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Promising Practices to Engage Families and Support Family Preservation

Marianne Berry

The Adoption and Safe Families Act of 1997 (ASFA) is the latest legislation in two decades of important child welfare policy in the United States. The Adoption and Safe Families Act has served to shorten the period of time that caseworkers and families have to show that families are making progress toward family preservation, with permanency decisions being made after 12 months, rather than 18. The importance of engaging and motivating families in services has therefore increased. The practice directive of ASFA can be summarized as "Act Smart, Fast, and Accountable." Using findings from largely correlational research, concrete recommendations are made to ensure that practices to preserve families are smart, fast, and accountable, particularly critical given these new timeframes.

The Adoption and Safe Families Act of 1997 (ASFA) is the latest legislation in two decades of important child welfare policy in the United States. While ASFA serves to better specify when and under what conditions "reasonable efforts" to preserve a family are *not* required, the Act does little to better specify the policies and practices that constitute "reasonable efforts." This manuscript has two purposes: (1) to review the policies and resulting population trends that led up to and resulted in the passage of the Adoption and Safe Families Act of 1997, and (2) to review the tentative research evidence that identifies the practices that are most often associated with family preservation outcomes and show promise in engaging families in reasonable efforts to preserve their families, until more definitive research findings are produced.

Important Legislation in Child Welfare

In order to understand the impact and the influence of the Adoption and Safe Families Act of 1997 (P.L. 105-89), it is helpful to review four important pieces of child welfare legislation that preceded it and are still largely in effect. The Adoption and Safe Families Act was implemented as a response to the state of a child welfare system that had evolved from these prior pieces of legislation and the resulting state and agency policies. These four pieces of legislation (very briefly) were (1) the Child Abuse Prevention and Treatment Act of 1974, (2) the Indian Child Welfare Act of 1978, (3) the Adoption

Assistance and Child Welfare Act of 1980, and (4) the Family Preservation and Family Support Act of 1993.

The Child Abuse Prevention and Treatment Act of 1974

The Child Abuse Prevention and Treatment Act of 1974 is the federal legislation that mandated the reporting of child abuse. It also put into place public education efforts to increase awareness of the signs and effects of child maltreatment. Not surprisingly, after CAPTA was implemented, the numbers of reported cases of child abuse increased greatly, with the concomitant stresses on the child welfare system from such an influx of families reported for child maltreatment. CAPTA had not included funding for services in line with the increased reporting that resulted from increased public awareness and mandated reporting; the majority of funding went into supporting reporting and investigations of child maltreatment (Pecora, Whittaker, & Maluccio, 1992).

After CAPTA was implemented, the numbers of children placed into foster care increased significantly, reaching near 500,000 children in out of home care by 1978 (Tatara, 1989). CAPTA legislation, of course, was not the sole contributor to the increasing foster care rolls; increasing stressors on families throughout the 1960s and 1970s had continued to feed children into the child welfare system, but CAPTA's new mandate on reporting and investigations increased the necessity of a formal response to these family stresses, and that response often took the form of foster placement.

The Indian Child Welfare Act of 1978

During the 1960s and 1970s, a very large proportion of Native American children were in foster care, many in non-native foster homes. In response to growing criticism of this dissolution of Indian families by non-Indian entities, The Indian Child Welfare Act of 1978 gave tribes exclusive jurisdiction for children on reservations. To help maintain connections between Native children and their families, preference is given to placing children in extended family, followed by foster homes that are approved by the tribe, followed by Indian foster homes and institutions. Standards for these homes are set by the tribes.

There have been numerous problems with the implementation of the Indian Child Welfare Act, largely due to insufficient fund allocation. Studies in the 1980s, a decade after the implementation of the Indian Child Welfare Act, found that over 50% of Native American foster children were still placed in non-native homes (Plantz, Hubbell, Barrett, & Dobrec, 1989).

The Adoption Assistance and Child Welfare Act of 1980

In the second half of the 1970s, federally funded demonstration programs (e.g., the Oregon Project – Lahti, Green, Emlen, Zadny, Clarkson, Kuehnel, & Casciato, 1978 – and the Alameda Project – Stein, Gambrill & Wiltse, 1978) were attempting new strategies to decrease the need to place children in foster care and to return children home from foster care more quickly. As a result of these demonstration programs, six years after CAPTA, sweeping federal legislation known as the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) was enacted, which could be argued to be the most significant piece of child welfare legislation in the late 20th century.

