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Intensive In-Home Family-Based Services: Reactions from Consumers and Providers

Elaine Walton and Alfred C. Dodini

An intensive family preservation program was examined through interviews with 31 families who received the services and four caseworkers who provided the services. The primary finding from interviews with both care givers and caseworkers was that a positive therapeutic relationship between the worker and the client family contributes most to the success of the program. Workers who provided the services stressed the need for making concrete services available as well as clinical intervention and skills training, and they were adamant about screening families for appropriateness before including them in an intensive, in-home program.

Background

Since 1970, intensive family preservation services (IFPS) have been employed by child welfare agencies in various ways and with varied outcomes (Fraser, Nelson, & Rivard, 1997; Rossi, 1992). In many program evaluations, the services were found to be effective in strengthening families and in preventing out-of-home placements (Berry, 1992; Carrocio, 1982; Fraser, Pecora, & Haapala, 1991; Kinney, Madsen, Fleming, & Haapala, 1977; Magura, 1981; Pecora, 1991; Sudia, 1982; Walton, 1997; Wharf, 1988). Some researchers found the services to be effective also in reunifying families after out-of-home placements (Walton, 1998; Walton, Fraser, Lewis, Pecora & Walton, 1993). In other studies, little or no difference was found between the results for the experimental and control groups in evaluating the effectiveness of IFPS programs (AuClaire & Schwartz, 1986; Feldman, 1990; Schuerman, Rzepnicki, & Littell, 1994; Yuan, McDonald, Wheeler, Stuckman-Johnson, & Rivest, 1990). Some studies did show IFPS programs to be effective but suggested the effects were modest and decreased over time (Feldman, 1991). Recent critics suggest that IFPS programs fail to resolve crises and do not improve family functioning to the degree that children may remain home safely (Gelles, 1996; MacDonald, 1994) and suggest that perhaps the momentum has shifted too much in the direction of family preservation at the expense of child protection (Maluccio & Whittaker, 1997).

Since the main purpose of IFPS programs was to reduce the numbers of children placed in out-of-home care, the success or failure of the services has been determined primarily by

the numbers of children remaining in their homes. It was assumed (inappropriately in many cases) that the factors that keep a family together also enhance family functioning. However, measuring family functioning, or the family's quality of life, was difficult and often overlooked (Frankel, 1988; Walton, 1996). Moreover, those targeted for intensive services were frequently either (a) families identified by caseworkers as likely to benefit from the services but for whom out-of-home placement was not truly an imminent risk (the primary criteria for inclusion), or (b) those families for whom intensive services were used as a last ditch effort and had been labeled as the "most difficult" families (Denby, 1995; Schuerman, Rzepnicki, & Littell, 1994; Walton & Denby, 1997). In both cases, intensive services were probably inappropriate, and issues were clouded as to the real value of IFPS.

From the mixed findings and conflicting opinions it would seem that (a) IFPS programs are not to be regarded as a panacea; (b) the effects of these services are difficult to measure; and (c) it may be inappropriate to compare findings from program evaluations when methodologies are inconsistent or flawed. Practitioners and policy makers are left with a number of questions, such as Which services are most helpful? for which families? at what point along the service continuum? In attempting to answer these questions, researchers too frequently failed to listen to the opinions of the consumers (i.e., the families). Moreover, programs have been too frequently developed with little input or feedback from the front line workers—those ultimately responsible for providing the services.

The purpose of the current study was to examine one IFPS program through the perspectives of the caseworkers who delivered the services and the families who received them. The consumers are in an ideal position to identify barriers to service delivery as well as ways to overcome the barriers. Their input is invaluable in developing policies and programs and in determining the requirements for a healthy working alliance between workers and families. The relationship between providers and consumers has a significant influence upon the family's willingness to trust the workers and to participate in the program, as well as in the overall effectiveness of the services (Drake et al., 1995). Therefore, drawing on the input of consumers and front-line workers, the intent of the study was to build on existing knowledge in (a) defining effective IFPS practice, (b) determining which elements of the service were most effective in meeting the needs of recipients and the goals of IFPS providers, (c) identifying needed improvements in service delivery, and (d) making recommendations regarding for future IFPS programs—both from the perspectives of the families served and the workers who provided the services.

