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PLUS a review of current resources
FAMILY PRESERVATION JOURNAL

Volume 8, 2005

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General Information

Manuscripts
The Family Preservation Journal is a refereed annual 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.

Provide three 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.

Please submit all materials to Marianne Berry, editor, Family Preservation Journal, University of Kansas, 1545 Lilac Lane, Lawrence, Kansas 66045.

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Editorial

You Know You Are Evidence-Based If...

This issue marks my first as editor of the *Family Preservation Journal*. I am very proud to serve as the editor, and promise to continue its rigorous and relevant tradition. The *Journal* will continue to seek and publish articles and essays that further the evidence base in family preservation and family support programs, broadly defined.

This issue of the *Family Preservation Journal* further contributes to our knowledge of what works in family preservation and family support by offering seven articles that are evidence-based. What does it mean to be evidence-based?

Evidence-Based Practice and Management

Being evidence-based means that, in your practice or management, you are either using techniques and policies that are grounded in positive tests of their effectiveness (from research, program evaluation, or other information about results) or that you are gathering information as you practice or manage, in order to determine effectiveness.

There are obvious signs and symptoms when an agency, manager, or practitioner is evidence-based.

You Know You Are Evidence-Based If...

1. You’ve got current journals or journal articles on your desk or in your web browser. If we are still using the techniques and models that we learned when we got our degrees, we are out of date, and not taking advantage of what others have learned more recently about what works with our consumers and their situations.

2. You don’t cross to the other side of the street or the agency when you see a researcher or evaluator. Researchers are our friends; they will analyze all that information we have been gathering on families; and they will help keep us up to date when we don’t want to pay tuition and go back to school.

3. You discriminate about when you apply treatment models. Being evidence-based does NOT mean that we adopt models or techniques “wholecloth.” We do not say “Family therapy (or MST, or play therapy) is the solution – now what is the problem?” Evidence in psychology and social work has taught us that one size does not fit all – we need different solutions for different problems; the more we know about the problem, the more we can focus our resources and efforts on the specific solutions that we know are likely to produce positive results.
4. You are able to change your mind. As evidence is gathered, knowledge changes. What was “right” a few years ago about the best way to approach family reunification, for example, may no longer be right, and has been replaced by new knowledge. When we gather evidence, it may contradict what we think; we have to change our minds.

5. You can tell your co-workers the probability of an intervention’s success. When we find ourselves saying at the water cooler, “if we put Yolanda in foster care, given her situation, there is a 72% chance she will be able to safely return home in six months,” we know we’re evidence-based.

6. Your agency is credible and, perhaps, solvent. Agencies who use interventions and techniques that are known to be effective are effective, and can document their effectiveness to consumers, funders, the public, and the legislature.

7. You find yourself saying “how do you know that?” to your co-workers, supervisors, consultants, guest speakers, and family members. An evidence-based practitioner and/or manager is skeptical and annoying. And we don’t take “trust me” for an answer.

8. You advocate based on data, not on faith or ideology. No longer can we ask for participation or support based on the consumer or the public having faith in our approaches. Showing consumers and/or funders why we think an approach will work based on past evidence of its effectiveness in similar situations is smart, and it is ethical practice.

9. You talk in terms of dosage, duration, intensity, and structure of interventions. Evidence tells us not only what works, but also the components of the intervention that need to be in place for it to work.

10. You sleep well at night. For two reasons: (1) we know that we are basing our actions and decisions on the best information we have, and (2) reading all those journal articles is exhausting.

We hope you will enjoy and find useful the contents of this issue of the Family Preservation Journal. As always, we welcome your manuscripts and your comments, at andysmom@ku.edu.

Marianne Berry
University of Kansas
Domestic Violence Resources for Women Receiving Intensive Family Preservation Services

Marianne Berry, Joan Letendre, and Jody Brook

Intimate partner violence is a common correlate of child abuse and neglect and often is not addressed in family preservation services. In many cases, the ideologies of family preservationists and advocates for women's safety can be at odds. This article presents a study of a collaborative model of intervention, utilizing family preservation workers and community resource practitioners working with domestic violence as group facilitators. The study utilizes a pre-test, post-test design to evaluate a domestic violence resource group for women who were concurrently receiving intensive family preservation services. The study examines the effect of the program on participants' self-perceptions regarding self-esteem, independence, goals, social isolation, and assertiveness. Caseworker perceptions of client characteristics also are evaluated, and qualitative responses of the effects of the program are included.

For families experiencing child abuse and neglect, intimate partner violence is often an accompanying form of family violence. Domestic violence between adults in families is a form of abuse that often is neglected by child protective service agencies focusing on helping children, whose resources are primarily devoted to improving parenting and preventing further child maltreatment.

But domestic violence between adults, in the form of intimate partner violence, is a common correlate of child abuse (Straus & Gelles, 1986). It is reported that at least 70% of men who batter their wives also sexually or physically abuse their children. Additionally, 80% of children who live in a home where domestic violence occurs are witnesses to the violence. Children who live in homes where battering is occurring are more likely to experience high levels of anxiety, experience school difficulties, exhibit trauma-related symptoms, engage in truancy, theft, and violence toward others than those raised in a non-violent home. Studies indicate that boys exposed to violence are more aggressive and disruptive, and girls are more passive and withdrawn than those not exposed to violence. Children who are raised in an environment characterized by abuse are also at higher risk of juvenile delinquency and substance abuse (Werner & Smith, 1992).
There is a supposed tension between family preservation and spouse protection (McDonald, 1994), although some have delineated the common elements of both intentions (Hamlin, 1991). Historically, the practice focus of family preservation workers has been different from the focus of domestic violence workers. These differences are the result of differing practice philosophies, professional training, political and legislative directives, and lack of emphasis on correlates between the two in research and literature. From a philosophical perspective, it is important to note that family preservation models do not emphasize keeping families together at the expense of the safety of any family member, whether child or parent. Rather, the focus is on working within the family and simultaneously providing societal resources to enhance functioning and provide the family with the best opportunity for the development of skills that lead to long-term family safety and stability.

Recently, some child welfare programs have begun including methods of practice that specifically address the issues associated with spouse abuse while working within the family preservation model. Hamlin (1991) proposed a collaborative model for working within family preservation that calls for a multi-agency, multi-disciplinary team approach that enhances the services provided by family preservation workers as well as clinicians working with domestic violence. This approach advocates routine screening for domestic violence as part of family assessment and referral to specialized case workers for domestic violence victims. These specialized case workers have increased knowledge and access to interventions and community resources in the area of domestic violence. These community resources would be developed by a multi-disciplinary team consisting of community-based workers and family preservation workers and would cover common need areas, such as law enforcement, legal assistance, medical services, shelter, social and mental health services, and employment assistance and training. Additionally, this multi-disciplinary team would provide community education and resource development in the areas of domestic violence prevention and education.

The overlapping issues in family preservation and clinical work with domestic violence lend themselves to collaborative practice models. The training needs of workers in both areas, as well as the ongoing requirements of collaborative work, such as communication systems, resource development, integration of services, and other needs, will require development and evaluation of programs designed to meet both family preservation and domestic violence goals. Such programs currently are in existence and are establishing guidelines for practice, and developing training curriculum (Ganley & Schechter, 1996).

The Rightful Options and Resources group for women was developed as a response to some of the needs commonly verbalized by women who are in the family preservation system and also experiencing domestic violence: education, assertiveness training, parenting skills, community resource education, and camaraderie with other domestic violence victims.
Gutierrez (1990) sees groups as a perfect modality for empowering women, particularly women of color, because of their ability to raise women’s consciousness of the societal contributions to their oppression and to provide mutual aid from members experiencing the same life challenges. Groups offer specific advantages over the benefits that clients obtain in the individual client/caseworker relationship. Within the structure of the group, clients learn that they are not alone with their problems and that others have similar concerns; increase their social contacts with others; engender “altruistic” behaviors as they help each other by listening, providing mutual support, giving feedback, making suggestions, and providing useful information to other group members; instill hope that their situation may improve by watching the successes of others; and observe how others solve similar difficulties (Toseland & Rivas, 2001).

Specifically, skill-based interventions empower women who have experienced domestic abuse by providing them information (legal, family relationships, skills for protecting themselves and their children, as well as ways to recognize and develop healthy relationships) and a forum where they can discuss common situations and concerns. Careful planning of each session provides presentation of didactic information and encouragement of mutual sharing. Groups also provide multiple opportunities for role playing, testing new skills, and rehearsing new behaviors in a safe and supportive environment.

Rightful Options and Resources

The Rightful Options and Resources psychoeducational group is an assertiveness and empowerment group for women experiencing domestic violence. Group members meet weekly for twelve weeks, but the group works on an open format, in which members can join at any time. The group is co-led by two experienced child protective services caseworkers. Child care and transportation are provided by child protective services. Upon graduation, all participants receive a diploma and a stuffed animal lion (reflecting the group acronym of ROAR). At the graduation, group leaders prepare and serve a meal in honor of the graduates, and a picture is taken and presented to each graduate.

Curriculum. Classroom exercises concentrate on understanding the cycle of violence in families, tools for developing assertiveness skills, and development of an understanding of individual rights: the right to be respected, the right not to be abused, and the right to leave an abusive relationship. Leaders also impart a knowledge base of community resources available to women and children. Group leaders participate in all exercises and activities with members, enhancing cooperation and human connections within the group.

The twelve-session curriculum covers issues of the cycle of violence, legal options and assistance, making decisions about relationships and family, making changes in your life, myths and realities of romance, and sexuality and protection. This group is
primarily didactic in nature, employing a number of guest speakers from community agencies, including legal assistance, public financial assistance, community counseling, job counseling, and the public health department. Many therapeutic elements are included as well, including weekly affirmations, discussion of “brags” or accomplishments of each member during the previous week, and group support and challenge around issues of domestic violence, assertiveness, and parenting. Sessions last for two and one-half hours each week.

The ROAR group was evaluated by an independent evaluator, to assess whether participants increased in awareness and skills over the twelve weeks of the program. The evaluation and results are described below.

Method

Sample: The study sample consists of all 35 mothers who graduated, who had attended during a two-year time frame, and who completed all questionnaires at both pre-test and post-test. When possible, additional post-test questionnaires completed by the caseworker about the client’s progress were included in analyses, to triangulate data. A total of eleven completed caseworker questionnaires were matched with this sample of mothers. This sample represents a 37% graduation rate for the 95 women who entered the group during this time frame. A subsample of 19 women (20%) participated in a follow-up survey at a ROAR reunion two years following graduation.

Design: This evaluation utilized a one-group, pre-test, post-test design. No control group was employed. Repeated measures at pre-test and post-test did allow for paired comparisons in this sample from the beginning to the end of treatment. The follow-up survey of all graduates was conducted at a ROAR reunion at the child welfare agency.

Measures: The Rightful Options and Resources group utilizes a set of questionnaires that are consistent between pre-test and post-test (Harris and Alexander, 1982). These instruments are primarily quantitative, although they do include some open-ended questions. Clients are asked whether they agree with a set of fifteen statements exemplifying (non-)assertiveness, such as “It is difficult for me to ask my friends for help” and “I believe that I am responsible for others’ feelings.” Answer choices included “yes,” “no,” and “not sure.” For purposes of analysis, the proportions of “yes” responses were compared from pre-test to post-test.

In addition to the questionnaire developed by Rightful Options and Resources, group members also complete the “Me As I See Myself” instrument (Harris and Alexander, 1982) at pre-test and again at post-test. This instrument was created to measure self-esteem in a form that is easy to read and answer, for use in evaluations of child welfare programs. Each of twenty items is marked on a three-point anchored scale,
as to where, on the continuum of an attribute (e.g., successful to unsuccessful, good to bad, beautiful to ugly) the client rates herself. The twenty items are not collapsed into any subdimensions for summary scoring. Given that each item is a three-point line with no qualifiers at each point, the client’s “x” mark on each scale was treated as an interval-level variable for purposes of analysis. Certain items were reversed so that, on each item, a “3” response indicated a more positive self-image on that attribute. All questions are read aloud to clients who cannot read.

At a two-year reunion of ROAR graduates, a follow-up questionnaire was administered. Women were asked whether they had experienced any form of abuse since graduation, and whether they had experienced life changes such as a new job, a new child, a change of residence, and more education or training. Respondents also were asked to indicate their best memories of ROAR and their feelings about themselves at this point in time.

**Results**

**Client Characteristics**

The majority of the 35 women in this support group were in their twenties, caring for one or two young, primarily pre-school-aged children (see Table 1). Almost all of these women lived in poverty, with more than half living on a family income of less than $9,000 per year. About half were married (51%), although the husbands of four of these women were incarcerated at the time of their participation in this support group. Almost half of this group of clients were single (29%), divorced (9%), or separated (6%). The vast majority of clients were Caucasian (71%), with much smaller proportions of African American (17%), Hispanic (6%), or other ethnicities in this support group (see Table 1). The proportion of minority clients receiving services from this office of child protective services is underrepresented by this sample.

The majority of clients in Rightful Options and Resources had been reported to child protective services for physical abuse (60%), with much smaller numbers reported for neglectful supervision or physical neglect or medical neglect, or for sexual abuse or emotional abuse (see Table 1). Records did not indicate whether the perpetrator of the abuse was the mother attending this group or some other family member, although anecdotal reports indicated that the primary offending party was often the mother’s partner.

**Client Background and Past Experiences**

About half of the mothers attending this support group had received professional counseling prior to participation in this group. This is not surprising, given their involvement with child protective services, their unfortunate histories of abuse and neglect as children, and their current experience of domestic violence (see Table 2). The majority of participants said that they had experienced emotional abuse as a child.
also reported childhood physical abuse, with high proportions reporting a history of rape and incest as well. Almost three-quarters had experienced battering as an adult, and one-fourth had been raped. Participation in professional counseling was not related to any historic experiences of maltreatment as a child.
### Table 1. Client Characteristics and Presenting Problems

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Respondents (n = 35) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client’s Age</td>
<td></td>
</tr>
<tr>
<td>Teens</td>
<td>11</td>
</tr>
<tr>
<td>Twenties</td>
<td>63</td>
</tr>
<tr>
<td>Thirties</td>
<td>20</td>
</tr>
<tr>
<td>Unknown</td>
<td>6</td>
</tr>
<tr>
<td>Annual Family Income</td>
<td></td>
</tr>
<tr>
<td>Under $9,000</td>
<td>68</td>
</tr>
<tr>
<td>$9,000 to $17,999</td>
<td>20</td>
</tr>
<tr>
<td>$18,000 or over</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td>6</td>
</tr>
<tr>
<td>Number of Children</td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>34</td>
</tr>
<tr>
<td>Two</td>
<td>26</td>
</tr>
<tr>
<td>Three</td>
<td>20</td>
</tr>
<tr>
<td>Four</td>
<td>17</td>
</tr>
<tr>
<td>Five</td>
<td>3</td>
</tr>
<tr>
<td>Age of Oldest Child</td>
<td></td>
</tr>
<tr>
<td>Infant</td>
<td>17</td>
</tr>
<tr>
<td>One or two years old</td>
<td>22</td>
</tr>
<tr>
<td>Three or four years old</td>
<td>22</td>
</tr>
<tr>
<td>Five years old or older</td>
<td>39</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>51</td>
</tr>
<tr>
<td>Single</td>
<td>29</td>
</tr>
<tr>
<td>Divorced</td>
<td>9</td>
</tr>
<tr>
<td>Separated</td>
<td>6</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
</tr>
<tr>
<td>Client’s Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Anglo</td>
<td>71</td>
</tr>
<tr>
<td>African American</td>
<td>17</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6</td>
</tr>
<tr>
<td>Native American</td>
<td>3</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
</tr>
<tr>
<td>Type(s) of child maltreatment currently reported*</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>60</td>
</tr>
<tr>
<td>Neglectful supervision</td>
<td>23</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>14</td>
</tr>
<tr>
<td>Medical neglect</td>
<td>14</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>14</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>3</td>
</tr>
<tr>
<td>Missing</td>
<td>6</td>
</tr>
</tbody>
</table>

* Column may total more than 100% due to multiple responses.
Table 2. Childhood and Past Experiences

<table>
<thead>
<tr>
<th>Item</th>
<th>Respondents (n = 35) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you received any professional counseling?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>49</td>
</tr>
<tr>
<td>No</td>
<td>51</td>
</tr>
<tr>
<td>Experienced as a child:*</td>
<td></td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>60</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>37</td>
</tr>
<tr>
<td>Rape</td>
<td>31</td>
</tr>
<tr>
<td>Incest</td>
<td>23</td>
</tr>
<tr>
<td>Neglect</td>
<td>20</td>
</tr>
<tr>
<td>Experienced as an adult:</td>
<td></td>
</tr>
<tr>
<td>Woman battering</td>
<td>71</td>
</tr>
<tr>
<td>Rape</td>
<td>26</td>
</tr>
<tr>
<td>Were your parents loving and affectionate?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>51</td>
</tr>
<tr>
<td>No</td>
<td>49</td>
</tr>
<tr>
<td>Are you currently in a relationship?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>63</td>
</tr>
<tr>
<td>Average length of current relationship</td>
<td>3.7 years</td>
</tr>
<tr>
<td>Does this person physically or emotionally abuse you?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>52</td>
</tr>
<tr>
<td>Does this person physically or emotionally abuse your children?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>33</td>
</tr>
<tr>
<td>Do you and this person live together right now?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>41</td>
</tr>
<tr>
<td>Are you married to this person?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>46</td>
</tr>
<tr>
<td>Do you think it is okay for this person to physically or emotionally abuse you or your children?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0</td>
</tr>
</tbody>
</table>

* Column may total more than 100% due to multiple responses.