The Adoption Assistance and Child Welfare Act of 1980 put into place a system of prioritized outcomes for children served by child welfare agencies—a set of priorities based on the pursuit of outcomes that offered children permanence of place and *maintenance of family connections*. The four prioritized outcomes for children are (1) remaining with biological and/or extended family, (2) adoption, (3) guardianship, and (4) long-term foster care. This order of preferred placements was prioritized by outcomes that are thought to be in the best interests of the child, with maintenance of family relationships being seen as critical to positive child development. Adoption became a second choice after “reasonable efforts” to preserve the biological family had been made, but took priority over other, less permanent and family-like relationships.

Public Law 96-272 came on the heels of public and professional concern in the 1970s about the rising numbers of children in foster care with no real plans for a home more permanent than foster care. There were declarations in the 1970s as to the importance of permanence for children and the poor developmental outcomes of frequent disruptions in children’s families and the place they called home (Goldstein, Freud, & Solnit, 1973; Fanshel & Shinn, 1978). The prioritized outcomes listed above, and reasonable and expedient efforts to move children to one of those permanent outcomes, were the order of the day.

After the Adoption Assistance and Child Welfare Act of 1980 was implemented, there were decreases in the number of children placed into foster care, and many of the children in foster care went home. States and agencies sought out a variety of means by which to keep children and families together to meet the prioritized outcome of preserving families. It was during the 1980s that family preservation programs proliferated across the country. The parameters of these programs were largely drawn from lessons learned from the demonstration programs in Oregon and California and by

the Homebuilders program in Washington State (Kinney, Haapala, & Booth, 1991). Family preservation was a booming business.

During the 1980s, communities and families experienced substantial social and economic changes—increases in poverty, homelessness, substance abuse, AIDS, violence, and teen parenting (Maluccio, Abramczyk, & Thomlison, 1996)—increasing social stress and other pressures on families. However, adoptions of older children did not increase substantially in the wake of the 1980 legislation (Barth & Berry, 1988). Toward the end of the 1980s, foster care rolls therefore began to grow again, leading to increasing pressure on agencies and states to keep children at home.

The Family Preservation and Family Support Act of 1993

In the early 1990s, family preservation programs had proliferated enough that legislation was passed to formalize the provision of these types of services. This act was passed as part of the Omnibus Reconciliation Act of 1993, and provided nearly \$1 billion in new funds for either family support or family preservation programs over five years. This Act specified more clearly the types of programs that would meet the criteria of meeting reasonable efforts to preserve families.

Most of these new monies went toward family support programs. As family preservation programs also proliferated, however, increased scrutiny of these programs, and some highly publicized child deaths, created a new pressure for the system to ensure children's safety (Ingrassia & McCormick, 1994). Scientific research and public media had documented numerous positive outcomes of the Adoption Assistance and Child Welfare Act of 1980 (a temporarily decreasing foster care census, and the proliferation of programs to empower, preserve, and strengthen families) and also numerous examples of devastating outcomes (including highly publicized child deaths, a newly increasing foster care census, and a relatively small effect on the numbers of children freed for adoption, given the increase in foster care census) (Barth & Berry, 1994). All of this attention resulted in a call for new legislation to better emphasize and assure children's safety and positive development—the Adoption and Safe Families Act of 1997.

The Adoption and Safe Families Act of 1997

The Adoption and Safe Families Act does more to promote timely dispositions of child welfare decisions than any legislation since the Adoption Assistance and Child Welfare Act of 1980. Where the 1980 Act specified that a case disposition must be reached after the child had been in care for 18 months, ASFA reduces that time frame to 12 months

(P.L. 105-89, Section 302). Additionally, child welfare agencies can be pursuing an adoption for the child at the same time as they are pursuing efforts to reunify a child with his biological family (called “concurrent planning”). Further, the Act specifies a list of conditions that do not require agencies to provide reasonable efforts to preserve or reunify (P.L. 105-89, Section 101):

- (1) the parent has subjected the child to aggravated circumstances (e.g., abandonment, torture, chronic abuse and sexual abuse),
- (2) the parent has murdered, manslaughtered, or aided or abetted in the death of another child, or committed a felony assault that results in severe injury to a child, or
- (3) parental rights have been involuntarily terminated for another child.