Methodology

To obtain information from consumers and providers of IFPS regarding their experience, opinions, and recommendations, interviews were conducted with recipients of the services and with the caseworkers responsible for providing the services.

Sampling Procedures

All families who received IFPS through the Western Region of the Utah State Division of Child and Family Services (DCFS) between January, 1995, and February, 1996, were included in the sampling pool—a total of 72 families. Of these families, 31 were interviewed; 19 could not be located; 3 were confirmed to have moved out of the area; 3 refused to be interviewed; 8 were not approached due to their distance from the Provo, Utah, area; 2 were not approached due to their current involvement in law suits with DCFS; and files for 6 of the families were not found.

Graduate students in social work at Brigham Young University interviewed the caretakers (parents) of the families who received services. The interviews took place during March and April of 1996. Four of the caseworkers who provided the services to the families were also interviewed by a graduate student in social work at Brigham Young University.

Data Collection: Interviews with Consumers and Providers

Interviewers questioned the caretaker regarding (a) family demographics, (b) general satisfaction with the services provided by DCFS, (c) the nature of and the degree of satisfaction with their interaction with the caseworkers, (d) family functioning and the impact of IFPS on the family, and (e) overall opinions concerning the program's effectiveness and appropriateness for their family.

The family preservation workers were questioned regarding their opinions concerning the program design including (a) training, (b) assessment of families for selection to receive the services, (c) the philosophy of IFPS, (d) the strengths and limitations of service delivery, and (e) the nature of their interaction with the clients.

Description of Services, Providers, and Consumers

Family Characteristics. The typical family consisted either of dual birth parents (38.7%) or single parents (38.7%), living in a rented home (51.6%), with three children. Female care givers out-numbered males by three-to-one and had an average age of 36.9 years. The care

giver's average level of education was 13.9 years. The sample group was predominantly white (93.5%), and families received their income primarily from employment (74.2%). The primary allegations upon which the referrals were based were physical abuse (35.3%), emotional maltreatment (23.5%), sexual abuse (11.8%), failure to protect (11.8%), and physical neglect (5.9%). These percentages were similar to the percentages for all referrals to the agency during the same period of time with the exception of a higher percentage of referrals for physical neglect in the total referral population than in the sample group (18.0% compared to 5.9%). Six of the 31 families involved ungovernable or acting-out adolescents.

Caseworkers. Four female and two male caseworkers were directly involved with the families in providing the intensive services. The average age of the caseworkers was 27.4 years. Two held the MSW degree, and four held bachelor's degrees. The average years of experience with DCFS were 3.7 years.

Treatment/services provided. The services provided were based on the Homebuilders™ model (Kinney et al., 1991) and consisted of an array of in-home, family-centered interventions designed to prevent out-of-home placement. Most of the families who participated in the IFPS program were selected after a 30-day CPS investigation and assessment period; however, families could be included in the program at any time prior to case closure. The decision to include them in the program was made by supervisors and caseworkers in a regular staffing meeting; however, the family preservation workers who would be given the cases were not generally present at those meetings. The criteria for inclusion in the program were (a) high risk of removal, and (b) the family's need for more intensive services. This IFPS program was distinguished from other child welfare programs within the agency primarily by its intensity. Over a period of 60 days (on average), caseworkers visited the families multiple times during the week and spent large blocks of time with the family as situations demanded. Moreover, they were on call 24 hours a day, seven days a week to deal with crises or emergency situations with the families. This intensity was made possible by relatively small case loads of four to six families. Treatment plans were flexible, comprehensive, and tailored to the unique needs of each family. Included in these plans were services such as (a) intensive counseling; (b) concrete services such as food, financial assistance, homemaker services, and transportation; (c) skills training, including the areas of homemaking, communication and parenting; (d) assistance with family organization and planning; (e) preparation for court; (f) tracking services for children; (g) referrals for other resources; and (h) other in-home support services from specially trained caseworkers. Specific treatment goals were established by the families with the workers' assistance and most frequently included improvement in the areas of (a) family communication skills, (b) parenting skills, (c) anger management and conflict resolution, (d) school attendance, (e) condition of the home, and (f) caseworker/client relationship.