About half of group participants said that their parents were loving and affectionate when they were a child (see Table 2). Younger women, however, were significantly more likely to report having been physically or emotionally abused as a child ($p < .05$).

About two-thirds of these women are currently in a relationship, with an average length of the current relationship between three and four years (see Table 2). About half said that their current partner was abusive to the respondent, and about one-third said that their partner was abusive to their children. A little under half lived with the person with whom they were in a current relationship, and almost half of these women were married. No participants, at the beginning of the group, said that they think it is acceptable for their partner to physically or emotionally abuse them or their children.
While not related to childhood or current abuse, participation in counseling was much more likely if the woman was currently in a relationship. No woman who was not in a relationship had participated in or was currently in counseling, compared to 55% of those in a relationship (p < .05).

Among women currently in a relationship (n=22), there was no relationship between the presence of (reported) spouse abuse and (reported) child abuse. Among this subsample (those currently in a relationship), 40% said their partner was not abusive, 30% said he abused only her, 5% said he abused only the children, and 25% said he abused both her and the children. Abuse in a current relationship was not related to the current age of the woman.

Assertiveness

Participants were asked at pre-test and again at post-test to respond to a list of fifteen statements indicating (non-)assertiveness. There were a range of responses at pre-test, indicating that participants did not fall into a response set; they did not appear to answer all questions in the affirmative to be congruent with the assertiveness emphasis of the support group.

The items with which respondents were most in agreement at pre-test, however, related to the respondent's ability and willingness to express herself (see Table 3). At pre-test, over half of all respondents indicated that they are non-assertive on half of the items on the questionnaire. These items related to self-expression. Respondents were less likely to indicate agreement with items related to feeling misunderstood or alone in the world. There was little support of these statements at pre-test.

<table>
<thead>
<tr>
<th>Respondents answering “yes”</th>
<th>Pre-Test (n=35) (%)</th>
<th>Post-Test (n=35) (%)</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>At times I want to say things but I don’t.</td>
<td>63</td>
<td>40</td>
<td>-23</td>
</tr>
<tr>
<td>I frequently have opinions that I don’t express.</td>
<td>63</td>
<td>40</td>
<td>-23</td>
</tr>
<tr>
<td>I usually have to get angry before I say what I want to say.</td>
<td>60</td>
<td>39</td>
<td>-21</td>
</tr>
<tr>
<td>I find it hard to tell people “no.”</td>
<td>59</td>
<td>15</td>
<td>-44</td>
</tr>
<tr>
<td>It is difficult for me to ask my friends for help.</td>
<td>57</td>
<td>29</td>
<td>-28</td>
</tr>
<tr>
<td>I consider it wise to avoid arguments.</td>
<td>53</td>
<td>43</td>
<td>-10</td>
</tr>
<tr>
<td>I spend a lot of time avoiding conflicts.</td>
<td>51</td>
<td>41</td>
<td>-10</td>
</tr>
<tr>
<td>I find it hard to disagree with people close to me.</td>
<td>43</td>
<td>9</td>
<td>-34</td>
</tr>
<tr>
<td>I get convinced to do things that I don’t want to do.</td>
<td>43</td>
<td>23</td>
<td>-20</td>
</tr>
<tr>
<td>I have a lot of concern about expressing myself.</td>
<td>43</td>
<td>34</td>
<td>-9</td>
</tr>
<tr>
<td>I feel no one else understands what I have been going through.</td>
<td>37</td>
<td>18</td>
<td>-19</td>
</tr>
<tr>
<td>I find it difficult to openly express love and affection.</td>
<td>31</td>
<td>21</td>
<td>-10</td>
</tr>
<tr>
<td>I feel that I am all alone in the world.</td>
<td>27</td>
<td>6</td>
<td>-21</td>
</tr>
</tbody>
</table>
At post-test, no single item on the assertiveness instrument received responses indicating non-assertiveness from a majority of participants (see Table 3). As was expected, all items showed a decrease in agreement from pre-test to post-test, with the largest decreases in those items receiving the largest agreement at pre-test. These large changes may be due, of course, to a floor effect, whereby those items with low agreement at pre-test had little room to decrease, compared to those items with larger agreement at pre-test.

No items decreased to a “0” percentage level by post-test (see Table 3). This could indicate less than total program effectiveness. This could however be seen as an indication of the ability of participants to assert themselves and not try to please the group leaders by indicating the “right” answer, the assertive answer.

Self-Esteem

Personal perceptions of self-image and self-esteem were relatively high at pre-test, but did improve even further by post-test (see Table 4). Participants rated themselves fairly positively, with highest ratings on such attributes as Genuine, Flexible, Sociable, Responsible, Good, and Accepting. These attributes could be characterized as pertaining to the ability to take care of others and relate to others without conflict.

Table 4. Self-Esteem

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre-Test (n=35)</th>
<th>Post-Test (n=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genuine</td>
<td>2.63</td>
<td>2.71</td>
</tr>
<tr>
<td>Flexible</td>
<td>2.62</td>
<td>2.66</td>
</tr>
<tr>
<td>Sociable</td>
<td>2.52</td>
<td>2.69</td>
</tr>
<tr>
<td>Responsible</td>
<td>2.49</td>
<td>2.77*</td>
</tr>
<tr>
<td>Good</td>
<td>2.48</td>
<td>2.83*</td>
</tr>
<tr>
<td>Accepting</td>
<td>2.44</td>
<td>2.65</td>
</tr>
<tr>
<td>Important</td>
<td>2.34</td>
<td>2.74*</td>
</tr>
<tr>
<td>Strong</td>
<td>2.20</td>
<td>2.63*</td>
</tr>
<tr>
<td>Active</td>
<td>2.20</td>
<td>2.54*</td>
</tr>
<tr>
<td>Beautiful</td>
<td>2.17</td>
<td>2.50*</td>
</tr>
<tr>
<td>Clear</td>
<td>2.06</td>
<td>2.66*</td>
</tr>
<tr>
<td>Happy</td>
<td>2.06</td>
<td>2.46*</td>
</tr>
</tbody>
</table>

* indicates a significant change from pre-test to post-test.
Domestic Violence Resources for Women Receiving Intensive Family Preservation Services* 11

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre-Test (n=35)</th>
<th>Post-Test (n=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understandable</td>
<td>2.06</td>
<td>2.29</td>
</tr>
<tr>
<td>Stable</td>
<td>2.03</td>
<td>2.54*</td>
</tr>
<tr>
<td>Democratic</td>
<td>2.00</td>
<td>2.21</td>
</tr>
<tr>
<td>Full</td>
<td>1.91</td>
<td>2.40*</td>
</tr>
<tr>
<td>Relaxed</td>
<td>1.83</td>
<td>2.14</td>
</tr>
<tr>
<td>Successful</td>
<td>1.76</td>
<td>2.43*</td>
</tr>
</tbody>
</table>

Paired t-test from pre-test to post-test is statistically significant at .05 level.

Participants rated themselves a little less positively on such attributes as Important, Open, Interesting, Strong, Active, Beautiful, Clear, and Happy (see Table 4). These items are less related to non-conflictual relations, but are more relevant to self-importance and self-reliance. The least highly-rated attributes at pre-test, on average, were Relaxed and Successful.

At post-test, participants indicated higher perceptions of self on all attributes, on average (see Table 4). Thirteen out of the twenty attributes showed significant improvement from pre-test to post-test on several qualities, including Responsible, Good, Important, Open, Interesting, Strong, Active, Beautiful, Clear, Happy, Stable, Full, and Successful. Some of the largest gains from pre-test to post-test are in the domain of self-importance and self-reliance, while items related to caring and flexibility showed less improvement. Given that many of the participants could be characterized as too caring or too flexible, this distinction in skill improvement is important and positive.

Table 5. Client and Caseworker Perceptions

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Group Members (n=35) (%)</th>
<th>Caseworkers (a) (n=11) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the client become more assertive?</td>
<td>86</td>
<td>100</td>
</tr>
<tr>
<td>Did the client’s parenting skills improve?</td>
<td>97</td>
<td>91</td>
</tr>
<tr>
<td>Did the client learn new ways to solve problems or make decisions?</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>Have you (the client) done anything that you used to be afraid of?</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>Do you think it is okay for anyone to abuse you?</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Did your client gain anything from ROAR</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Is your client more independent?</td>
<td></td>
<td>91</td>
</tr>
<tr>
<td>Is your client better able to protect her children?</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Is your client better able to participate in other groups because of having participated in ROAR?</td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

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Family Preservation Institute, New Mexico State University

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Social Networks and Social Isolation

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you (the client) made new friends since becoming a ROAR member?</td>
<td>100</td>
</tr>
<tr>
<td>Average number of new friends</td>
<td>4.6</td>
</tr>
<tr>
<td>Have your (the client) talked on the phone or visited other ROAR members between sessions?</td>
<td>29</td>
</tr>
<tr>
<td>Does your client seek help from others more now?</td>
<td>100</td>
</tr>
<tr>
<td>Is your client as socially isolated?</td>
<td>18</td>
</tr>
</tbody>
</table>

(a) Sample size of caseworkers reflects caseworker responses, rather than the number of caseworkers referring clients to ROAR.

Client and Caseworker Perceptions of Group Effects at Graduation

Both the client and caseworker ratings of the effects of the *Rightful Options and Resources* groups were uniformly positive (see Table 5). Almost all participants (and their caseworkers) felt that they had become more assertive and had improved in parenting skills. It should be noted, however, that only eleven responding post-tests from caseworkers were completed (31%), limiting the representativeness of this subsample.

Regarding social skills and networks, all participants (100%) said that they had made new friends since enrolling in ROAR (see Table 5), with an average of four new friends per participant. Almost one-third of participants (29%) had visited with other ROAR members between sessions.

Caseworkers concurred that participants had gained skills in assertiveness and other social skills (see Table 5). Participants received positive ratings from their caseworkers, in terms of their independence, protection of the children, and group participation skills. All caseworkers said that the client was better able to seek help from others, and only 18% said that the client remained socially isolated.

Case Outcomes

A full two-thirds of clients participating in *Rightful Options and Resources* experienced a successful closure of their child protective services case (see Table 6). Another 12% were referred to some other less intensive unit or agency for continuing treatment. In the remaining 19% of cases, parental rights were terminated, the family moved out of the county, the case remained open, or the outcome of the case was unknown.
Table 6. Case Outcomes

<table>
<thead>
<tr>
<th>Response</th>
<th>Respondents (n=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case successfully closed</td>
<td>69</td>
</tr>
<tr>
<td>Case referred to other, less intensive unit</td>
<td>6</td>
</tr>
<tr>
<td>Case referred to contract services (less intensive)</td>
<td>6</td>
</tr>
<tr>
<td>Parental rights terminated</td>
<td>6</td>
</tr>
<tr>
<td>Other poor outcome (family moved, etc.)</td>
<td>6</td>
</tr>
<tr>
<td>Case outcome unknown/case not yet closed</td>
<td>7</td>
</tr>
</tbody>
</table>

Case outcome was dichotomized into successful closure (69%) versus all other outcomes (ranging from fairly benign outcomes, such as referral for less intensive treatment to fairly negative outcomes, such as parental rights termination in 2 cases). This conservative categorization of success (only if there was outright successful closure of the case) was used in further analyses of case outcomes.

There was no relationship between case outcome and the type of abuse reported in the case, the family’s income level, marital status or involvement in current relationship, current spousal abuse, or the mother’s ethnicity (even though all Hispanic and African-American clients had a successful case closure, compared to only 65% of Anglo clients). Successful case closure was no more frequent if the client had participated in professional counseling or had experienced physical abuse, emotional abuse, neglect, or rape as a child. Poor case outcomes were significantly less likely, however, when the mother had experienced incest in her childhood (p < .05).

There was no relationship between case outcome and level of self-esteem at ROAR graduation. Given that clients receive a multitude of services and address many skills and resources in their service plan, the lack of a direct connection between this one service and case outcome is neither surprising nor negative.

Participants’ Perceptions at Follow-Up

In a follow-up questionnaire, 19 participants in the ROAR program responded to questions related to independence and their goals for their children (see Table 7). Independence, defined by the participants, most often referred to the ability to take care of oneself and others (26%), or the experience of verbal and physical freedom (26%). Twenty-one percent of respondents indicated that independence meant not relying on others for support. A majority of respondents reported no fears related to independence, while a smaller group reported fears related to finances and lack of support. Participants in the ROAR follow-up questionnaire also reported feeling the highest levels of freedom...
when they were alone, while few others cited family, work, and finances as the main factors in feeling free.

Participants also were asked to list their goals and desires for their children. The majority of the respondents reported wanting happiness for their children, while others listed education and abuse-free life situations as their goal.

Respondents to a survey about the ROAR program (n=10) indicated that the best part of the group, from their perspective, was the friendship and camaraderie felt between participants (50%) (see Table 8). Others (20%) cited the environment that allowed venting of feelings to be the best quality of the ROAR program. Respondents found that the most helpful aspect of the program was the education component (25%) and the independence skills training (25%). Respondents also indicated that discussions surrounding relationship dynamics and common themes and patterns in battering relationships were helpful (20%). Participants reported their goals to be increased self-sufficiency (40%), better parenting (30%), and educational/job related goals(20%).

