their congregations to create new foster homes and community understanding.

### **Foster Parents**

Existing foster families in the Linden area were identified and given specific training in the FCNB model. Expectations of foster parents are to include the birth parent in the child’s medical appointments and school conferences, and to allow birth parent visits with the child in the foster home as long as it is safe to do so. The Linden area foster parents were also encouraged to recruit friends and family to support FCNB. As a result of these and other recruitment activities, 14 potential foster families were identified and are in precertification training as of this writing.

### **Provider Agencies**

Part of the project has been to include agencies in the Linden area that provide services to the child and family populations. Fifteen provider agencies are currently active partners in the Linden Family to Family Initiative. These agencies include private foster care agencies, the schools, school support services, and various treatment agencies.

### **Impact on Child Welfare Practice**

FCNB is a different way to work with families to keep children within their communities. It is a different way to provide services, to have client input, to put the client first. Previously, for example, when a child entered the system, the first thought was foster care, not relatives. Family to Family meant changing that perspective: relatives/kinship care needed to be the first thought, and regular foster care considered later if kinship care could not be established. This took more work in the beginning, because it is not as easy to “round up” relatives as it is to call another agency department and request a foster home. Relative home studies needed to happen prior to a kinship placement, which meant longer work hours initially.



However, after awhile, it became standard to find relatives prior to placement being needed. At the very beginning of service provision, families were asked to identify their supports, and names, addresses, and telephone numbers of relatives were obtained and placed in the case file. As initial meetings were held, families were encouraged to bring

relatives and support people, so support people were included in planning with the family from the outset. As problems were identified, workers looked around the table for solutions from all parties involved.

Other changes in practice included several new meetings or changes in old meetings. The Family Team Meeting was held within five days of placement and was an attempt to maintain the child's routines as much as possible. Participants included the birth parents, the foster parents, the child if appropriate, the social worker, and any other supports the family wished to invite. Discussion centered around the child's likes, dislikes, habits, customs, culture, and the like. The agenda of the meeting also included setting boundaries for visits and other contact. Specifically excluded from discussion were the problems of the parent and the reason for the foster placement.

The format of the Family Case Conference was revised to better include the family, relatives, and other supports in ongoing planning for the case. FCCs are held at various points in time relative to case opening and other critical events. The first FCC is held within 30 days of case opening, if a child is going to be removed (or has just been removed), and at six-month intervals during placement. In the case of removal, the FCC includes discussion of the cause of removal and specifies what is needed to reduce the risk so the child may return home. Later reviews include permanency planning and discussion of whether reunification continues to be in the best interest of the child. The family continues to be involved in these processes.

### **Preliminary Outcomes**

After the first 11 months of the Family to Family program, changes are overall in the desired direction, although quite small in some areas. Table 1 summarizes the 11-month outcomes.

**Table 1. 11-Month Outcomes**

<b>Outcome</b>	<b>Baseline 10/00</b>	<b>09/01</b>	<b>% Change</b>
Kinship Care	50	56	+12
Foster Homes in Area	50	54	+8
Children in Foster Homes Outside Area	110	83	-25
Children in Foster Homes Outside County	39	30	-30
Average Length of Stay	11.3 months	10.9months	-4
Average Number of Moves in Care	1.4	1.5	+7*

\* Change is not in the intended direction

The largest desirable changes have been in reducing the number of children placed in foster homes outside of the area and outside of the county. However, an undesirable change almost as large was an increase in the number of children served in congregate care. Further, the average number of moves in substitute care increased, perhaps because caseworkers aggressively pursued returning children to the area from more remote placements. Gains in the use of kinship care and number of active foster homes in the service area, although in the appropriate direction, are smaller than projected. Length of stay in care was reduced slightly.

The tangible, quantitative outcomes reflect the changes, but are only part of the story. Some of the unmeasured outcomes include North Region social workers' increased knowledge of community resources, and their use of resources to avert placement or build community supports for children and families. Services outside the formal child welfare system also have been supported and enhanced by the contract with the lead community agency, St. Stephens. Better connections have been forged between St. Stephens and social workers who work in the schools through various community programs. Anecdotal evidence suggests that these connections are being used to access support for families to avoid placement and to maintain children in their neighborhood schools if placement cannot be avoided.

Family to Family is clearly being judged a success from the perspective of the county child welfare agency: implementation of the FCNB approach in another region began in fall 2001.

### Discussion and Implications

As a reinvention of human services, the Linden area Family to Family program is in general on target. It is driven by a mission—to maintain children in their homes, within their families, or at least in their neighborhoods. Family to Family is outcome-oriented, and appropriate outcomes have been identified and are being monitored. The program also intends to build partnerships with the community, with other service providers, with foster parents, and with families served by the agency. In the Family to Family project, involvement with the community is a two-way street. The child welfare agency needed to learn what the community had to offer and how staff could support community services. At the same time, the community needed to learn of the problem and the agency's commitment to bring about change in where and with whom children are placed in foster care. One of the first mechanisms for achieving these objectives was to forge connections with institutions in the community so that services could be located in the community.

However, as Meezan (2000) pointed out, for services to be “community-based” (or, here, neighborhood-based), agencies must go beyond merely locating services in communities or neighborhoods. They also must find ways to involve community residents in the planning and design of services and community leaders in the administration of social service organizations, as well as reach out to indigenous and faith-based institutions (Meezan, 2000). Intuitively, working with indigenous organizations would facilitate greater access to community norms, customs, and assets. Empirical evidence also exists that child welfare services run by an indigenous African American organization in Oregon produced better outcomes for a population with intractable problems (Ciliberti, 1998). Family to Family is in the very beginning stages of making this great a link to the community, primarily through efforts to identify and work with churches.

Evidence concerning some of the other hallmarks of reinvention mentioned by Adams and Nelson (1995) is more elusive. Partnerships are being built, but the extent to which these are empowering citizens and preventing problems remains to be seen. Further study over time also is necessary to determine to what extent the project's efforts are entrepreneurial, as well as the extent to which authority is decentralized and workers are empowered to get results.

In the local implementations described here (the North Region and the West Region just beginning), it is heartening from a social work perspective that settlement houses have been chosen to lead the effort in the community. As noted earlier, the role of a large, public agency in bringing about community change is not straightforward. Community organizing traditionally has not been a function of child welfare. Administrators and

workers within child welfare may have a lot to learn in order to engage with the community in change efforts, especially when the child welfare agency is a major target of the needed change.

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