The Act further specifies that a state’s discretion in protecting children’s safety is not constrained by these conditions, and that the child’s health and safety must be paramount in all determinations and provision of reasonable efforts.

States must file a petition to terminate parental rights and move toward adoption if any of the following apply (P.L. 105-89, Section 103):

- (1) the child has been in foster care for 15 of the last 22 months,
- (2) the court determines the child to be abandoned,
- (3) the court determines that the parent has committed a previous child murder.

There are other sections of ASFA that are important as well, including methods of increasing incentives to adopt, and the development of plans for adopting across jurisdictions. The Act renamed the Family Preservation and Family Support Act of 1993 the Promoting Safe and Stable Families Act of 1997, and includes reunification services *and* adoption promotion services as part of that Act.

The two key emphases of the Adoption and Safe Families Act appear to be the increased speed with which permanency decisions must be made, and the decreased pressure to preserve families. This has unnecessarily fueled a whirlwind of values (Barth, Goodhand, & Dickinson, 1999) or a competition of sorts between the programs of adoption and family preservation over who best serves the interests of children (Chalker, 1996; Gelles, 1996; Rappaport, 1996).

This whirlwind of values has contributed to confusion in practice as to when and how to pursue reasonable efforts to keep families together, and most importantly, identifying the services and resources that are sufficient to meet the test of reasonable efforts to preserve

families. It is the intent of this paper to better specify reasonable efforts under ASFA, and these practices can be summarized as “ASFA: Act Smart, Fast, and Accountable.”

Protection Versus Connection

A review of the legislative history, above, clarifies the reactive nature of policy development in the United States child welfare system. Each law has been formed in response to problems and populations that have arisen over the past thirty years. Each piece of legislation results in some positive outcomes for children and families, but also produces some unintended or unforeseen consequences, which are then addressed in further legislation. The pendulum of public legislation swings back and forth between efforts to strengthen and support family integrity (“connection” efforts) and efforts to protect children at the expense of family integrity (“protection” efforts).

Practitioners, judges, legislators, and the general public are still confused and outraged by the conflicts in values of overlapping legislation and the seeming lack of a clear agenda in over forty years of professional child welfare services to guide choices and decisions that meet the best interests of a child. Since the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) and the resulting national and local efforts to preserve families and family ties, and more recently with the passage of the Adoption and Safe Families Act 1997, which emphasized safety of children and notes several exceptions to preserving families, tensions have increased over when and whether to keep children in “risky” families and whether to emphasize protection or connection (Berry, 1997), or in other words, the degree or extent to which reasonable efforts to preserve families must be made.

Best Practices Toward Providing “Reasonable Efforts” to Preserve Families

Social workers, judges, therapists, and anyone who cares about children and families wrestle with difficult choices and controversial arguments about how much of an effort and what form of efforts are reasonable (and sufficient) in an attempt to preserve families. The answers to these arguments are not always clear, nor should they be. The best practice and the best solution are determined by the circumstances and strengths of each situation and the individuals involved. Scholars of the research base for family preservation services will agree that it is difficult to identify with certainty what the critical elements of family preservation services are, or to what degree certain practices enhance outcomes. A thoughtful review of research evidence, however, can contribute to thoughtful solutions, however, in that objective evidence on the practices and policies

associated with good outcomes (being broadly defined) provides a base of knowledge with which to consider specific choices of action.

The Adoption and Safe Families Act hastens the call for greater specificity in what constitutes “reasonable efforts” to preserve families before determining that termination of parental rights and adoption are appropriate (Clinton, 1996). Ironically, while this will help to increase the clarity of service planning and contracts with biological families, this initiative has been proposed in hopes of doubling the number of special needs children removed from their birth families and placed for adoption by the year 2002 (Kroll, 1997). Better specificity of reasonable efforts, therefore, will thus contribute to a better understanding of when to choose adoption over continued efforts toward family preservation in any particular family or community.