Table 7. Participants' Perceptions at Follow-Up

<table>
<thead>
<tr>
<th>Response</th>
<th>Respondents (n=19) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence means the following to me:</td>
<td></td>
</tr>
<tr>
<td>Ability to take care of myself and my family</td>
<td>26</td>
</tr>
<tr>
<td>Freedom (including verbal freedom)</td>
<td>26</td>
</tr>
<tr>
<td>Not relying on others for support</td>
<td>21</td>
</tr>
<tr>
<td>My fear is greatest in the area of:</td>
<td></td>
</tr>
<tr>
<td>No fear reported</td>
<td>47</td>
</tr>
<tr>
<td>Lack of help/support</td>
<td>16</td>
</tr>
<tr>
<td>Finances</td>
<td>11</td>
</tr>
<tr>
<td>Independence is most difficult when:</td>
<td></td>
</tr>
<tr>
<td>In a relationship</td>
<td>16</td>
</tr>
<tr>
<td>Parenting</td>
<td>11</td>
</tr>
<tr>
<td>Making decisions</td>
<td>5</td>
</tr>
<tr>
<td>My goals/desires for my children:</td>
<td></td>
</tr>
<tr>
<td>Happiness</td>
<td>37</td>
</tr>
<tr>
<td>Education</td>
<td>21</td>
</tr>
<tr>
<td>Abuse-free life situation</td>
<td>16</td>
</tr>
<tr>
<td>To have necessities</td>
<td>5</td>
</tr>
</tbody>
</table>
### Table 8. Participants’ Memories of the ROAR Group

<table>
<thead>
<tr>
<th>Response</th>
<th>Respondents (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best memory/best part of group:</td>
<td></td>
</tr>
<tr>
<td>Friendship/camaraderie</td>
<td>50</td>
</tr>
<tr>
<td>Venting feelings</td>
<td>20</td>
</tr>
<tr>
<td>Combination of the above</td>
<td>10</td>
</tr>
<tr>
<td>Most helpful part of the group:</td>
<td></td>
</tr>
<tr>
<td>Specific educational topics</td>
<td>40</td>
</tr>
<tr>
<td>Independence skills</td>
<td>40</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>30</td>
</tr>
<tr>
<td>Relationship dynamics/battering education</td>
<td>30</td>
</tr>
<tr>
<td>Parenting skills</td>
<td>10</td>
</tr>
<tr>
<td>Assertiveness training</td>
<td>10</td>
</tr>
<tr>
<td>Accomplishment since leaving ROAR:</td>
<td></td>
</tr>
<tr>
<td>Increased sense of control over life</td>
<td>20</td>
</tr>
<tr>
<td>Educational advancement</td>
<td>20</td>
</tr>
<tr>
<td>Decreased isolation</td>
<td>10</td>
</tr>
<tr>
<td>Respondent’s goals for the future:</td>
<td></td>
</tr>
<tr>
<td>Increased self-sufficiency/independence</td>
<td>40</td>
</tr>
<tr>
<td>Parenting improvements</td>
<td>30</td>
</tr>
<tr>
<td>Education/job advancement</td>
<td>20</td>
</tr>
</tbody>
</table>

Domestic Violence Resources for Women Receiving Intensive Family Preservation Services

<table>
<thead>
<tr>
<th>Response</th>
<th>Respondents (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel most free when:</td>
<td></td>
</tr>
<tr>
<td>Alone</td>
<td>37</td>
</tr>
<tr>
<td>With my family</td>
<td>16</td>
</tr>
<tr>
<td>Working</td>
<td>5</td>
</tr>
<tr>
<td>I have money</td>
<td>5</td>
</tr>
</tbody>
</table>
Rightful Options and Resources serves women who are receiving child protective services and are concurrently victims of domestic violence. The program addresses both aspects of an ecologically oriented intervention (Whittaker, Schinke, and Gilchrist, 1986): teaching life skills and enhancing socially supportive relationships. The 35 participants in this evaluation were primarily young mothers living in poverty who had histories of abuse and family violence, and most of whom were currently in a relationship, frequently abusive. Group participants showed improvement over the twelve weeks of Rightful Options and Resources, improving in assertiveness, self-esteem, and self-image, as measured by self-report. Participants improved in life skills, indicated by improved scores on assertiveness and attributes, such as responsibility, strength, and stability. Participants in Rightful Options and Resources showed their largest improvements in the areas and skills of personal self-reliance and self-image, with smallest gains in the areas of flexibility and caring behavior. Given the nature of many of these clients’ current relationships, this distinction is important and positive.

Participants also enhanced their social networks, in that 100% of group members reported making new friends since attending ROAR, some within the group, but many outside of the group, in their community. Caseworkers concurred that social isolation decreased for almost all group members. Since social isolation is associated with child abuse and neglect (Iwaniec, 1997), group interventions that support interaction with others and discuss ways to increase social contacts outside of the group provide an important opportunity for mothers to develop healthy relationship skills with others that can then be generalized to interactions with family and community. Through hearing the triumphs and struggles of others, the members can identify with one another, lessening fears of expressing themselves and decreasing feelings of stigmatization and defensiveness often experienced by mandated clients. The diversity of perspectives offered by group members increases the options for women whose problem-solving skills have been limited by personal and environmental barriers. When the group is used as a place to practice ways of managing common situations that occur with children and partners, generalization of the behaviors to interactions outside the group is encouraged (Meezan, O’Keefe & Zariani, 1997).

The strength of the open-ended group format allowed parents to attend as they were able and did not exclude parents from any of the sessions that they wished to attend. Because attendance at groups was not examined, however, it was unclear how the changes in the clients were related to dosage or specific sessions. Future studies might examine correlation between number of sessions, topics in sessions, and resultant change. Additional questions that were not addressed in the data collected by the program to date, but that would be interesting to assess in future samples include an analysis of the mother’s history in foster care as a child, and an analysis of the mother’s current relationship with her own mother. These two experiences would be expected to
influence a woman’s expectations of help from service systems and help from other women, critical to effective use of support.

Conclusion

The collaboration of professionals in child welfare and family preservation settings can enhance the skills that women learn in skill-building groups. Developing an understanding of the societal as well as individual contributors to aggression in both partner violence and child abuse can be empowering experiences for women, many of whom have histories of abuse and neglect dating back to childhood. Opportunities to practice new ways of interacting that are different from the ones that the woman has learned in her family of origin can lead to behavioral change that will provide protection for both the woman and her children. As women learn to express their feelings and get their needs met in positive ways, they will in turn teach their children pro-social ways of interacting, thus decreasing the cycle of violence that can be promoted when families do not know alternatives to aggressive behavior.

References


Marianne Berry, Ph.D., is Professor at the University of Kansas School of Social Welfare. Joan Letendre, Ph.D, LCSW is an Assistant Professor at the University of Connecticut School of Social Work. Jody Brook, LMSW, is a doctoral candidate and graduate research assistant for the University of Kansas School of Social Welfare. This research was supported by a National Child Welfare Fellowship from the U.S. Children’s Bureau to the senior author, who thanks Nancy Dickinson, Sherrill Clark, and the staff of the California Social Work Education Center for their guidance during this fellowship. Special thanks to Rose Benham, Anna Bowen, Judith Brewington, Caron Byington, Scottye Cash, Dottie Dixon, and Verna Rickard for their support of this project.
Why the Village is so Hard to Find: Challenging Ourselves, Transforming our Helping Systems

Roger Friedman

Keynote address presented by Roger Friedman, PhD, LCSW at the Family Preservation Institute Annual Conference, San Antonio, Texas, September 9, 2004.

Looking at Language and Concepts

Looking closely at certain language that we use helps us understand how we think about our work and our world—and ultimately, it helps us understand ourselves better. The term “village” as used in the title of the paper and in many of our professional conversations is worthy of such an inquiry.

The modern use of the term comes from an old African proverb that is almost a cliché in the culture (i.e., “It takes a Village to raise a child”). This proverb and the imagery of a village where children are truly cared for by all were first introduced in America by African-American poets and professionals during the 1970s and 80s in an effort to create a positive narrative about their life history. The use of the term quickly caught on as a code word for a whole set of family-centered and community-based assumptions about human services. It is good to remind ourselves, however, that “village” is not really a place—it refers to a quality of relationship, a way of being with each other, a set of values about caring for each other, and an intuitive understanding that children in society belong to us all. It’s a strident metaphor, a flag that we wave to remind ourselves that the most important things in life are not things at all but relationships, and that we all yearn for a village in which we and our children can thrive.

When we use the word “village” today, we are not referring to thatched roof communes in Africa, or Eastern Europe, or in a Southeast Asian mountainous jungle. We are referring to how Africans created villages in their slave world and in the underground railroads in the early 1800s to survive, how Jews created villages of support inside the Concentration Camps of World War II to find a reason to live, how Latinos find connection in the barrio, how Chinese families affiliate to protect their livelihoods, how every tribe and ethnic group must create a village at times of survival or perish. So it is a timeless and cross-cultural concept, and it is a warning to us that without the village, something very dear to us as people and as a society is lost.

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Two important early 20th century sociologists gave us valuable, prescient lessons about the importance of social connection. It is good to recall their contributions as we think today about redefining and recreating modern villages. Emile Durkheim conducted a famous study in 1930 where he tried to find out why, during the long dark winter, similar villages in France had such different suicide rates. What he discovered is that villages with high suicide rates also reported a high degree of social isolation among people. In communities with lower suicide rates, there was much more evidence of social connection and organization among families and individual citizens. His conclusion was obvious—the more people were involved with each other during the long darkness of a bitter winter, the less likely they would become deeply depressed and commit suicide. He coined the term “anomie,” which described the social state of isolation and lack of common norms and values.

In 1933, a German sociologist, Max Weber, did seminal work on the dramatic transformation in relationships and culture that he saw taking place as industrialization pushed European communal life from folk villages to congested urban cities. Weber described the informal folk society as “Gemeinschaft,” and the complex, urban society as “Gesellschaft.” Weber saw “Gemeinschaft” society as communally based; affiliation was more important than achievement; agreements were made with a handshake; and helpers in the community were generous, wise friends or family members.

In “Gesellschaft” society, relationships and business were conducted formally; personal advancement was celebrated; agreements were made by legal contracts; and helpers became paid, trained professionals. Weber noticed how the physical, medical, and material comforts that came to many with industrialization also brought about a cultural change in patterns of relationships and values that was very costly. We are still struggling with the total shift to Gesellschaft culture that has accompanied the explosion of technology and material wealth in America.

So how do we find a village in this modern world? Individual success is celebrated; communication is electronic; voicemail and email speak for us—family connection is renamed “collateral contact” or “home visiting”—helpers are seen as highly specialized, credentialed professionals, who belong to disciplines who often don’t speak to each other. Families become “cases” and life problems are almost always labeled “symptoms.” Formal releases of liability are the norm before letting anyone care for our children, and the nature of family relationships is defined more by professional mental health elites than by the experience of generations of family life. Many would argue that all of this enlightenment brought a science of human life that is more functional and healthier than in the primitive past.

But most of us realize that modernity is full of mixed blessings—our clients search for a village to help them face life’s challenges, and we too yearn for human connection that makes life whole and gives us strength in the face of tragedy. We know village life when we see it—we know what Gemeinschaft culture feels like—once

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you’ve been a part of it, with your family, with team mates, with friends at work, in the community, in a real partnership with clients, you will always remember. Nevertheless, even when we find a village, we soon notice that it is like sculpture in the sand, very hard to sustain in a rushing modern world.

Analyzing Forces that Block Real Partnership

In addition to these societal and historical trends that undermine functional villages in America, there are specific forces that keep human service organizations and families from forming real partnerships and building villages together.

First, when families enter our helping systems, particularly child welfare and out of home placement, they experience a “Big Bang”—an explosion that sends the adults and children in very different directions. Like the “Big Bang” that created our universe and flung stars and galaxies into distant space, it is almost impossible to bring the family members back together again.

This powerful, centripetal force of separation undermines whatever strengths and connections may be in the family, and often blinds helpers from seeing the possibilities for building or maintaining real partnerships. In public health, we talk about “iatrogenic” illnesses, or illnesses that patients catch while they are being treated for another illness. Examples are getting infections from blood transfusions, the terrible side effects of chemotherapy, or picking up pneumonia while in the hospital for surgery. The out-of-home placement of a child is an intervention to create safety for a temporary period while the birth family develops skills and resources to be more effective with the child. Yet, the placement along with the “Big Bang” creates iatrogenic problems for the family, distancing children from their siblings and relatives, disconnecting what family and home community supports were present, and introducing a new formal system of procedures and services, including foster care providers, case managers, and courts. The recent Children’s Bureau report of Child and Family Service Review data from 52 states pointed out that the weakest performance area in child welfare systems is developing plans jointly with biological parents. What’s more, the involvement of children and their parents in case planning is the variable that seems to most directly affect stability of placement. So here we have national data that support my view of how iatrogenic our efforts to help have become.

What a prime example of winning a battle but losing a war, of how Gesellschaft interventions are used when we need to really build villages to solve the complicated problems of child maltreatment. Here is a parable to underscore how serious the ecological disaster child welfare has become for families.
A PARABLE:
How "The Big Bang" turns into
An ecological disaster for families

Reader 1
In the beginning, our universe was formed by a great explosion that broke up the core and sent solid particles flying into space. This amazing explosion had such force that it was impossible for the particles to come back together again. We have come to call that explosion The Big Bang, and some say the universe is still expanding and eventually will fall apart in infinite space.

Reader 2
Something very similar can happen to families when they enter the Child Welfare System and children go into out-of-home placement. When a child enters placement, a whole new ecology is created around the child and his/her family. This new system of relationships, sometimes intentionally and often unintentionally, "explodes" the family, sending children and family members in different directions and with great force.

Reader 3
Children are separated and scattered from relatives and home communities to care providers across the state in a way that leaves professionals in complete charge of the child’s treatment and daily care. Of course, professionals also are separated from each other because of their different approaches and programs, and this lack of coordination in the helping system increases the speed and force of the ecological family disaster.

Reader 4
Once this distancing takes place, often supported by the force of the mental health and legal systems, it is awfully hard for a child or professional to re-connect with family or community resources, and it becomes very difficult to ever bring the family back together again.

Reader 5:
This Big Bang is an ecological disaster for a family that can take place slowly over months and years or quickly in a few weeks. Services are provided, but a permanent, loving home and ongoing support from families, relatives, and local communities are often lost.

Reader 1
And so, our out-of-home placement system becomes a powerful force for division among families, communities, and agencies alike—in the process of trying to help children and
keep them safe, we can create more problems for everyone involved. Is it possible for us to do better? Can we turn the disaster of The Big Bang around, and make our ecological system a healing partnership between families and helpers? This may be the biggest challenge we ever face—and getting it right, may be the most important thing we can do to really help the families and children we are here to serve.

Structure not only determines function, but it can profoundly effect how we perceive reality. A second reason why the village is so hard to find in human services is the remarkably intransigent medical or individual paradigm that still predominates in most of the child welfare culture. Regardless of decades of social work education and writing about ecology and psychosocial models, the actual day-to-day practice in child welfare tends to remain focused on the deficits of individual child or parent and not on biological and foster families as living social systems.

We add or rename programs, but the behavior of workers and of our system is very hard to change. We tolerate families, which is incremental progress, but really serve individual children. We often assess the care taking relationship for deficits, but it is hard to find time to work with the parent and child together as our primary client. Individual therapies vastly outnumber resources for family or community network building. Parents or relatives are at times partners in our change efforts, but often only to the degree that they support the agency’s agenda for change. Where are the family advisory boards? Where are the regular meetings that would bridge the gulf between biological and foster families? Where are the regular case planning meetings that bring together relatives, workers and care providers to set or review goals? When will parents and children get a chance to train or inform child welfare staff about their perceptions of what works and what doesn’t to promote change? Though many of us believe in this kind of practice, the working paradigm is reflected in behavior that continues to ignore or reject the family as the primary system to engage.

A third factor that makes the village so hard to find, is that our efforts to promote innovation usually focus on changing people and not changing systems. Training sessions remain the primary intervention for moving helping systems to a more family-centered orientation. Most of us who have been in the field for many years, know that even excellent training does not change behavior in practice very much. What changes behavior is attention to the transfer of knowledge from the training context to the real world environment. Helping supervisors learn the new skills and coach their staff helps promote change. Reengineering caseload numbers and expectations of staff so workers have incentives and time to locate, engage, and work with families in the community would make change happen. Insisting from the executive levels on down that fragmented programs meet together regularly so that families can be served in a coordinated way would make a difference. Systemic change would be promoted if we recognized and
rewarded staff who experiment with family-centered interventions and took seriously the challenge of bridging the gap between home and placement.

Challenging ourselves to work with churches, local schools, and parents to set up support networks in the community that could provide safety and respite for parents and foster homes would be a real change.