Clients received a mean of 16 contacts over 10.5 weeks with approximately 2-3 contacts per week.

Limitations

The study was limited because of the small, biased sample of consumers. The fact that only 31 were interviewed out of a pool of 72 families is indicative of the kind of families who typically receive intensive services (i.e., transient, multi-problem families). The 31 families who were interviewed were certainly not a representative sample. They were the families who were available and willing to be interviewed. In other words, they were less transient, less likely to be involved in legal difficulties, and more likely to be kindly disposed toward DCFS intervention. This sample of 31 families would be much more likely to fall into the most-likely-to-succeed category rather than the most-difficult-to-serve category, and the results should be interpreted within that context (i.e., feedback from relatively stable families who want help with their problems).

The study was limited also by the small sample of caseworkers who were interviewed. Only six caseworkers were involved in providing intensive preservation services, and only four of those were available for interview. Just as the families were, in a sense, self-selected for the study, the caseworkers were also self-selected. However, that seems to be a defining characteristic of IFPS workers. Although it is difficult to articulate an adequate job description or set of criteria for this particular brand of social worker, clearly required is an intrinsic set of values which drives the workers to be intensely and intimately involved in the lives of struggling families—a characteristic which may set them apart from other child welfare workers (Walton, 1998).

It is acknowledged that this is not a rigorous program evaluation with variables that are controlled in relation to each other. Rather, it should be viewed as interesting and informative feedback from consumers and providers who were likely to be the most invested in the helping process.

Results

Data were collected and opinions solicited from both consumers and providers of the intensive services.

Consumer Opinions

Consumer opinions were categorized as to (a) the worker's most helpful activity, (b) treatment goals, (c) the quality of the interaction between the family and the worker, and (d) overall satisfaction with the worker and the services provided (Table 1).

Table 1. Consumer Opinions

Consumer Opinions	N=31	
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Worker's most helpful activity (%)		
	Sincerely cared and was a good friend	16.7
	Taught useful skills	10.0
	Referred to other resources	10.0
	Home visits	10.0
	Helped establish family boundaries	10.0
	Got a tracker for the children	10.0
	Improved communication within the family	6.7
	Provided concrete services	6.7
	Worker believed in the family	6.7
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Most important treatment goal chosen by the family (%)		
	Improved communication within the family	44.8
	Enhancing parenting skills	17.2
	Establishing a relationship with the worker	6.9
	Improving conflict resolution skills	6.9
	Improving physical condition of the home	6.9
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Progress toward goals (%)		
	A lot	69.0
	A little	20.7
	None	10.3
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Importance of goals (%)		
	Important	93.1
	Not Important	6.9
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Was the service what was needed (%)		
	Yes	82.1
	No	17.9
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Overall reaction to the services (%)

Extremely satisfied	36.7
Satisfied	30.0
Neither satisfied or dissatisfied	13.3
Somewhat dissatisfied	16.7
Dissatisfied	3.3

Overall reaction to the worker (%)

Very satisfied	56.7
Somewhat satisfied	23.3
Neither satisfied or dissatisfied	3.3
Very dissatisfied	16.7

Client caseworker relationship and consumer satisfaction. The relationship between the family and the worker emerged as the single-most important determinant of the effectiveness of the services and the family's willingness to participate in the intervention. Sixty-seven percent of the families reported that they were satisfied with the services provided, but 80.0% reported being satisfied with the worker. These expressions of cooperation between the families and the workers resulted in families reporting that the worker's conduct was courteous (82.8%), that the worker cared about the family (82.7%), was available when needed (79.3%), and could be depended on when the family was in need (75.9%).