Better clarification and specificity of the structure and nature of services that have been empirically established to lead to reduction of child maltreatment are also critical to any effort to preserve families (Berry, 1997) or to determine that they cannot succeed with services. Such specification of “reasonable [and effective] efforts” will thus contribute to knowing the conditions (such as service structures, client conditions, and environmental conditions) under which efforts to preserve families are likely to be effective or ineffective (Berry, 1997; Littell, 1997). Again, in the absence of clear predictive outcomes research in this field, we are left to rely on correlational data associating specific services or practices with good or bad outcomes for families. Until such predictive models are produced, we offer these best practices.

Best Practices in Supporting and Maintaining Families

The five key elements of best practices in providing reasonable efforts to preserve families can be summarized in five steps:

Time Matters
Results get Results
Uncommon Solutions for Common Problems
Stand Beside, Not Between
Tell the Truth

Time Matters

Spend one-on-one time in the family’s home. Spending direct service time with families is critical. Research on family preservation services has provided hard evidence that the amount of time spent with a family in the home has a direct association with the

prevention of child placement. When a greater proportion of service time is spent by the primary service worker in the family's home, placement is significantly less likely (Berry, 1992; 1997). In Berry's (1992) study of 367 families in a family preservation program, when more than 50% of service time was spent in the family's home, rather than the office, no children were placed into foster care. Placement rates increased with an increased proportion of service time being spent in the agency or working with collaterals on a case. The contribution of direct time that is spent between the caseworker and the family in the family's home cannot be overestimated.

Allow time for progress to occur. Even good services cannot rush good outcomes. A critical element of the Adoption and Safe Families Act of 1997 concerns the shortening of time to a permanency hearing for children from the current 18 months to 12 months (Alexander, 1997; Kroll, 1997). Research in both adoptions and family preservation informs us that, while expedience is a factor that is in the best interests of children's sense of continuity and permanence, outcomes are less than satisfactory when services and preparations of children and of family are rushed or incomplete as a result (Barth & Berry, 1994; Kamerman & Kahn, 1989). In response to ASFA requirements, Mary Lee Allen of the Children's Defense Fund has said, "There are dangers in imposing accelerated, arbitrary time-lines on the states without the assurance of services to the children and their families. Services that deal with substance abuse, mental health, and domestic violence are important because timelines without these assurances will undercut the [Act's] efforts" (Alexander, 1997, pg. 14). We cannot rush to judgment at the expense of effective services.

Neglect takes longer to influence than physical abuse. Research in family preservation services, and in child protective services before that, has made clear that physical abuse is more easily treated than is child neglect (Berry, 1997; McCroskey & Meezan, 1997). In general, physical abuse cases are served earlier in the life of a family, with neglect cases going unserved until conditions are severe. This contributes to the chronicity that is more likely in neglect cases than in those of physical abuse. Neglect cases are also more likely to be exacerbated by other chronic problems of substance abuse and poverty. All of these contributing factors make it unlikely that neglectful behaviors can be remedied within a 12-month or 18-month timeframe. It is expected that the termination of parental rights for families charged with child neglect will increase substantially under ASFA, unless better models of treatment are proposed for this population of families.

Results Get Results

Provide quick and early solutions to problems that are easily solved. Research on family preservation services and in adoption services as well point to the importance of early progress with families. When a caseworker can help solve problems (even small problems) early in the life of a case, families report that they feel more likely to engage in services, that they feel they can trust their caseworker, and they are more likely to expect and work toward more positive outcomes throughout their service relationship (Barth & Berry, 1988; Berry, 1997; Lewis, 1991). Families of all types who receive simple and effective services at the very beginning of their work with the agency are more likely to engage in the service relationship, and make progress on case goals more quickly (Berry, 1997; Lewis, 1991).