The progressive family- and community-centered programs that do exist across the country are precisely the programs that are most vulnerable when there are conservative political and fiscal shifts in state legislatures, Congress, or the White House. When the economy turns down, when federal funding dries up, when policy priorities change, when legislatures must make tough decisions with tighter budgets—the first services that get cut are the family- and community-centered so that legally mandated investigation and foster care can survive. In Maryland, Georgia, New Jersey, Delaware, and in Texas, major political changes in the culture in the past four or five years have made the policy and fiscal environment unfriendly for family-centered change.

Finally, we professionals still fail to fully grasp the reality that we are more like our clients than we are different. This leads us to avoid actively partnering with clients. We often ignore the fact that how we think about clients impacts how they think about themselves. Our personal needs to appear “in control” and be the expert are very powerful forces in most professional helpers. Our need to rescue rather than empower, to monopolize knowledge rather than to simplify and give access continues with few checks and balances. We fail to fully appreciate how violated many families feel when they are broken up by out-of-home placements. How hopeless it seems to the parents that they could ever get their children back given the impressive labyrinth of agencies, alphabet soup, and legal procedures we can set down. We often fail as professionals to really grasp what it is like to work with us from the client’s perspective. Like a husband and wife who fear asking each other “What’s it really like living with me?,” we stay away from such a direct and risky question with families, and this blocks a real partnership.

**Transforming Our Systems**

So how do we make a difference then? What strategies and challenges can help us transform our systems and challenge ourselves toward a vision of villages for families and children?

First, we need Chief Courage Officers in county and state agencies who will take real risks in their executive leadership. They need to be constantly reminding elected officials, managers, and staff that professional and social agencies should not be raising children.

We can help children and families in temporary ways, but extended lengths of stay and long-term foster care are default positions that come from our lack of
commitment to families and communities. These executives must speak "truth to power" and remind boards and legislators and media we have all become comfortable with treating children in out-of-home placement like we do cattle. We have unintentionally dehumanized the very people we are trying to help.

Our standards of care require immunizations, food, and a warm place to sleep. This is not good enough. We need to worry about whether foster children are having fun, whether they get to go to summer camp, whether they are on sports teams or have the support to learn piano, dance, or paint or do make up or design some clothes. How do we normalize their lives as children who need all the things we try to provide for our own kids? Does this sound ridiculous? That is only because we’re accustomed to thinking objectively about children and families.

Another challenge in humanizing our relationship to clients is to recognize that their spiritual and religious lives are important elements we must get more comfortable talking about. Trauma and extreme crisis shatter lives and hope, leaving families depending on a church community or a spiritual faith that God will provide as their only support. Times of tragedy are times of sacredness when we have to face our vulnerability and the basic unfairness of life—and then figure out how to survive and hopefully, how to return to life, changed, wounded but still human. We are more witnesses and supporters than expert practitioners during such moments in our client’s lives.

Though senior leaders must be ready to challenge the status quo, all of us must be willing to support systems change, not just training. We know what needs to be done. We do not need models or research or pilots. Outcome and performance studies will refine our approaches and methods, but the basic design of services that can work has been known for some time. Whole families must be engaged and communities must be mobilized and staff need to learn through experience how to empower people and build villages where they no longer exist. To establish this type of practice is an uphill battle against years of “anti-family” social policy and historical trends that erode “village” life everywhere. But what we should know as passionate professionals is that engaging in this effort to change, in fighting the good fight as we see it, we continue to restore our own energy and find real meaning in our careers.

Ironically, to transform our systems, we in family preservation also must face the reality that along with remarkable strengths, there is also a potential for evil behavior in families. All families are not good at heart. We have avoided this grim reality in our advocacy for preserving families, or by using social theories that view all abuse as caused by stressors in the environment. Many of us speak in a medical language, sanitizing the horror of vicious maltreatment through the DSM labels of Axis III like anti-social personality or psychopathic. Families that engage in vicious intentional abuse, torture, and incest make up a small percentage of the clients of child welfare, but demand much of our human resources and destroy children.
Such intentionally abusive families do exist, and they can be found in all cultural or socio-economic groups. I believe they represent, on a micro level, what we see on a macro level in the genocide in Sudan, in Ruwanda, in Eastern Europe recently, and during the Holocaust of World War II. Whole societies, like families, have the capacity to irrationally dehumanize “the other” to such a degree that vicious destruction of the scapegoat is seen as a logical outcome by otherwise “normal” people. To build a village that can protect children and families from such viciousness, we must begin by accepting that the potential for evil behavior exists in all of us.

There is a wonderful parable about three bricklayers working alongside each other on the same brick project. When asked what they are doing, the first one says he’s just getting in a day’s work; the second one says that he’s laying bricks; but the third announces, he’s building a cathedral! This tale reminds us that each day in your office or agency, you aren’t just punching a time clock, or helping a single child, or even empowering a family—you are building villages for families and for yourself. And if enough of us remember that enough of the time, we can change the world.

General References


Roger Friedman is a Human Services Consultant. He can be reached at 8601 Georgia Avenue, Suite 810, Silver Spring, MD 20910. His phone number is (301) 588-4442; his fax number is (301) 588-4041; and his email is RSF9826@aol.com.
Creating a Family-Centered Plan: Family Negotiation in Child Welfare

Margaret Severson and Kim Bruns

In this article, the conceptual and theoretical underpinnings for child welfare negotiations, assessment strategies useful in preparing for such negotiations, and practice implications for child protective service workers involved in the process are explored. Particular emphasis is given to the benefits of employing negotiation techniques in child welfare matters. The opportunities to use negotiation strategies are numerous in the child welfare arena. They range from formal mediation of an adoption plan, to family group conferencing of a placement issue, to negotiating a visitation and access plan with a parent. Common to all of these situations is the recognition that families have a better chance of success and potential for a better outcome when they are part of the planning and when they are empowered in the process.

Introduction

In the year 2001, six children managed to teach thousands of people a lesson about the driving forces of need, power, control, and determination. As they barricaded themselves into their small, rural home in the hills of Idaho, demanding in part continued access to their mother, these children created a stronghold that stood for five days and held hostage people who have long been publicly recognized as wielding legitimate legal as well as physical power (Caplan, 2001). The mother of the six children was arrested on child abuse charges alleging she was not providing for her children’s physical well being; she was arrested when she went to the store for supplies. It was also alleged that the family home had no electricity or indoor water source. When authorities attempted to take her six children into protective custody, the children retreated to their home and set loose their 27 dogs onto waiting law enforcement officers. Thus began the five day standoff that captured national attention. State and local officials tried talking with and to these children about giving up their fight but the children, knowingly or not, assumed a negotiating posture. It was out of this posture that they told those in their immediate surrounds and those watching the standoff from a distance, that the drive to satisfy human needs cannot be curtailed simply by a differential in age, rank, political or occupational status, educational achievement, or wealth. All the social workers, officers, friends, and relatives in the world would not make a difference until the collective power
of those children was acknowledged. The negotiations, which proceeded, did so only because their collective power dictated it.

Though negotiations in child welfare disputes have been increasingly documented in recent years, seldom does an incident like the one involving this Idaho family so crystallize the need for dispute resolution services in child welfare matters. Clearly, in this Idaho case, law enforcement, state child protective services (CPS) personnel, and the community as a whole had the legal right and authority to intervene to bring the situation to an end. However, the acknowledgement of the family’s struggle and the children’s need to be heard—to have some control over their plight—was crucial to finding a solution that would meet both the needs of the family and the protective requirements of the community. In this case, the end came only because the Sheriff thought to ask the children what they wanted and opened the way for the mother to communicate with them. A much different outcome might have occurred if law enforcement or CPS had instead acted on their power and physically exerted their rights to bring the protest under control. Thus, this Idaho case, one that involves legitimate concerns of neglect, mental illness, multiple agency involvement, and missed opportunities, provides an excellent context within which to discuss the use of negotiation skills in child welfare matters.

Negotiations in child welfare matters often involve third parties who have a certain investment in the outcome, and thus these negotiations differ from more traditional forms of facilitated bargaining, and the issues at stake generally involve personal, governmental, and private sector rights and responsibilities. While most child safety-family welfare matters are not played out as publicly and as dramatically as occurred in the case of this Idaho family, their story serves as a lesson for those who hold power by virtue of their institutions and positions. That lesson is that every time a child safety-family welfare issue arises, it spells drama, pain, fear, and mistrust for the members of the family. These reactions force everyone involved into positions. Those positions aggravate the work that is left to be done by the family and the professionals involved in the case.

In the following pages, the conceptual and theoretical underpinnings for child welfare negotiations, assessment strategies useful in preparing for such negotiations, and specific negotiation skills and practice implications for professionals involved in the case will be addressed. Particular emphasis will be given to the benefits of employing negotiation techniques in varying degrees in child welfare matters. Negotiation skills and techniques can be used in formal third party mediations, in family group conferencing, or simply in interactions with family members involved in a child welfare matter. In essence, involving the family in the planning process is at the heart of family-centered practice—there simply is no other decision making process that can substitute for the family’s input.
The Developing Reliance on Negotiation Strategies in Child Welfare

Child welfare policy has cycled between the family preservation movement of the early 1980s and the permanency planning and adoption movement of the late 1990s. In between and ongoing are the attempts of child welfare advocates to find a way of mitigating the effects of such seemingly disparate policies. A growing body of literature addresses substantive and procedural components of family involvement interventions: child protection mediation, family group decision making, and team conferencing (Crampton, 2004). Model programs, such as Family Group Decision Making (Pennel & Burford, 2000), the Iowa Mediation Permanency Project (Landsman, Thompson, & Barber, 2003), and family group conferencing (Merkel-Holguin, 2000), have been developed. In addition, major federal legislation has been enacted that supports family rights by explicitly mandating that mediation be available at the parents' request in special education services disputes (see, Public Law 105-17, IDEA, 1997).

Negotiations for Child Access versus Child Protection

Family mediation's popularity as an alternative to resolving disputes through an adversarial process first found its footing in the United States in child custody and property division matters as they arose in the legal process of divorce (Coogler, 1978). While divorce mediation still garners much attention, there are new applications of mediation, negotiation, and family conferencing emerging in practice and in the literature every year. For example see, Merkel-Holguin (2004) (family group conferencing); Landsman & Thompson (2003) (mediation in permanency planning); and van Wormer (2003) (restorative justice and child protection). There are significant differences between how the custody and parenting of children are viewed, depending on the context of the mediation. Table 1 provides a synopsis of these differences as they exist in divorce/custody cases and in child welfare cases.

The resolution of child access disputes demands that the judge proclaim which parent will be the primary custodial parent by determining the best interests of the child. In child protection cases, the judge is instead asked to ensure that the child is kept safe from immediate harm during which time a plan for permanency is developed for the child. More significantly perhaps, in child custody proceedings there is a presumption (refutable though it may be) that both parties are equally capable and equipped to act as proper parents to the child(ren). In child welfare proceedings, the presumption is that one or both parents are incapable, at least at the time, of providing the appropriate care required by the child(ren). Again, in child custody disputes, it is assumed that the parents will have an ongoing relationship that behooves them to come to some agreements about the areas of dispute. In child welfare disputes, while there may be an ongoing relationship between the parents, there may be no relationship and no desire for one between the parent(s) and the child welfare agency. Finally, in child custody matters, the
goal is often to help the parties develop a plan for an ongoing relationship with each other as parents. In CPS mediation, negotiation, and family conferencing, families may view mediation as the fastest route to ending their involvement and relationship with CPS representatives (Barsky, 1997).

Table 1. Mediation in divorce vs. child protective services

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<th>Divorce</th>
<th>Child Protection</th>
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<td>Physical and emotional needs</td>
<td>Both parents assumed to be capable</td>
<td>At least one parent is alleged to be incapable</td>
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<td>of the child</td>
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<td>Child’s relationship with</td>
<td>Both parents given opportunities for access</td>
<td>One parent may be denied visitation or access to the</td>
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<td>parents</td>
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<td>child</td>
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<td>Parties negotiating</td>
<td>Parents</td>
<td>Parents, social worker, community professionals</td>
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<tr>
<td>Relationships</td>
<td>Goal is to build a new type of relationship</td>
<td>Goal is to resolve the conflict so that the parent</td>
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<td>that ensures ongoing communication and</td>
<td>does not have to have ongoing contact with the agency</td>
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<td>contact with each other</td>
<td>or social worker</td>
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<td>Outcomes</td>
<td>• Responsive to immediate needs and concerns</td>
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<td>of family</td>
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<td>• Individual interests are represented</td>
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<td>• Respectful of each party’s interest</td>
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Applications and Efficacy of Child Protection Negotiations

The use of negotiation strategies and mediator facilitated negotiations in child protection cases started in the 1980s as means to resolve the highly emotional issues that keep families from being reunited and consequently, to develop viable case plans that could lead to reunification. In the 1990s Family Group Decision Making and family conferencing emerged as models of practice that were more family centered and more culturally sensitive to the families who became involved in the child welfare system (Marsh & Crow, 2003; Nixon, Merkel-Holguin, Sivak, Gunderson, 2001).

The research demonstrates that using negotiation strategies in child protection can produce more effective outcomes than traditional agency-focused practice where the caseworker devises the plan and presents it to the family not for their consideration or agreement, but solely for their notification. Those outcomes are seen in more successful family engagement (Marsh & Crow, 1998), in empowering families (Litchfield, Gatowski, Dobbin, 2003), and in a less intrusive method of engaging families as well (Merkel-Holguin, Nixon & Buford, 2003). The research also supports the use of mediation as a means to resolve cases faster, in ways that are more satisfying to the
families and which lessen the amount of court involvement (Landsman, Thompson & Barber, 2003; Campbell and Rodeburgh, 1994; Wildgoose and Maresca, 1994; Center for Policy Research, 1992; Pearson, Thoennes, Mayer and Golten, 1986).

"Dependency mediation" (Baron, 1997; Edwards, 1997; Firestone, 1997; Thoennes, 1997) has been used as a process to resolve conflicts in child protective services, termination of parental rights hearings, juvenile offender proceedings, and adoption case planning. In child protective services, the dependency mediation process brings the affected family and representatives of the state child protection agency together to communicate concerns about the child’s needs and best interests and resolve ongoing conflicts about how to best respond to those needs. Conflicts in child protection exist not just around whose definition of “the truth” will control or the extent of the abuse/neglect allegation itself, but also around the ways to approach and resolve the conflict. While substantiating the incidents or effects of maltreatment may not be the specific issue of dispute, conflict occurs when the process between the family and the agency is child- or agency-centered rather than family centered.

Ultimately, whether the children in Idaho were neglected by their mother was not the central issue. Rather, the central issue was how to keep the family intact and provide them with needed resources during a difficult time. When these basic family needs were forgotten, it was the children who reminded the community that the need to be together was more important to them than the need for food, adequate clothing, and shelter. Indeed, the Idaho Sheriff acknowledged, “We just wanted to house, feed, and clothe the kids, but it was not worthy of a confrontation” (Caplan, 2001). In all likelihood, the impasse between the authorities and the children occurred because the process was both child (“how do we get these kids to give in to us?”) and agency (“the kids need protection”) focused rather than family-centered (“how can we keep this family united while ensuring the safety of all?”). In essence, law enforcement and CPS workers initially focused solely on child and community safety, and several days passed before the needs of the family to be together, indeed, the drive of the children to have ongoing contact with their mother, were recognized.