Treatment goals. A total of 93.1% of the families considered the treatment goals to be important and worth pursuing. Improved communication within the family was most frequently selected as a treatment goal (44.8%). Other goals included enhancing parenting skills (17.2%), establishing a working relationship between the worker and the family (6.9%), improving the physical condition of the home (6.9%), and improving conflict resolution skills. Sixty-nine percent of the families reported progress toward reaching their goals with an additional 20.7% reporting at least a little progress. Of the families surveyed, 82.1% reported that the services were what was needed at the time to help them. Of the remaining 5 families, 3 expressed resistance to any outside intervention in their families. The other two stated that the services provided were not what was most needed to deal with what they perceived as the most important issue in the family. For most who were willing to give the program a chance, they categorized IFPS as a welcomed source of new ideas and methods for dealing with the challenges of raising a family.

Caseworker Opinions

The workers who were interviewed unanimously agreed that IFPS programs are an improvement over the once-or-twice-a-month in-home services that have been the mainstay of family service programs. They were generous with their comments in evaluating the model, and, for the most part, their comments were consistent. Because of that consistency, and because of the small number of workers who were interviewed ($n=4$), their opinions are only reported collectively in summary fashion.

The workers appreciated having the time to really listen to the client's story and approach the problem from a more supportive and less adversarial position. The increased amount of time spent with the family allowed them to be more patient with the clients and work toward gradual, sustained improvements rather than toward a quick fix which would likely not endure beyond the worker's contact with the family. Workers also valued the greater degree of autonomy they felt in service selection and delivery and the support for the program from administration.

Concrete services. Workers valued their ability to fill more than just a single clinical role in helping the family, and they viewed a wide variety of service options—especially the provision of concrete services—as an essential component of the program. They felt that helping the family with some of the more mundane concerns instilled an atmosphere of support that promoted the family's investment in the helping process—that investment being what workers considered a critical family trait if any success was to be realized. Workers were, however, frustrated by the amount of "red tape" they had to deal with to get access to cash for immediate concrete needs.

Appropriate screening of families. Workers agreed that there can be significant obstacles to overcome in establishing a working relationship; and, for that reason, they felt it was essential that the families targeted to receive IFPS be appropriately screened. They noted that decisions for including families in an IFPS program were usually made by supervisors or others who had little or no direct contact with the families and were not in a position to determine the family's willingness to participate in the program. They complained further that the decision to offer intensive services is too frequently based solely on the risk of removal. They felt that parents may, in fact, be the best judge as to whether the intensive services would be helpful. They further suggested that pro-active involvement rather than removal, as the primary criterion for service, would reduce the amount of time spent dealing with some family's suspicions and more quickly engender trust. They recommended that IFPS workers be allowed to interview families prior to their selection to receive services in

order to assess their willingness to participate in the process and the degree to which the family might benefit from intensive services.

Program design. Workers stated that the program design is an improvement over prior models but needs additional flexibility with regard to the degree of intensity and time limitation of the services. Moreover, they wanted access to additional resources (such as respite care and home making services). They recommended an intermediate level of service intensity between the standard "in-home" service (two or three visits per month) and IFPS (two or three visits per week) for those families that might not be able to deal with the intense and intrusive nature of IFPS.

Training. Some of the workers held the MSW degree with clinical training and others had a bachelor level degree in social work or related field. There were mixed opinions regarding the degree to which graduate education enhanced workers' effectiveness, but they agreed that appropriate training in clinical theories and intervention methods as well as available community resources is essential in dealing with many of the kinds of problems confronted by IFPS workers.