Concrete services, provided early in a case, are found to be especially effective in preventing placement (Lewis, 1991), and in engaging families. This finding applies to work with foster and adoptive parents, as well (Barth & Berry, 1988; Berry, 1988). Given that financial stressors are almost always underlying the presenting problems that brought a family to services, concrete services that can readily engage families can include material goods and services such as help with transportation, household furnishings and repair services, help with utilities and landlord negotiations, and house cleaning. Families have expressed a willingness to engage in services when they saw that caseworkers could make real changes in the family's situation right away (Fraser, Pecora, & Haapala, 1991; Kinney, Haapala, & Booth, 1991). Meeting these concrete needs can also help to diffuse the economic stresses that are a primary contributor to child maltreatment.

Be cautious about ending social relationships. Social isolation is another key contributor to child abuse and neglect (Polansky & Gaudin, 1983). It is important that caseworker efforts to decrease family stress also maintain important relationships (even though some social relationships are viewed as detrimental to a family's situation). If case plans or court orders include plans to end specific dangerous friendships or relationships, it is important that caseworkers help to locate and begin other supportive friendships and relationships at the same time, to avoid contributing further to the family's social isolation. There are several model programs that focus on building social skills and social networks with this population of families (Lovell, Reid, & Richey, 1992; Rickard, 1998).

Advocate for relevant services in the community. Finally, relevant therapeutic services, including services for substance abuse, mental health, and domestic violence, are critical to good outcomes for families experiencing child maltreatment. The poor

availability of these services leads to long waiting lists or prohibitive restrictions on eligibility, which are exacerbated by the short timeframes imposed by the Adoption and Safe Families Act. Agencies and states that wish to preserve families will concentrate efforts on developing and supporting community-based therapeutic services for this population.

Uncommon Solutions for Common Problems

Build and support community resources that will support all families. Schuerman and colleagues (1994) at the University of Chicago have lamented the multiple objectives involved in family preservation as being “expected to solve major social problems, one case at a time,” (pg. 241) in that intensive work with families to keep them together and reduce the dangers to children involves mobilizing a number of resources and skills with families. These resources and skills go beyond better parenting skills to issues such as poor housing, inadequate day care and health care, and inadequate family income. Moving reasonably and expediently from efforts to preserve a family into timely decisions that a family cannot be preserved and the child would be better served by adoption can only be fairly implemented when birth families have the opportunity to access those kinds of resources (Littell, 1997).

Many communities simply do not have the resources with which to support their members. In his report to the New York Division of Family and Children Services, titled “The Community Dimension of Permanency Planning,” Fred Wulczyn (1991) used census tract mapping the City of New York to identify, on a household-by-household basis, those households experiencing teen pregnancy, high rates of poverty, infant mortality, and/or child removal. He found that these problems clustered in communities, and that in certain communities, in excess of 12% of all infants were placed in foster care before their first birthday. Expedient decisions to terminate parental rights may be in the best interests of those infants, given the immense social stress under which their families live, but reduction of a cohort of children in a community by 12% each year cannot be a “reasonable effort” to preserve families affected by community impoverishment. This speaks to the importance of community development in any service system, and of creating supports when there are few or none.

An individual family assessment is performed for a reason. When caseworkers are asked to document the time they spend on a variety of case activities, initial assessments comprise a large proportion of the service time spent with a family. These assessments are intended to be thorough so that an individualized service plan will follow and be relevant to the specific needs of a family. When service plans are examined, however, it

is often found that service plans are fairly consistent from family to family within an agency, with an emphasis on individual counseling, referral to parent education, and other forms of parent training (Berry, 1997; Berry & Cash, in press). When services are individualized to the needs presented by a family, outcomes are indeed better (Berry, Cash, & Brook, 2000).

Consider the virtues of unconventional families. Research has long discounted some conventional views on what makes a good family. Family preservation studies have found that families previously considered too risky for preservation can remain together safely, without any recurrence of maltreatment, when appropriate and timely services are provided (Fraser, Pecora, & Haapala, 1991; McCroskey & Meezan, 1997). Research again and again finds that family preservation services, as currently packaged (as a short-term intensive service) are more effective in preventing placement and in preventing recurrence of maltreatment with physical abuse cases (often considered the more “risky”) than they are with physical neglect cases (Berry, 1997; McCroskey & Meezan, 1997).