Negotiating with families can be viewed as a useful strategy at all stages of child protection proceedings. In the initial stage, which generally occurs during or just after an investigation is completed, the family benefits from the information gained in the negotiation process (Thoennes, 2003). Often, families are not offered the opportunity to get their questions answered or to be made aware of the significance of the judicial proceedings. The CPS worker gains valuable information necessary for a thorough assessment when family members are fully informed and then choose to be engaged. In
order to gain their cooperation and enter into a collaborative relationship with the family, the worker may need to give up some of the control that comes from withholding information and acting as the expert authority on the family’s matters (Mayer, 1989). In a study of typical case planning in CPS, Tjaden (1994) found that family members rarely challenged the CPS agency. Family members had a difficult time articulating their positions and did not ask questions. Tjaden found that CPS workers rarely explained the meeting purpose or agenda, tended to avoid many family issues and questions, and discussed topics that were more self-serving to the agency. As Barsky (1996, p. 125), noted, “By controlling the flow of the discussion, Child Protection Workers can consciously or unconsciously disempower family members.” Indeed, in the Idaho case, it was the simple act of allowing a note to pass between the mother and her children that opened the negotiation process. Had the state explained to the mother its concerns and then allowed her to explain them to her children, the five-day standoff may have been averted. Given her mental illness, grief, and social isolation, it is possible that the mother may not have understood the conditions under which her children had come to live. Her distrust of the system and the community clearly exacerbated the situation. In essence, in the investigative stage of child protective services, it must be made clear that the assessment of safety and risk is not negotiable while at the same time giving the parent(s) the opportunity to inform the agency about their parenting behaviors and current life situation.

A negotiated approach also is valuable to the agency in that workers are helped to see the family as partners rather than as resisters. As the family’s strengths are made more apparent through the process of disclosure of wants and needs from both sides, workers may see a different side to the family—one that is not defensive in nature. Approaching the family in this new way can have enduring benefits for the rest of the time the family is involved with the child welfare system. This Idaho family evidenced both strengths and resourcefulness. They lived at times without electricity, an indoor source of water, conventional means of cooking, and money. In a negotiating frame, the intense need to protect and care for one another should be seen as a resource instead of a weakness.

Workers in child protection agencies have a variety of tools and skills that can be relied upon during both the investigatory and case planning stages of working with families. Indeed, the values workers embrace are the same values that can make negotiation an appropriate option in child welfare situations. Embracing the ideal of client self-determination, recognizing that all families have strengths and that people act as their own best agents of change; and acting with the belief that mutual respect enhances the helping relationship help move the family and the agency to resolution. The hoped for outcome is a co-developed plan for the family, one that reflects the interests of the state, the family, and the child(ren) and which, in its content, defines success as
something personal rather than institutional. In other words, success is an individualized concept rather than a bureaucratic mandate.

Negotiation Skills for Family Centered Practice

There may be little incentive for CPS workers to fully engage family members in the planning process. Externally imposed time limits, limited agency resources, and the agency’s legal responsibility to ensure protection and safety of the children (Barsky, 1996) may force the worker to focus on finalizing the case rather than on taking time to regard the family’s desires. The use of negotiation skills may not alter the “fundamental power realities or change personalities” but it very well may “change the nature of how each party’s needs are presented and considered and how solutions are generated” (Mayer, 1989, p. 92).

Skills for Negotiating with Families

Workers can utilize at least seven critical negotiation skills that as they negotiate with families:

- Normalizing
- Partializing
- Developing Options
- Moving from Past to Future
- Mutualizing
- Balancing the Power
- Determining the Roles of the Parties Involved

The first skill is normalizing. Families involved in the child welfare system may assume that their individual situation is so unique, different or difficult that there is no way it can be resolved to the agency’s or their own satisfaction. Often people in conflict convince themselves that their situation is unique and it is that very uniqueness that justifies their position. The CPS worker must undermine the uniqueness of each problem definition by normalizing the situation. If the situation is normal, it is solvable. In the Idaho case, for example, the family reportedly lived in isolation. With the mother removed from the family, the children may have decided that their unique situation called for drastic self-protective measures—barricading themselves in their home. A negotiator would normalize this situation by seeing it as a self-protective reaction to fear after the arrest of their mother rather than as an extremist action being taken by out-of-control children. The negotiator might start the communication process with the truth, normalized: “We took your mother into custody; we know that is scary for you; we understand you want your mother home.”
The second skill useful in negotiating with families when there are complicated and multiple issues to resolve is that of partializing. There is seldom only one issue at stake in any dispute, and workers can assist the family in breaking down, partializing, the issues, thereby helping the family solve them one at a time. Assisting a family in meeting their basic physical needs may set into motion the ability to solve the other problems the agency or family has defined. The Idaho case was not a simple neglect case; it was about grief, poverty, mental illness, and paranoia. In this example, the negotiator might have partialized by saying: “We have a few things to talk about. Your mother is in jail, and we need to get her back home. We’re worried you don’t have enough to eat, and we don’t want you to be hungry. We know you must be sad about your dad and we want to help with that.”

Developing Options or what Fisher, Ury, and Patton (1991, p. 56) call “invent[ing] options for mutual gain” is the third negotiation skill. Negotiation around the terms of the services available or requested should be focused on the family’s needs. “Regardless of laws, legal authority, and sanctions, parents almost always retain control and power to prevent intervention from being successful” (Mayer, 1989, p. 90). The worker must view the family as being its own best expert while identifying her/himself as an expert in resourcing and identifying community supports. Approaching the family with options, possible solutions, and alternatives that are unique and individualized to their particular situation gives the family the power and control to devise a plan they can implement. Indeed, this is empowerment practice: parents feel less forced into accepting services if they are recognized as being the agents of control.

The Idaho family could have benefited from this approach. The strengths and capabilities the family must have had in order to survive with so little for so long could have been marshaled to gain a better understanding of this family’s needs. Barsky (1996) and Mayer (1989) concluded that mediation does not change either people or the child protection system. What it does change is how families’ and CPS agencies’ views are presented and how solutions are generated. Being time limited, the focus of mediation is not on whether abuse or neglect occurred or on who was responsible for it; rather, the focus is on what can be done to ensure the future safety of the children and the furthering of the family’s desire to achieve its healthy objectives. As in family group conferencing, negotiating with families is a “process concerned not with holding the offender—maltreating parent—passively accountable for past actions, but with engaging the extended family group in taking active responsibility for generating and implementing solutions” (Adam & Chandler, 2004). Regardless of what neglectful behaviors the Idaho mother may have had, her adult daughter and other relatives could have been sought out and a plan developed to resolve the safety issues and to secure resources that would unite the family in a more healthy way instead of separating the family in a destructive win-lose fashion.
Of course, the very nature of court intervention in CPS matters begs another question: how does the worker keep the work future-focused when the courts are interested in adjudicating what occurred in the past? The fourth skill—Moving from the Past to Future—helps the worker move the discussion from a focus on the past to a focus on the future. Family history includes events that cannot be altered, except in one’s perception or experience of them. Searching for solutions requires a future focus. CPS workers play an important role by acknowledging and tapping the power generated when a family is afforded decision-making responsibilities in the case planning process. The future safety of the child is of course of utmost concern, but some of the key components of the Adoption and Safe Families Act (Public Law 105-89, ASFA, 1997) address making reasonable efforts toward collaboration in the process. CPS workers can be “agents of reality” for the parents and the courts while at the same time acting to empower those who will be most responsible for carrying out the case plan—the parents. Long-term changes in economic situations, substance abuse or addictions, and generational family dysfunction may be difficult to achieve through short-term interventions, such as mediation, FGDM, family conferencing, but worker-family negotiations using mediation skills provide an opportunity to produce a safety plan and assess the family’s motivation and commitment to future parenting of a child (Maresca, Paulseth & Rivers, 1989).

"Authoritative and unilateral action by caseworkers undermines the therapeutic goals of the child protection process" (Chandler, 1985 & May, 1984, cited in Tjaden, 1994). The best interests of a child and family are served by focusing on getting the parties to collaborate on developing a plan for the present and future and also, by not focusing on events that have already occurred and about which nothing can be done. Keeping the conversation future focused helps to avoid communication breakdowns, which frequently occur from conversations set on rehashing issues from the past. In reality, one cannot dispute the future. For this Idaho family, an emphasis on the possibilities for the future while acknowledging the pain of the past might have sounded like this: “We know this family has been through a rough time. What will it take to get mom home and the children cared for and protected?”

Mutualizing is the fifth essential skill and involves active listening and identifying and defining a common goal. This skill provides an opportunity for the worker and family to come to an agreement on a statement, goal, or perception. When the worker hears a statement made by the family that expresses a common and helpful sentiment, the worker furthers the work by verbalizing shared perceptions. Mutualizing moves the definition of an issue from a unilaterally defined one to a mutually agreed upon statement of the problem at hand. In the Idaho case, officers and CPS workers could have mutualized with this problem statement: “Everyone is concerned about resolving the standoff so that the family can be reunited.”
The sixth skill involves an effort to balance the power between the agency, the courts, the community, and the family. Family involvement practices are collaborative processes, and families often view their interactions with the child protective system as being anything but collaborative. Feelings of powerlessness are common among parents of children in state custody. Striking the balance between caring for the safety needs of the child and preserving the composition of the family can be a conflictual process for workers. New regulations and additional statutory requirements do not reduce conflict in child welfare dilemmas, but can be viewed as an entrée into and opportunity to involve family and community in creating safety plans and ultimately, a future, for the family. Balancing the power, determining the roles of the parties involved, and designing a case plan that is reflective of the needs, desires, and capacities of all involved—family, child, and agency included—are all areas where mediation skills can and should be utilized to achieve a family-centered resolution to the conflict.

What can social workers do to balance the power? After the child’s immediate safety has been secured and the threat controlled, workers can empower the family to design a family-centered plan for reintegration. The most artfully designed agency case plan will not lead to a successful resolution unless the family is engaged and has the power and commitment to complete the objectives. Agency and contract workers need to recognize both their own power and the power of the family. In turn, this recognition requires both cognitive and verbal acknowledgement: reminding oneself of the family’s power and letting the family know that you know they have it. To be sure, misuse of power can occur in both overt and subtle ways. Creating a plan for family (re)integration and agency exit without the participation of the family is but one example of overt misuse of power. This strategy objectifies the family, treating it as the object of the agency’s power rather than as the participant in the agency’s mission to help every member of every family live in some semblance of a safe environment.

More subtle misuses of power may occur, often unwittingly. For example, it is not unexpected for workers from the state, judicial, and community agencies to be familiar with one another. This familiarity can be intimidating to families. Being part of a professional coalition may be an unrecognized power for workers, but one need only imagine being a member of the family to understand how easily the experience becomes one of them vs. us. Being aware of and understanding the impact of having legitimate and recognized agency power and using that power with families whose own power has not been similarly acknowledged is the first step.

Agency and contract workers also can relinquish some power in those areas that do not affect the immediate safety of the child. Placement and visitation issues are not infrequently conflict areas for families and often lead to impasse during the creation of a case plan. The worker’s ability to listen to the family’s suggestions for placement, pending reunification with the parent, can be extremely helpful to the child and the parents. Would it have been possible for the Idaho children to stay in their home with
some assistance from social services? Could the professionals resolve this situation in a more empowering way by asking the mother how she has managed to take care of her children all these years and what has worked well in her situation? Could they have verified if the facts were true about there being no food in the house? The children reported that they received 200 pounds of supplies on the day of the funeral of their father—just two weeks prior to their mother’s arrest. Was it necessary to charge the mother with child endangerment and neglect when a family conference may have led to a safe resolution?

The seventh skill essential for both families and professionals involved in child welfare cases is that of determining the roles of the parties involved. Child protective services and the juvenile court are complicated systems for professionals—and families—to understand. Families may have a difficult time understanding the role of the child protective service worker, family preservation social worker, case manager, therapist, or court service officer. It is not surprising, then, that families learn to trust no one. The child protective service worker has a responsibility in the beginning phases of the case to listen and answer questions. A change in focus from one of interrogation to one of active listening is likely to elicit more accurate responses from the family. Treating the parents as the experts in their family is talked about but sometimes difficult to do. One simple step that workers can take in their dealings with parents is to refer to them by their names. In a system where rules of formality and informality are often not clear cut, addressing parents by their names instead of simply “mom” or “dad” can, respect-wise, elevate the parents to the level of the professionals. This should be done in direct contact with the parents and conversations with other professionals involved with the case.

Case plan development can be an intimidating process for the family and also for state and contract agency workers. Each party may have a different reason for being involved, a different motivation for staying involved and perhaps even a different interest in the outcome. The sheriff had a legitimate reason to arrest the mother based on the warrant issued by the prosecutor’s office. The child protection agency had a legitimate concern about six children whose welfare the community had concerns about for a long time. For all of these parties, their shared interest was the health and welfare of the children; the differences existed only in how the parties would act on those concerns. When all involved share agreement about what should happen in a case, the case planning process should be simply a matter of putting it down in writing. Of course, “simple” it is not. There are often legitimate differences of professional opinion. Whether advocating for the child, the parent, or the family, each party may believe that it has secured the most accurate assessment of the situation. What results from these multiple perspectives often turns into a battle of power, determination, and perseverance.

There was much misinformation afloat about the Idaho family. Some reports had the children surviving on lily pad soup. Law enforcement officers alleged that the 27
dogs killed deer and hunted in packs. The neighbors reported that the dogs killed other dogs in the neighborhood. The coroner found the father died of complications from MS and due to malnourishment. There was even a rumor that the eldest daughter, who no longer lived at home, was denied entrance into the military because of stress fractures secondary to malnourishment. Whether these reports, allegations, and rumors were true or not was not as significant as how to keep this extremely proud and strong family together and how to provide them with the resources and/or services the family, in consultation with others, determined they needed. In short, when the focus of the encounter is on how to arrive at an agreement, where safety and risk are managed, and the parent is recognized as an indispensable part of the development of case plan objectives, the need to control the definition or the truth of what is “accurate” becomes less important to the process and to those involved. Even when there is no agreement reached, the inclusive process can be beneficial to the family.

When Negotiation Strategies Won’t Work

Are there child welfare situations when mediation won’t work? In one study, the Denver Department of Social Services estimated that in 20% of cases, the abuse situation was so severe that any type of negotiation would be unlikely to work (Mayer, 1985). Concerns about the use of mediation in sexual abuse, incest, and domestic violence cases have been raised as well. In these situations, the challenge of assuring the continuing safety of the victims is always at the fore. Intimidation of victims, threats of further violence, and threats of further psychological and physical harm make mediation efforts in these situations highly controversial.

In an evaluation of five courts in California, Thoennes found that “all types of cases settle in mediation. There is no evidence that certain types of maltreatment should be screened out” (Thoennes, 1997, pg. 195; also see, Crampton, 2003). Still, there are clearly independent safety and empowerment issues that mean that the employment of negotiation strategies should be used with caution. Legal mandates and criminal courts may be more appropriate for some cases in terms of providing protection and safety from future harm. Consequently, it is important to distinguish between negotiating the merits of allegations of abuse and negotiating the services or plan to assist the family. If the goal is protection from abuse, then treating the parents with respect and leaving them with dignity after the initial investigation can do more to safeguard the future well-being of the child(ren). Negotiation produces more opportunities for disclosure and for assumption of responsibility than does a court system where litigation and rules of evidence may not provide an accurate picture of the family situation and thus leaves families in a defensive posture (Libow, 1993).

On the surface, it seemed apparent that the Idaho children needed some intervention. Their father’s death brought the children out into the public after months of
Worker-Family Negotiations

being isolated. The allegations of no electricity, no running water, foreclosure of their home, no food, and no source of income begged for some intervention. But by looking at the family from a different lens, one can see a family grieving and a family who lived a strong commitment to care for each other. Persons in the community report that the parents were loving and proud; that the children were respectful and intelligent. Building on these strengths and asking the mother what it would take to assist her and her children and then negotiating the plan to make this help a reality could have prevented some of the mistrust and harm that ensued.

Conclusions and Implications for Social Work Practice

Revisiting the facts of the Idaho case, note the clarity with which the mother and her six negotiating children saw their family’s situation. Upon receiving the judge’s order to release her from confinement, she refused, suggesting that time behind bars was better than being held hostage by the CPS workers from whom she would need permission to see her own children. The mother wanted two things: control over her own and her family’s lives and an apology from state authorities who failed, however authorized in their actions, to protect the sanctity of the family. “In turning power over to the family, child welfare workers must admit that a less-than-perfect plan for the child that the family jointly originates and “owns’ will result in a better outcome for the child than a perfect agency-initiated plan that the family resists” (McElroy & Goodsoe, 1998, p. 9).