Obstacles. IFPS workers reported that they were viewed initially as CPS workers—unwelcome intruders. Often they found it a difficult and sometimes impossible task to break through the stereotypical perspective held by many families. Families were uncertain as to their roles in this new relationship and how to respond to the extensive and intrusive nature of the workers' involvement in their lives. Workers reported the positive side to the uncertainty was that families were looking for answers and new ways of dealing with the problems in the home and were willing to consider the possibility that this new approach might help. Once the workers were able to convince families they were there to help rather than to remove the children, they were more tolerant of the families' problems and recognized that families had many strengths. Likewise, the families were more willing to accept the help they knew they needed but for which they had been afraid to ask.

Discussion

In an effort to more clearly define effective IFPS practice, both workers and consumers were interviewed. Both groups valued the approach of IFPS with a flexible delivery design and a wide variety of available services tailored to the individual needs of the families being served. The goal of preventing unnecessary removals and working to improve family functioning was endorsed and applauded. Workers recognized the need for a positive and supportive relationship rather than a punitive one with the client family as being key to successfully reaching the goals of IFPS. Moreover, the families generally placed a higher

value on the caseworker who provided the services than they did on the services. These findings should not come as a surprise. A number of studies have placed primary emphasis on the importance of the therapeutic relationship (See, for example, Berman, 1991; Duncan, 1992; Edwards & Bess, 1998; Werner-Wilson, 1998). The findings also support the research of Bean (1994) who found through in-depth interviews with families that there was frequently a profound sense of loss and grieving after termination of an intensive relationship with IFPS caseworkers.

There are several implications in the findings which enhance the pre-eminent role of the client caseworker relationship. First, caseworkers should be selected carefully. Intensive involvement with struggling families is emotionally demanding work, and the qualifications for that role may have more to do with personality and personal values than with education and experience. It is noteworthy that the workers who were interviewed for this study frequently maintained contact with families for years, and families called upon them when they needed additional help rather than letting problems worsen. Also, in the same agency, a set of interviewers associated with a separate evaluation found that 80% of the family preservation workers reported that they had used their personal funds to purchase items of critical need for families in emergency situations (e.g., diapers, food, or warm clothing) when Agency resources were not available or slow in arriving (Walton, 1999). Ironically, the personality characteristics which enable social workers to reach out to families in meaningful ways are the same characteristics which may precipitate early burnout. Consequently, flexibility in service guidelines, agency backup, and the support inherent in a team approach may be as important as the characteristics of the worker. Also, in the final analysis, it is the education and training of the worker that will make it possible for him/her to deliver services in a professional, comfortable, and competent manner and with the least risk of burnout.

Along with the need to select caseworkers more carefully is the implication for selecting client families more carefully. Targeting the right families for the right services is not a simple procedure and has been the focus of much study and debate (See, for example, Denby, 1995; Schuerman, Rzepnicki, & Littell, 1994). Evaluations for IFPS programs have produced confusing and conflicting findings when intensive services seem to have been wasted on families not truly at risk or families too dysfunctional to benefit. Moreover, too many program evaluations have targeted families for intensive services based solely on risk of out-of-home placement.

The caseworkers, interviewed for this study, suggested that the best way to select families for intensive services would be to rely on the opinions of the families, themselves, along

with the opinions of workers assigned to provide the services. This supports the findings of a previous study (Walton, 1991) in which an IFPS program was employed in reunifying families after out-of-home placement. It was found that one of the most important correlates for successful reunification was the parents' opinion regarding the best place for the child. Caseworkers in the current study wanted to be given the opportunity to interview candidate families in order to determine their attitudes and their willingness to receive intensive services. This should not be viewed as a desire to select only the "cream" of the child welfare families (i.e., families who would likely be resourceful enough to make progress without intensive intervention). Rather, it should be viewed as a desire to select families who want to remain intact and who want help.

The authors encourage program developers and evaluators, in future research, to test the notion that the opinions and desires of the families and the front-line providers should be primary variables in making decisions for service delivery. In addition to more appropriate targeting decisions and flexibility in service delivery, it is anticipated that the mutual and sincere commitment to participation by both the workers and the family members would result in more appropriate selection of treatment goals, a greater degree of compliance in working toward the accomplishment of those goals, and a greater likelihood of goal attainment.

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