Research in both foster care and adoption has documented that the most successful families are often those headed by poorly educated parents (Barth & Berry, 1988; Meezan & Shireman, 1985) or those with lower incomes (Partridge, Hornby & McDonald, 1986). In a more recent long-term outcome study of adopted children with special needs, Erich and Leung (1999) found that more highly functioning families were those with a greater number of children, those not attending family therapy, those who participated in religious activities, and those with less parental education. Research findings support the language of the Adoption Assistance and Child Welfare Act of 1980 that emphasizes adoption of children previously considered unadoptable, and the support of parents and families who may have uncommon, unconventional, or varied abilities to meet a child’s needs.

Stand Beside, Not Between

Make decisions with, not for, families. Judges and social workers will agree with the general statement that most of the parents of children in foster care or served by child welfare agencies are there because they have shown poor judgment in parenting. Therefore, it stands to reason that some of the focus of services should be on helping parents to develop better judgment in parenting. This is often accomplished by referring parents to parent education classes. Research on services has found that parents are often far removed from making judgments about their family while they are receiving parent education classes or other child welfare services (Berry, 1988; Lindsey, 1994a; Stein, Gambrill & Wiltse, 1978).

Caseworkers can work with families to make decisions and judgments about the best course of action, rather than making these decisions on their behalf. Although the decision-making process is slowed by including parents, the payoff of teaching parents how these decisions are made (identification of the problem, brainstorming solutions, thinking through potential consequences, making the choice of decision) will result in longer term gains as parents learn the process by which to make decisions throughout their family's life. These decisions can include placement choices, continuing care of the children, and development of case objectives and service plans.

Encourage and support contact and relationships between family members. Perhaps the best predictor of family preservation (or reunification) once a child has been placed into foster care is the amount of visitation between biological parents and child that occurs while the child is out of the home (Courtney, 1995; McDonald, Allen, Westerfelt, & Piliavin, 1996). This is a prime opportunity for caseworkers to stand beside, not between, children and their families. While the protective instinct often leads one to limit parental access to the child who has been maltreated, research identifies far worse outcomes for children who have not had access to their parents during this time (Courtney, 1995; Hess & Folaron, 1991). Again, a child's out-of-home placement is an opportunity for caseworkers to help biological parents learn and practice better parenting skills, and parents can best practice those skills with their family.

Better specification of how to share care across people who have an attachment or affiliation to a child will also contribute to better and more expeditious decision making for children (Barth, 1993), the point of both the Adoption Assistance and Child Welfare Act of 1980 and the Adoption and Safe Families Act of 1997. Shared care can take the form of open adoption, kinship care arrangements, and most dramatically, a relatively new and untested form of service called family group decision making or the family group conference (Hardin, Cole, Mickens, & Lancour, 1996; Welty, 1997). In family group conferences, members of the birth family, extended family, supportive networks to the family, and professionals meet together to identify and discuss options and help determine the best plan for the children, including adoption. These shared decisions help to model good decision-making skills, and ensure greater adherence to the final choice (Welty, 1997).

Support and maintain connections with foster families, when needed. When children must be placed into out-of-home care, research demonstrates that children's outcomes during this time are best when connections are maintained between the foster family and the birth family (Palmer, 1995). Children's anger about the removal is decreased; anxiety

is decreased; somatic problems are less frequent; and rebellious behaviors are decreased (Palmer, 1995).

Biological parents' feelings of ambivalence toward parenting can increase while a child is out of the home (Hess & Folaron, 1991). A child's removal can result in immediate reduction of family stress, increased space in the family home, and increased time and resources for other family members, which can cause parents to waffle in their commitment to reunification. Supporting family connections to the child in care can help to decrease that ambivalence and foster continuing connections to the child in care.

An early study of foster parent adoption (Meezan & Shireman, 1985) interviewed foster parents who decided to adopt their foster child and those who chose not to adopt. One of the key differences between these families was that those foster parents who decided to adopt had spent more time with the biological parents of their foster child. This surprising finding is not clearly explained by the data collected in this study, but it could be that more contact leads to more comfort with the child (and his/her birth family), which could speak to the benefit of shared care, rather than a risk of increased conflict or confusion. More research is needed to explain this phenomenon.