Rather than see this mother through the lens of mental health/illness, rather than see her as an obstructionist or as having parental deficiencies, CPS workers, social service personnel, and officers should view her as a powerful and protective force for her family. In the end, whether any one of those professionals would choose to parent as she did, whether they could understand why these children wanted to be with this woman who, for most of their years, had to struggle with serious mental health problems, or whether they really believed that life could be infinitely better for these children under some other living conditions did not matter in the resolution of this crisis. Indeed, in the end, what mattered was the employment of skills that went to the heart of the matter—the interests of the children to be with their mother, the interests of the mother to be with her children, and the interests of the “authorities” to see that each family member could live in an environment that gave some assurance of safety and security. These interests would be met in whole or part only because negotiation skills were employed, because every voice that mattered was heard and because the family’s power was acknowledged and integrated into the plan for family unification.
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Margaret Severson, JD, MSW, is an Associate Professor and Kim Bruns, BSW, MS Ed. Is Research Assistant in the School of Social Welfare at the University of Kansas. The authors would like to thank Dr. Marianne Berry for her editorial assistance with this manuscript. Please address correspondence about this manuscript to mseverson@ku.edu or at the KU School of Social Welfare, 1545 Lilac Lane, Lawrence, KS 66044.
Preserving Family: Themes from a Qualitative Study of Kin Caregivers

Don Cohon, Lisa Hines, Bruce A. Cooper, Wendy Packman, and Elizabeth Siggins

This article presents themes from a qualitative study of 58 African American female kinship caregivers in San Francisco. Core concepts that emerged describe various paths along which children move into kin homes, and caregivers’ mixed emotional reactions to becoming surrogate parents. Women also discussed multiple family roles they assumed after taking in children. Responses highlight three primary reasons for becoming caregivers that center on providing for and protecting these children—particularly from the perceived threat of the public foster care system—and ultimately preserving the family unit. Paradoxically, caregivers’ reasons mirror the stated goals of the public foster care system, which they view as a threat to family stability. We discuss the problems of implementing practice and policy recommendations for permanency and family preservation and how to bridge the gap between the deeply held negative beliefs of African American caregivers towards the public system and begin to build trust.

Introduction

The U.S. Census Bureau released figures in May 1999 showing that more than 5.5 million children nationally are being raised in homes in which a grandparent resides and that 2.4 million of these grandparents have sole responsibility for children under age 18 (Bryson & Casper, 1999). In California, there are 845,921 grandparent-headed households and in San Francisco County, 16,426 (U.S. Bureau of Census, 2003). This informal practice of one family member stepping in to help another has been used increasingly by the child welfare system as a placement resource for children removed from biological parents. As of September 2001, 130,869 (24%) of a total 542,000 children in foster care were living in a relative foster family home (U.S. Department of Health & Human Services, 2003). Beginning in the early 1990s, research studies of kinship foster care began appearing more and more frequently in scholarly journals (Gleeson, 1999a).

An important practice and policy issue for children in kinship placements involves their safety, well being, and permanency as set forth in the Adoption and Safe
Families Act of 1997 (P. L. 105-89). Much recent literature has focused attention on kinship care and permanency (Geen, 2003; Malm & Geen, 2003; Gleeson, 1999a; Bonecutter & Gleeson, 1997; Testa, Shook, Cohen, & Woods, 1996; Thornton, 1991). P. L. 105-89 recognized three legal permanency options—reunification with parent(s), adoption, or legal guardianship—none of which consider informal biological ties of kin as sufficient to ensure a lasting commitment that is permanent. Recently, states have begun using subsidized guardianship—transferring legal responsibility of a minor child from the state to a private caregiver and paying a monthly subsidy—as a vehicle for achieving permanency for children (Beltran, 2002; National AIA Resource Center, 2002). Some have argued that kinship foster care is another category of permanency, stating that “Kinship foster care can be viewed as a form of extended family preservation; original ties to the family are maintained, but under the close supervision of the social service agency” (Pecora, LeProhn & Nasuti, 1999: 176; Child Welfare League of America 1994). But this arrangement does not achieve the cost-saving goal of discharging the child from the foster care system, and these authors stress the need to provide kinship foster families ongoing supportive services, training, and reimbursement (Pecora, et al., 1999). Testa (2001) frames the permanency debate regarding kinship placements by contrasting two perspectives of social organization—one based on informal biological ties and the second based on formal bureaucratic policies. He proposes a third interactional perspective that has led to practice and policy changes (Testa, 2001).

This article reports selective findings from semi-structured interviews of 58 women acting as surrogate parents for kin children. One important theme that surfaced out of respondents’ comments focused on family preservation, which for these women meant a family unit that naturally included extended kin. A single purpose guided this study—to explore and compare the experiences of two similar groups of African American female kin caregivers, one receiving private services from Edgewood’s Kinship Support Network (KSN) and one receiving public services at the San Francisco Department of Human Services (DHS). An initial hypothesis of the study was that there would be significant differences in women’s responses between the two groups, but the data did not support this, and we generally report their comments together. Edgewood’s KSN is a privatized model that delivers services at the community level without evident participation in a public sector program and is described in more detail elsewhere (Cohon & Cooper, 1999).

Methodology

Study Setting

The study sample is comprised of women of African American ethnicity. While there may be generally accepted cultural norms for African Americans, it is useful to...
acknowledge that every community has a unique social and cultural context within which these norms and values are shaped. This means that the literature describing African American families as a homogeneous group may not apply to residents of a particular locale (Daniels, 1990). Historical settlement patterns, coupled with a greater degree of racial tolerance toward blacks than may have existed in northeastern cities, make generalizing from San Francisco’s African American population to other African American communities unreliable.

Although a small number of African Americans lived in San Francisco since the 19th century, the major growth in San Francisco’s black population occurred during World War II, increasing 600% between 1940 and 1945, as black southern migrants, mostly from Texas, Louisiana, and Arkansas, came to seek employment in shipbuilding and other wartime industries (Broussard, 1993). In contrast to earlier African American inhabitants, these newer residents experienced the same racial animosities that excluded Chinese immigrants in the late nineteenth century, reducing available housing, isolating them in urban ghettos, and forcing unrelated families to live together for mutual aid (Daniels, 1990). For these families, relying on extended family to care for young children was an accepted response to family disruption caused by labor migration and discrimination, becoming a common part of their life experiences (Daniels, 1990). These historical reasons for stepping in to assume a parenting role differ from those of the past twenty years, during which crack cocaine has played a significant role in family disruption (Minkler & Roe, 1993). We found that the majority of caregivers seen by KSN have had prior personal experiences of being raised by kin during their own childhoods and that this pattern among San Francisco’s African American families has been a common practice (Cohon, Hines, Cooper, Packman, & Siggins, 2003; Brown, Cohon, & Wheeler, 2002).

Study Design

This was a qualitative study employing a semi-structured interview to comprehend details about feelings and thought processes that are difficult to derive from more conventional research methods (Strauss & Corbin, 1998). These research strategies lend themselves to the study of situational and structural contexts—“context-specific inquiry”—an approach particularly suited to the exploration of a complex social phenomenon, such as kinship care, with its multiple contexts of family and culture interacting with the legal and social service systems (Johnson, 1995).

Study Sample

The sample of 58 women consisted of two groups of African American kinship caregivers living in San Francisco. We limited ethnicity to African Americans because over 80% of KSN caregivers were African American and only included females because they comprise more than 90% of primary caregivers for related children. Lists of
potential participants were developed from two sources. Group A (n = 26) was made up of caregivers referred to Edgewood’s KSN between July 1993 and March 1999. Group B (n = 32) was composed of relative caregivers who were active cases at the DHS during the same period. Participants from both groups were selected based on being African American women residing in San Francisco who were raising a relative child aged 6-12 and who had received a minimum of six months of services from either KSN or DHS.

These two caregiver groups had no significant demographic differences. They had a median age of 55. Forty-five of the 58 caregivers in the study (78%) were related to the biological mothers of the children in their care. Of the maternal relations, 28 caregivers were maternal grandmothers; 11 were maternal aunts; four were maternal great aunts; and two were maternal great grandmothers. The thirteen other interviewees were related to the biological fathers. Of these paternal relations, 10 were paternal grandmothers and three were paternal aunts. We conducted a test of mean ranks on the highest grade of school completed for 26 Group A and 31 (1 case had missing data) Group B caregivers and found that group A had fewer years of formal education, but that this was not a significant difference. Most caregivers in both groups had completed high school or received a GED.

Qualitative Interview Instrument

Institute staff reviewed two previous studies of kinship caregiving that employed qualitative methods (Minkler & Roe, 1993; Johnson, 1995). Dr. Minkler graciously gave permission to use the questionnaire and codebook from their study of grandmothers raising children whose parents had abused crack cocaine (Minkler & Roe, 1993). Our modifications of their interview are best described as an extended replication, which often have differences in populations and procedures.

Interview Procedures

Institute staff reviewed separate alphabetical lists for KSN Group A clients (sorted by caregiver’s name) and for DHS Group B clients (sorted by child’s name) and contacted potential participants who met the sample criteria. All subjects signed voluntary consent forms to participate in the research interview and were compensated for their time. In the initial telephone conversation, Institute staff told caregivers the purpose of the research and gave them information about the interview process (i.e., sample questions, length of interview, fee amount). Interviews were conducted within one week of telephoning, generally in caregivers’ homes.

Data Analysis

Grounded theory (Glaser & Strauss, 1967), a qualitative approach to data collection and analysis, was the primary method used to investigate the responses of caregivers. The data consisted of over 150 hours of audiotapes, which had been
transcribed verbatim by a trained data entry person and randomly reviewed for accuracy by Institute staff. Transcribed interviews were entered into ATLAS.ti Visual Qualitative Data Analysis Version 4.2 Build 57 (Scientific Software, 1999), a computer program based on grounded theory. Four Institute staff members were involved in the initial open coding of the transcripts, developing categories and themes inductively from caregivers’ words (Glaser, 1978). Two outside consultants later participated in reviewing and systematically comparing and contrasting categories, a process that yielded more inclusive, abstract categories. All persons engaged in the analysis wrote analytic memos. Regular meetings of staff were convened to review the codes, categories, and memos to refine core categories into general themes that accurately reflected the experiences and comments of the caregivers. Using ATLAS.ti, staff created network views of themes to elaborate the links between categories, a process called axial coding (Glaser & Strauss, 1967). A draft document describing core categories and themes was reviewed and edited repeatedly by staff and one outside consultant before reaching a consensus.

Limitations
Because our sample was purposefully selected from two programs in San Francisco, it is not representative of all kin caregivers. As with other researchers who have conducted qualitative studies of grandparent caregivers (Minkler & Roe, 1993; Johnson, 1995), we knew that we were outsiders to the lives of these women. Even though the individuals who carried out the interviews were African American women, their status as part of a research team, not having personal experience raising children, and their younger age, may have inhibited participants’ responses. We structured the process of data analysis using multiple perspectives of staff and outside consultants with the aim of achieving more balance in our conclusions, but ultimately the themes we settled upon are based on subjective judgments. Furthermore, people’s perceptions and belief structures are continually modified as they mature and encounter new life events (Kelly, 1955) so that findings based on analyses of one interview provide only a freeze-frame or cross-sectional look at an evolving process for each of the 58 individuals in our sample.

Core Themes

Routes to Caregiving
We heard many varied stories of how children came to live with extended family. Twenty-five of the children from both KSN and DHS programs were placed during infancy with their relative caregiver. Some women took the babies home when the hospital would not release a child to their parent(s) because of substance abuse problems.
The doctors and the hospital won’t let the mother and father take her home. They called me and said “Come out and git her.” I’d say she’s about a week, and then they were gittin’ everything ready to take her home. [Interviewer] “And why wouldn’t they let her take her home?” [Caregiver] “Because they did take drugs.”

Caregivers who learned of a child without time to prepare often expressed angry feelings, having been left out of the placement decision process. One grandmother reported that she became a caregiver: “When my daughter walked out of the house and didn’t come back.” A few women noted situations that alerted them to step in and take over full-time parenting responsibilities, describing circumstances in which the biological parent(s)’ behavior required them to intervene. For others, news of trouble came only after the public CPS became involved with the family.

In a number of families, the transition was negotiated outside the public system, an informal process among family members that continues to be the manner in which the majority of kin living situations traditionally are arranged (Child Welfare League of America, 1994; Bryson & Casper, 1999). In one family, maternal and paternal grandmothers discussed a change in the grandchild’s residence before the child came to live with the paternal grandmother. In other cases, parents realized that they could no longer care for their children and/or that they were in danger of having the children removed, and asked a relative to take on this responsibility.

My son asked me to try and get him (sic. kin child) from his mother. She was on drugs and he don’t really have a home; he just lives on his friends’ couches. His father asked me to take him because he thought he was being abused.

**Reasons for Caregiving**

The decision to become a surrogate parent was described by women from both groups as automatic, reflexive, and without deliberation about the potential impact, positive or negative, on their lives. One maternal grandmother commented:

It’s not my choice, it’s just something you have to do, and I can’t see it any other way. One of my friends said to me once that she thought that maybe I should have let the baby go to a foster home, that maybe she thought it was too much for me. And I don’t feel the same way about this person anymore, because I don’t see a choice. It’s not a choice, it was not a choice, it’s something I just had to do.

For many women, taking care of others was a common occurrence. Forty-nine of the 58 respondents stated that they knew of other women who were also caregivers for other family members. Their responsibilities included aging parents, aunts, siblings, or spouses with disabilities or illnesses, foster children, and of course relative children.
As noted, the common experience for many San Francisco African American women has been to use extended family when their children needed care, and the majority of our kin caregiver sample had prior experiences of being cared for by their own grandparents. Thirty-one (53%) saw their grandmother frequently during their own childhood, and twenty-one (36%) reported living with her for a long period of time. Nineteen (33%) of these caregivers reported that there were times their own children (e.g., the biological parents) lived with their grandparents or other relatives.

Three primary reasons for assuming the surrogate parent role emerged from women’s responses, and we describe these alliteratively as to—provide, protect, preserve. The provider role is consistent with Minkler and Roe’s observation of their grandmothers’ motives for caregiving—“to provide a safe and nurturing home.” (Minkler & Roe, 1993: 53) One woman overheard her grandchildren talking.

They used to come over here to visit, and the first thing the kids did was ran to the kitchen and wanted to eat. So I watched that. So, M was telling her little brother one night, “Oh, we don’t ever have to worry about eating, we’ll never have to worry about not having food or clothes and stuff, because Grandma is going to give all of us that.”

Respondents’ stories also conveyed a related pair of role functions that we called the protector and the preserver. Protecting these children is one of the main reasons grandparents said they became caregivers, particularly to shield them from a number of specific dangers. The primary threat involves a negative view of the foster care system, and this was the case for women in both KSN and DHS groups. Mrs. T described the disruption she believes children experience when placed in foster care, emphasizing the importance for family to take care of family.

If you put them in the system they get bounced around and bounced around and their lives are ruined. Some kids get good foster parents and some kids don’t. I think that a family should take care of the children, love it enough and raise it up. That’s the best thing that can happen to a child. Because I think it’s good for children to grow up with their family and I think it’s just very sad when they grow up in a foster home or they have been adopted out. And they want to know who their family members are, and then they find out they have all this family here and nobody loves them enough to share what they have with them. I think that’s just the worst thing for a child to have to come to in life.

Rightly or wrongly, caregivers worried about what would happen when children were placed with people whom they believed were doing it just for the money. They thought foster parents would not endure as much as a family member because they were not “blood related” or deeply committed to family bonds. They imagined a foster family
home would only offer basic care—food, clothing, and shelter, but would lack emotional support and love.

Two other specific threats were noted in women’s stories. Caregivers also protect children from neighborhood violence, as these two grandmothers explicitly stated their fears:

Not safe, I wouldn’t say that the streets of San Francisco are safe for any child; it’s not a back yard.

and,

Watching them all the time; you can never watch them enough, to make sure nobody’s going to kidnap them or harm them.