Tell the Truth

Locate and share clear and accurate information. Good decisions almost always emphasize fairness. As much of the research in family preservation is finding, preserving families is not dangerous, on balance (Lindsey, 1994b; McCroskey & Meezan, 1997; Schuerman, Rzepnicki, & Littell, 1994). Building on the research base in each area, the burden for social services agencies and for social policy appears to be on increasing and emphasizing clarity and fairness for all parties at all steps of any service process, be it family preservation, adoption, foster care, or other options. Good information about services and options, timely information on service goals and how to best achieve them, and continual information on children's and families' progress and are critical to fairness, and critical to good outcomes, evidence shows (Berry, 1997; McCroskey & Meezan, 1997).

Research from the field of adoptions and from the field of family preservation is finding that good outcomes are best achieved when families feel that they can trust their service provider and the information they are getting. Barth and Berry (1988) found that adoption disruptions were more likely when adoptive parents were "surprised" in some way by some behavior or condition of their adopted child, when they felt that the adoption agency or worker had not been fully forthright in the information about the child. Similarly, Fraser, Pecora and Haapala (1991) found that family preservation was

more likely (than foster placement) when birthparents felt that they could trust their caseworker and felt that they were treated fairly.

The Five Steps

These five steps toward family preservation are reasonable and associated with the prevention of child placement. While they do not meet with criteria of “clear and convincing evidence,” we believe these findings have been consistently identified in associational studies with enough frequency that they should be adopted and tested with more rigorous evaluative methods. Some of these steps require little more than worker attention; others necessitate agency or community-based efforts; efforts which are constrained, rather than enhanced, by ASFA timelines. Guidelines that are based on more service time or more community assets are a difficult proposition under the current ASFA framework and will require substantial advocacy work to accomplish and implement.

Each of these five steps serves to attain family preservation by enhancing the likelihood of family cooperation and engagement in effective services. The acronym for these five steps is therefore TRUST. Enactment of these steps in a series of reasonable efforts will help to engage families early in the treatment process by building experiences of trust and cooperation between caseworker and family. Trust and positive working relationships have been made even more critical by the shortened timeframe in which caseworkers must demonstrate progress toward case goals of safety and permanency.

Strengthening All Permanent Options

The Adoption and Safe Families Act of 1997 has served to more clearly specify the conditions under which agencies and states must work to preserve families, and under what conditions reasonable efforts to preserve families are not necessary. The Act still does little, however, to further specify what practices constitute “reasonable efforts” to preserve families. This has left the specification of reasonable efforts to others to delineate.

A wide-ranging research base has suggested that a few key practice efforts, largely supportive rather than punitive in nature, can, when reasonably applied, produce positive family preservation outcomes. But a policy and service structure can meet the goal of ensuring the welfare of a country’s children through a number of means, some more benevolent than others. “While all are concerned about the fate of children, the extent to

which policy should be punitive or supportive to achieve parental and familial self-sufficiency is the focus of debate” (Maluccio, Abramczyk, & Thomlison, 1996, pg. 295).

Better knowledge of, and provision of, effective service strategies, or promising practices, appears to be a more supportive approach than many alternatives being proposed by critics of efforts to preserve families. Gelles (1996), in his book *The Book of David*, subtitled "How preserving families can cost children's lives," recommends that biological parents identified as having abused or neglected their child be assessed as to their motivation or readiness for change using a standardized measure of the Stages of Change (Prochaska & DiClemente, 1984). Parents scoring in areas of unreadiness would then not be treated and children could be expediently freed for adoption, thus not prolonging periods of danger or uncertainty for the child.

Readiness for change is a complicated construct, however, that may be more reflective of a parent's prior service history and lack of hope than of his or her remediability (O'Hare, 1996). But a parent's readiness for change will continue to be an important consideration in this new era of shortened time frames for family progress. The burden is on social service workers, rather than families, to instill hope and employ tactics to engage resistant or unmotivated clients (Rooney, 1992).

The tactics and strategies delineated here are presented in hopes of moving the practice of reasonable efforts to one that is evidence-based, proactive rather than reactive, and supportive rather than punitive to families. Family preservation can remain an effective and critical component of a continuum of services and outcomes to assure protection and family life for children, if concrete and timely practices are incorporated into practice and policy, and tested with rigorous evaluative methods.

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