Lastly, intra-familial tensions are a particularly difficult aspect of caregivers’ protector role arising from the need at times to shield children from their biological parents, as Mrs. L’s skepticism suggests.

I don’t know about their parents taking care of them. They would have to come be with me for long time before I would turn these children loose.

Mrs. K., another grandmother in her fifties, fiercely defended the three children in her care from their mother, her own daughter.

Nowadays, I almost can’t stand her. She’s my child, but I can’t stand her. I can’t stand drunks, especially lady drunks. I just... I get along with her father. I think she’s too comfortable with them living with me. And sometimes she will get to a place and will start complaining. And I let her complain, and then I tell her to go get herself some help and get herself together and raise her own kids if she doesn’t like the job that I’m doing. Because the only way that I’m going to give them up is if she’s on the right track. There’s no way in the world that I would let those little girls live in an alcoholic environment because she’s not responsible. What if she wanders off and gets lost, or lights a cigarette and falls asleep? Everybody’s dead, for what?

The third reason women assumed a surrogate parent role was to preserve their family. They parented grandchildren in order to maintain a family unit that in their view naturally includes kin or close personal friends, sometimes called fictive kin (Stack 1974). For some, the idea of family preservation involves their hope that a child’s mother would be able to reunify with them. As one grandmother said:

I want to keep my family together; this is why I do it. I just want to keep everybody together, and you have to sacrifice when you do that. It’s better to keep the family together, or after a while, they’re like strangers to each other once they get back together.
Another caregiver expressed a similar purpose of preserving the family for the children’s sake until their mother returned.

Well, I was upset when they took T, and I wouldn’t want anything to happen to A. All I’m trying to do is keep the children in the family together so that when my daughter gets them all back, they will all be together, they won’t be scattered from one place to another. I’ve seen so much of that happen to little children.

Caregiver Roles

When discussing their roles as caregivers, women described these grandchildren as their own. In part, this may be because many women had raised them since birth. It was difficult for them to separate their ideas about a grandmother’s role from that of surrogate mother, and many allowed their grandchildren to call them “Mom,” while they referred to them as “my kids.” One caregiver stated:

I had no idea I would be having other people’s kids. They’re like mine now. When I address people, that’s the way I address them, my kids. I mean, like when she [child’s natural mother] was here it makes a mother feel bad trying to take over her kids, but this is just something I automatically say. I don’t mean it in that sense, and I know that they are hers. I know this. I’m trying to get myself into the habit of saying my grandkids, but it’s hard.

Among the women in our sample, not only do kin caregivers’ roles change from grandparent or aunt to that of parent, but also at times they play multiple family roles with different functions, as this comment illustrates:

The difference is that I’m neither a grandmother, nor their mother, I’m both, and it’s hard. Because if I were their mother, it would be different, and if I were their grandmother it would be different. If I were their grandmother, I would pick them up on the weekend, and then bring them home, but I can’t do that. And because they know their mother, I’m not their mother. It’s hard to be both.

Reactions to Caregiving

When asked “Is this stage of your life different from what you had thought?” 71% (n = 41) women answered “Yes.” They had anticipated a life with more freedom and opportunities to travel, not one in which they would be parenting a grandchild. Fifty-nine percent (n = 34) acknowledged feeling angry and sad at their life circumstances. Most had expected and hoped that they would play a role in their grandchildren’s lives, however, not as surrogate parents.
I expected it to be free and easy, a lot easier. I thought that I would have to help my daughter with her kids, financially, and maybe on the weekends, but I didn't expect to raise them.

Some felt unfulfilled because there was still so much they wanted to do, but caregiving responsibilities stood in their way. They did not have the time or the money to be “carefree” or travel because resources were being used to help their grandchildren live a better life.

Oh yeah, I don’t have a bad life. It’s not bad. But it’s not, you know... Sometimes I would like to be carefree, where I wouldn’t have to worry about cooking or cleaning. Living by myself. I have never, since I’ve been grown, ever lived by myself. I have always had someone in my house. So that would have been exciting. Just to say, “Oh, this is my apartment, I’m living here by myself.” I have never. When I first got married, my oldest brother he moved out with me. I raised my sisters and brothers up under me. Then I raised my children, and now I’m raising my grandchildren. And I keep having this dream that I’m going to raise my great-grandchildren. And my granddaughter M tells me, “Oh Grandma, you going to raise my kids.” Oh, no! “Oh, yes you are.” She just turned six. So I told her it might be true, because I keep having this dream that I’m going to raise great-grandchildren.

In contrast, a number of women indicated that their lives were better off by having responsibility for these child(ren).

I have no complaints right now. Well, it might even be better. At my age, who knows what it would be like with no kids to keep me in the house. I might be healthier at this age, they keep me young, because we always doing something.

Others reported that taking care of the children offered companionship, filling a void and creating a situation in which there is mutual support.

Well, what I do enjoy, is I call him my running buddy, since we were all doing this summer, you know. If we go to the movies or something, or if I’m going to go downtown, I like to have company, and he’s great company.

Furthermore, some women noted that having another chance to parent lessened feelings of sadness and guilt about their own children, perhaps helping them cope more effectively. One fifty-five year old grandmother raising five children, viewed surrogate parenting as an opportunity to make up for perceived failures.
They are a joy. She's a joy. I can teach her how to cook; she wants to learn to cook, and things. It's that I can mould her; I'm hoping that I can mould her into the woman that I wished her mother would have been. It's like getting a second chance of raising children, you'll do it right, you figure you'll do it right this time.

Discussion

Routes to Caregiving and Roles

As was found in previous studies, children of all ages came to live with their relatives along various pathways (Minkler and Roe, 1993; Cimmarusti, 1999). Although they arrived by different routes, when presented with a relative's child, women felt that they had "no choice" but to take on the surrogate parent role. For many of these San Francisco women, assuming this role mirrors their own life experience of being raised by kin and also may reflect a societal view that caregiving is a women's issue (Minkler, 1999:202). In this way, our sample of caregivers resembles the women described in other research (Minkler and Roe, 1993; Osby, 1999). Frequent use of extended kin for caregiving represents a view of family that stretches the boundaries of a more traditional, perhaps idealized, nuclear unit to one that is flexible, but in practice has historically been a normative structure for many groups (Stack, 1974; Martin & Martin, 1978; Brown, et al., 2002). For African Americans particularly, family is more a process or "an ever-evolving system that responds to normal and nonnormal changes and events through adaptation" (Wilson, 1989:380).

Although change, transition, negotiation, and re-negotiation of family roles are normative through the life cycle (Rosow, 1976; Troll, 1983; Aldous, 1995), some women discussed how functioning in multiple roles as both a grandmother or aunt and also a mother led to confusion for them and their children. From the perspective of social role theory "the parent provides the child with the sense of permanence and associated stability and continuity in relationships needed for healthy development." (Kadushin & Martin, 1988:12) The parental role involves meeting a child's needs for food, clothing, shelter, emotional support, stimulation, and a fixed place in their community as well as protecting the child from harm. Such caregiving functions address a hierarchy of basic human needs (Maslow, 1970), initially attending to physiologic needs of hunger, thirst, fatigue, and shelter (providing tangible support); then addressing needs for stability, security, consistency, protection, and lastly freedom from fear, anxiety, and chaos (providing emotional support). To enhance kin caregivers' capacity to cope with these parenting duties and to reduce role confusion, we recommend that caseworkers proactively clarify caregiving functions in order to provide adults and, where appropriate, children with knowledge of other's experiences and reactions to assuming this surrogate parent status, especially in families where the biological parent(s) are visiting or likely to be reunified.
Reactions to Caregiving

These women expressed diverse reactions to the changes in their lives since becoming caregivers. They described fluid emotional states—anger, happiness, sadness, joy, and guilt were prominent. Comments ranged from feeling that their personal freedom had been seriously limited to very little having changed, and for some, a sense that their lives had improved because raising a child had given them new purpose. Many expressed resentment at having to forego or relinquish much-anticipated retirement dreams along with feelings of frustration and anger towards the child’s biological parents. But positive reasons also emerged, such as having a second chance to parent, which for some alleviated feelings of guilt. A number of caregivers felt fortunate that they were able to help their own children and described enjoying the opportunity to watch their grandchildren grow in a secure and safe environment.

These shifting emotional states were context-dependent, sometimes influenced by interactions with biological parent(s) or the children in their homes or the child welfare system or other public bureaucracies. Casework inherently is a complicated effort, and, with kin families, the fluctuating emotions expressed by caregivers illustrated only one factor in a dynamic multi-layered situation with numerous stakeholders (Gleeson & Hairston, 1999:300-302; Cohon, Hines, Cooper, Packman, & Siggins, 2000:3-6). For some of the women, participation in groups with other caregivers provided emotional support that was beneficial, while for others, whose reactions were more severe and/or chronic, intensive casework services or mental health support were needed (Kelley, et al., 2000; Cohon, et al., 2003).

Reasons for Caregiving

Policies related to the public child welfare system’s need to contain costs may have affected women’s decisions to become caregivers. Placement with relatives has not automatically required financial support payments to these kinship families so that agencies have been fiscally motivated to place children with kin (Gleeson, 1999a; Gleeson, 1999b). Legislation such as ASFA (P.L. 105-89) and expanded subsidized guardianship programs are new policy initiatives, and preliminary data suggests that they may be increasing the number of kin caregivers adopting or becoming guardians for related children (Testa, 2004). Therefore, not only do internalized cultural values and life experiences contribute to a feeling of obligation to raise kin children, but also external incentives to be a relative caregiver may be brought to bear using financial supports and/or by child welfare workers with limited placement options and their agency’s goals for monetary savings.

We identified three related reasons women became caregivers: to provide for these children, to protect them, and to preserve their family unit. They wanted to provide for children by addressing their tangible and emotional needs. Second, they wished to protect children, specifically from a foster care system that they viewed as a threat and as damaging the traditional structure of the extended family rather than a support for...
families. Women also noted two other circumstances in which to protect children—from neighborhood violence and influences and, at times, from the children’s biological parents. Lastly, women often spoke about their intention to preserve the family unit. Minkler and Roe (1993:156) found their grandmothers expressed a similar purpose of “keeping the family together” so that they put “caregiving across the generations at the top of their list of priorities.” Johnson’s (1995) study of 20 maternal grandmothers noted their deep commitment to keep the children together by parenting kin, an obligation that stemmed from a historical fear of a white-dominated foster care system indifferent to and unable to meet the needs of children of color.

What is ironic about caregivers’ strong resolve to protect children and preserve family is that these same goals for family preservation are expressly shared by the public system against which these women are defending their families. Finding safe, stable, and permanent homes for foster children has been and continues to be a priority for national, state, and local public foster care agencies (Maas & Engler, 1959; Emlen, Lahti, Downs, McKay & Downs, 1978; Kadushin & Martin, 1988). Locally, San Francisco’s DHS has a Child Protection Center, as well as a Permanent Placement unit with the priority for children who cannot be reunited “to find them a safe, stable, and supportive home.” and DHS also has a Family Preservation unit whose goal is “to keep families together if there is any possibility that they can do so.” (Davidson, 2003:9,7) In light of the public system’s objectives for preserving family, are San Francisco’s African American caregivers’ fears of foster care warranted? The number of African American children in the City’s public child welfare system is 54%, which is high relative to 38% nationally (DeSouza, 2003; Administration on Children, Youth and Families, 2003). However, there is not any data to suggest that San Francisco’s DHS differs from foster care practices nationally.

That said, a number of national studies have found differential treatment of African American children in the foster care system. One of the more comprehensive efforts conducted over 30 years ago noted:

In a narrower context, American racism has placed Black children in an especially disadvantaged position in relation to American institutions, including the institution of child welfare. As for the child welfare system itself, societal racism has had extensive and intensive effects upon the organization, distribution, and delivery of services to Black children. Moreover, specific aspects of the welfare system complement this racism and serve as barriers to change. (Billingsley & Giovannoni, 1972:vii)

A more recent study that did not focus exclusively on race, but examined role perceptions of relative versus nonrelative foster parents, noted significant differences between these groups with kin seeing themselves as having a strong role maintaining a
child’s contact with biological family, helping a child deal with issues of separation and loss, and engaging in parenting tasks, such as discipline or working with teachers (Pecora, et al., 1999). They also noted that “in cultures of many people of color, this form of child rearing is viewed as a part of a communal obligation to ‘care for our own’ as a means of countering institutional racism.” (Pecora, et al., 1999:173). Particularly for kinship families of color, there is a commonly shared mistrust built upon a history of differential treatment from the child welfare system (Ehrle & Geen, 2002; Geen, 2003). It appears, then, that despite sharing similar goals for protecting children and preserving families, these African American women hold deeply internalized negative beliefs about the foster care system.

Recommendations

What can be done to reduce these perceptions of threat from a system whose stated intentions for family preservation and permanency for children are in accord with those of the families opposing them? One way to demonstrate good faith is to develop and carry out policies that provide government supports to preserve kin families in a uniform manner nationally (Geen, 2003). Illinois’ federal waiver guardianship demonstration, California’s kinGAP, and subsidized guardianship programs in over 20 different states are examples of recent policy initiatives designed to assist relatives caring for children (Testa, 2001; Testa, 2004; California DSS, 1999; National AIA, 2002; Beltran, 2002). But providing financial support as national policy has broad implications since the majority of grandparent-headed homes that are not part of the public welfare system have been shown to have needs similar to kinship families in the public system (Shore & Hayslip, 1994; Harden, Clark & Maguire, 1997; Administration for Children Youth and Families, 2000; Minkler, 1999; Fuller-Thomson & Minkler, 2001). Hence, the potential for a national policy to support kinship families and encourage permanent living situations is complicated by the question of parity between addressing the needs of those providing formal versus informal kin care.

Furthermore, policies are implemented by caseworkers, and the Urban Institute recently reported that both child welfare workers and kin caregivers agreed that agencies do not do a good job in explaining permanency options that have evolved and changed in the past decade (Geen, 2003:3). Other research also calls into question how effectively new policies are being carried out. For example, Bonecutter and Gleeson’s (1997) study to develop and test a practice model to improve permanency outcomes found that “preliminary data analyses also reveal low rates of implementation of the practice principles and methods in the six months following training of the caseworkers in the demonstration group” (Bonecutter, 1999:53). In addition to the oft-described issue of being “overburdened,” these researchers pointed to supervisor and caseworker turnover and mobility that they characterize as “typical in child welfare” as a partial cause of poor implementation. Improving accurate communication of policies and programs to families is a necessary step, then, towards building collaboration and reducing conflicts between
kin families and the public system. Testa (2001) and Geen (2003) both urge the use of family group conferencing or family group decision making as a means of mediating between government policies and traditional family and community structures. Edgewood has recently introduced family conferencing and will be implementing the Family Network® method throughout the agency including the KSN program, and this approach warrants further study.

However, as the findings of the Illinois project (Bonecutter & Gleeson, 1997) illustrated, new practice guidelines and training of caseworkers in shared decision making did not lead to better permanency outcomes for children. Recognizing that each kin caregiver has their own unique responses to family, caseworkers, agencies, and policies is an important step in acknowledging the limitations of prescriptive solutions as a way to promote permanency and build trust between these African American women and the child welfare system. To illustrate, it has almost become a cliché that professionals include recommendations for caseworkers to have cultural sensitivity and cultural competency training, and these courses have become part of curriculums in schools of social work or offered as in-service training for caseworkers in the field. While cultural training can provide a necessary foundation for understanding, it may also lead to stereotyping and away from treating people as unique individuals with beliefs and values shaped by their personal experiences. Although San Francisco DHS has been conducting regular in-service trainings to develop cultural competency for more than 20 years, these efforts do not appear to have increased trust for the public system among the African American women in our sample. Gleeson and Hairston (1999:284) stress the importance of understanding individuals’ day-to-day lives from their perspective as prerequisite for policy and program development. Cimmarusti (1999) urges that governmental policies be flexible, allowing for idiosyncratic responses to families’ changing needs for support. In fact, do not generalize, is a refrain echoed in descriptions of grandparents’ role in African American families (Wilson, 1989; Taylor, Chatters, Tucker & Lewis, 1990; Burton & Dilworth-Anderson, 1991). In casework practice, we urge staff to adopt an approach that minimizes the use of established categories and to engage clients with an attitude of mindfulness, demonstrating respect for the distinctive qualities and beliefs of each person (Langer, 1989).

To further improve services, Bonecutter (1999) recommends that child welfare organizations integrate research into programs as a formative technique to refine and shape practice in an ongoing manner. Her position is supported by a recent government report that reviewed the experiences of five federal agencies with diverse purposes and identified four key elements in building evaluation capacity in programs (US GAO, 2003b:9). Five years ago, Edgewood developed the Institute for the Study of Community-Based Services to engage in regular assessments that inform program refinements, providing a formal process to plan, execute, and use information from evaluations. Such an undertaking represents still another recommendation for public
agencies to put in place different organizational structures and procedures just as budget cuts are affecting many social service programs, and therefore such change may not be possible. We should acknowledge that any program innovations will be occurring in a rapidly changing economic context with shrinking funding and that new practices will place increasing demands on a system that has been repeatedly characterized as lacking adequate resources to protect and serve children and families (Malm, Bess, Leos-Urbel & Geen, 2001; US GAO, 1995; US GAO, 1997; US GAO, 1998; US GAO, 2003a). One strategy for overburdened public welfare agencies to adopt involves contracting with private groups and requiring regular outcome assessments of their services. This public-private model resembles Edgewood’s KSN (Cohon & Cooper, 1999), which exemplifies a contractual, community-based service approach with the public DHS acting in a “managed care” capacity.

Conclusion

This qualitative study was with a non-representative sample of 58 female African American kin caregivers living in San Francisco. Responses to interview questions highlighted the fluid nature of relationships in these families, and the varied emotional responses of women to multiple contexts and persons. Support groups with other caregivers and, when indicated, individual interventions for specific crises have proven helpful. Caregivers’ comments revealed a strong motivation to preserve family and protect children from public foster care, goals that are closely aligned with those of the child welfare system. To reduce caregivers’ negative beliefs and begin building trust, we recommend that caseworkers adopt an attitude of mindfulness with clients, focusing on the individual uniqueness of each caregiver, and that overburdened public welfare agencies contract with private providers, acting more as managed care agencies by closely monitoring and requiring regular outcome evaluations from these community-based organizations.

References


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Preserving Family: Themes from a Qualitative Study of Kin Caregivers


Donald Cohon, PhD, is Director of the Institute for the Study of Community-Based Services at the Edgewood Center for Children and Families. Lisa Hines is Senior Research Associate at the Institute for the Study of Community-Based Services at the Edgewood Center for Children and Families, Bruce A. Cooper, PhD, is at the University of California San Francisco School of Medicine School of Nursing, Wendy Packman, JD, PhD, is Assistant Professor of Psychology at the Pacific Graduate School of Psychology in Palo Alto, California, and Elizabeth Siggins, MPP, is Executive Director of the Voluntary Auxiliary of Youth Guidance Center in San Francisco, California.

Reprints may be obtained from J. Donald Cohon, Director, Institute for the Study of Community-Based Services, Edgewood Center for Children and Families, One Rhode Island Street, San Francisco, CA 94103. His email address is dcohon@itsa.ucsf.edu.

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Parental Employment and Home Visiting Program Service Delivery

Brenda D. Smith

Home visiting programs, which provide in-home services to disadvantaged families with young children, rest on the assumption that poor parents can be reached at home. Increased levels of maternal employment raise questions about this assumption. In this study, longitudinal data collected for a home visiting program evaluation were analyzed to assess whether employment patterns of parents who receive home visiting services reflect employment patterns of other poor mothers between 1995 and 2000. The study also addresses the relationship between maternal employment and home visiting service intensity. To effectively reach home visiting participants, service providers may need to modify service delivery practices.

Introduction

Home visiting programs provide services to parents of young children at risk of adverse outcomes, such as health problems, developmental delay, or child maltreatment. Based in theory and empirical findings, home visiting programs are guided by the principles that (1) child and family outcomes can be improved through interventions with parents, and (2) disadvantaged families can be effectively reached at home.

Home visiting program participants tend to be poor single mothers with very young children. About half of home visiting participants receive cash welfare benefits, now called TANF (Temporary Aid for Needy Families), and about half are employed, mostly in low-wage jobs. Recent welfare policy reforms have substantially changed some aspects of life for welfare recipients and other low-wage workers. Since their peak in 1994, welfare caseloads have declined by about 50% in most states, and studies suggest that about two thirds of welfare leavers obtained paid employment (Moffitt, 2002; Acs & Loprest, 2002). Labor force participation of never married mothers increased from 49% in 1996 to 66% in 2000 (Burtless, 2001). By 2002, more than 68% of unmarried mothers with children under age three were employed (Bureau of Labor Statistics, 2003). In most states, work requirements for TANF recipients start when a youngest child reaches age one; in ten states, work requirements start when the youngest child is three months old (Welfare Information Network, 2001). Increased labor force participation of single
mothers and poor mothers suggests that home visiting programs may need new strategies to reach caregivers at home.

With increased levels of employment among never married mothers and former welfare recipients, researchers are looking closely at the effects of poor mothers’ employment on family and child outcomes. Whereas past research generally found maternal employment to have neutral or positive effects on child outcomes, most past research focused on middle-income women. The effects of maternal employment on child outcomes may (or may not) differ for low-income women, or for women who are required by welfare rules to work. Increased maternal employment also has focused new attention on the extent to which child outcomes are affected by parent-child interaction and the quality of home environments—two factors that could be enhanced by maternal employment in some families and negatively affected in others, and two factors that are addressed by home visiting programs.

Thus, new welfare policies and increased maternal employment raise questions about both the delivery of home visiting services and their potential role. To what extent are home visiting participants entering the paid labor force? How might parental employment affect length of program participation and the number of home visits participants receive? Are home visiting programs modifying service delivery strategies to better meet the needs of employed parents? Do home visitors perceive employed parents as having needs that justify the additional effort sometimes required to reach them? Might home visiting programs serve different purposes for employed mothers than for mothers who are not in the labor force? And, if delivered as expected, might home visiting programs moderate relationships between parental employment and child outcomes?

This descriptive study addresses both changes in the likelihood of employment among recipients of home visiting services from 1995-2000 and the relationship between participant employment and service receipt. The study lays a foundation for subsequent research to identify practices associated with the successful delivery of home visiting services to employed parents.

Background

Researchers generally have found that maternal employment has positive or neutral effects on child outcomes (Chase-Lansdale, et al., 2003a; Wilson, Ellwood, & Brooks-Gunn, 1995; Zaslow & Emig, 1997). Yet general effects may differ under certain conditions. For example, mothers and children may be affected differently by voluntary employment versus required employment, by low-wage, low-autonomy jobs versus higher-wage professional jobs, by the presence versus absence of high quality alternative child care, or by other differences in combined work and parenting in poor versus non-
poor households and communities. In fact, some researchers argue that variations in employment conditions may be more relevant to the effects of maternal employment than employment status, per se (Parcel & Menaghan, 1997).

Studies explicitly exploring factors that may moderate effects of maternal employment on child outcomes suggest the following: unlike most maternal employment, maternal employment that does not raise families out of poverty may not result in improved home environments (Brooks-Gunn, Smith, Berlin, & Lee, 1998); mothers’ employment in low-wage and low autonomy jobs may be associated with a decline in home environment quality (Parcel & Menaghan, 1997); when poor mothers transition into employment, the time spent with their pre-school age children may decline (Chase-Lansdale, et al., 2003b); and, especially when mothers can keep relatively large portions of work income, combining work with welfare may have positive effects on children (Dunifon, Kalil, & Danziger, 2003).

Reflecting the importance of the home environment to child outcomes, home visiting programs seek to enhance various aspects of the home environment, including parent-child interaction. One home visiting program model has demonstrated effects on child maltreatment rates (Eckenrode, et al., 2000) and subsequent birth rates (Kitzman, et al., 2000). But the most convincing effects across program models relate to parent-child interaction and parental capacity (Daro & Harding, 1999). The most successful programs promote engaged (i.e., attentive) caregiving in the early years of a child’s life (Olds, et al., 1999).

Yet home visiting programs have struggled to translate theoretically based and empirically demonstrated effects to real-world settings. Program evaluators attribute this struggle, in part, to the difficulty of engaging and retaining program participants. Evaluators report first-year attrition rates ranging from 8% to 51% (Guterman, 2001). Gomby, Culross & Behrman (1999) summarized several challenges related to home visiting program service delivery in an incisive overview of evaluation findings. The authors report that between 20% and 67% of families withdraw from the programs before the scheduled end date. In addition, among enrolled participants, about 50% of scheduled home visits take place.

Returning to work is one of the primary reasons cited to explain participants’ withdrawal from home visiting programs. Visit schedules reportedly compete with “the chaotic nature of some families’ lives,” including the challenge “to juggle time commitments between the home visiting program and responsibilities to work, extended family and children” (Gomby, et al., 1999: 16). A study of home visiting programs based in the Healthy Families America model found that unemployed caregivers had longer periods of program participation and received more visits than did employed caregivers (Daro, et al., 2003). When exploring reasons for program withdrawal, a study of home visiting in Hawaii found that 5% of participants had work or school schedules that...
“limited their availability during home visitors’ usual work hours” (Duggan, et al., 2000: 254). In one state, home visitors reported that parents who entered the workforce were sometimes too tired or too busy after work to participate (Center for Human Services Research, 1997).

Adequate assessment of the potential of home visiting services to affect family and child outcomes may require additional attention to service delivery issues. Program effects may be demonstrated convincingly only after certain time periods of participation, or after receiving a minimum number of visits. Indeed, more positive effects have been demonstrated with more frequent visits over a time period long enough to establish a “therapeutic alliance” between the participants and their visitor (Olds & Kitzman, 1990). Positive effects of one program were directly related to the number of visits families received (Olds, 1986). McCurdy and Daro (2001) hypothesize that services delivered regularly and on schedule will promote program retention.

Conceptualizing Home Visiting Services Delivery

Service delivery in home-visiting programs typically is conceptualized as a function of family needs and family receptivity to services. The service providers’ role in service delivery often is under-explored. Yet each home visit involves a visitor’s decision to attempt a visit and a visitor’s effort to complete it. As with other front-line workers confronting challenging human services work (see Lipsky, 1980), home visitors are likely to assess the benefits and costs of their activities and are likely to encounter obstacles that intervene between their intentions and actions. Michael Lipsky (1980) observed that front-line human services workers ration their efforts, prioritizing clients they perceive both as most likely to benefit from services and easiest to help. Lipsky likens such decisions to a battlefield triage system. In that context, patients perceived as seriously wounded with little chance of recovery or only lightly wounded and not in need of immediate attention receive lower priority than patients perceived to be seriously wounded but salvageable with prompt attention (Lipsky, 1980: 106).

In a home-visiting context, if home visitors perceive employed parents as relatively less needy (i.e., “lightly wounded”) in addition to finding them relatively hard to reach, visitors could assign lower priority to visits to employed parents. Such decisions, in addition to thwarted visit attempts due to time-schedule challenges, could affect the number of visits employed parents receive. If employed parents are, indeed, relatively less needy than other home-visiting clients, fewer visits would be warranted. However, in a context of work requirements for parents of young children, the notion that employed parents are relatively less needy may be a misperception. Under certain conditions, employed parents may be among those clients who most need home-visiting services.

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Knowledge Gaps

Research indicates that home visiting services might be especially needed, and especially effective, among employed low-wage parents of very young children. Yet, due to complex schedules and other challenges associated with reaching employed mothers, home visiting services, as typically delivered, may be less likely to be delivered to employed mothers. This paradox is extended further when considering that maternal employment is an outcome goal of many home visiting programs. Hence, it seems possible that home visiting program enrollment could promote maternal employment, and that maternal employment could, in turn, reduce the likelihood that home visiting services will be delivered at the level of intensity needed to promote healthier home environments.

In a climate with more low-income mothers working, some with very young children, some at low-wage jobs that do not move families out of poverty, and some because they are required by welfare rules to work, home visiting programs could provide an important source of in-home support for some families. Thus, research explicitly investigating whether home visiting services moderate relationships between maternal employment, parenting, and child outcomes is needed. However, because home visiting program effects seem closely tied to service delivery issues, we first need research that describes the employment patterns of home visiting clients and that begins to clarify the relationships between maternal employment and home visiting service delivery.

Methods

This study involves secondary analysis of longitudinal data collected for a home visiting program evaluation. The dataset includes detailed service delivery and program outcome data on 7640 program participants from the program’s inception in 1995 to the present. To allow for a two-year minimum follow-up time frame, this study focuses on data from 4,386 participants who entered the program between 1995 and 2000.

Detailed data are collected from program participants at fixed intervals: at intake (usually near the birth of a child), and at approximately six-months, one-year, and two-years of program participation. At each of these intervals, visitors update family

1. Whereas this study uses evaluation data from a home visiting program following the Health Families America model, the study uses these data to address general trends among home visiting clients and home visiting services delivery. The study does not address the effects of any particular home visiting program.

2. Following the Healthy Families America model, visitors are community-based trained paraprofessionals.
demographic information, collect data on family problems and service needs, and administer outcome measures, such as the Parental Stress Index (PSI) and the Ages and Stages Questionnaire (ASQ). In addition, the dataset includes detailed employment information including employment start and end dates, hours worked per week, wages, and type of job for up to four primary caregiver jobs during each follow-up period. The evaluation data also include detailed information on use of public benefits. Finally, in addition to the follow-up interview information, data are available from each home visit attempted and conducted, including the visit date and location.

To indicate family problems, home visitors use a check-list of 15 “issues.” Visitors indicate on the check list whether a family exhibits each problem type at each follow-up interview. For this study, some of the problem types from the check list are combined. For example, “alcohol abuse,” and “substance abuse” are combined into one “substance abuse” variable, and “financial difficulties/insufficient income” “homelessness or inadequate housing,” “inadequate food, clothing, or household goods” are combined into one “poverty or housing problem” variable. Because detailed employment data are not consistently reported for all clients, for this study employment is indicated by whether or not a visitor recorded that the primary caregiver was employed during a follow-up interval.

Study analyses include descriptive analyses of employment and public benefit use patterns, and separate analyses to address factors associated with service intensity. The service intensity variable is a continuous variable indicating the number of home visits recorded between the intake date through the Year 1 follow-up interview. Hierarchical OLS regression models were conducted to assess the relationship between employment and Year 1 and service intensity, both at a bivariate level and when controlling for demographic characteristics, client problems, and program entry year.

Findings

Table 1 includes descriptive information about the study sample at intake (n = 4,386) and about the subset of this group that participated through the Year 1 follow-up interview (n = 2,278). As indicated in the table, the demographic characteristics of the clients who

3. Employment and benefit use data reflect client reports; visit attempts, and completed visit data reflect visitor reports.

4. Whereas follow-up interview timing approximates the child-age-based intervals intended, interview dates are distributed around the target date. Interviews dated more than one year after the target date (n = 14) were considered outliers and deleted from the sample. Among the remaining cases, 95% of Year 1 follow-up interviews were held within 6 months of the Year 1 target date, and 93% of Year 2 follow-up interviews were held within 6 months of the Year 2 target date.
remained in the program for at least one year are nearly identical to the demographic characteristics of the entire sample at program intake. This suggests that the likelihood of program participation at least through the first year is not strongly affected by these client-level characteristics at intake.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All clients (n = 4,386)</th>
<th>Clients participating at least to one-year follow-up (n = 2,278)</th>
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</thead>
<tbody>
<tr>
<td>Sex - female</td>
<td>99.6%</td>
<td>99.5%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
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<td>27%</td>
</tr>
<tr>
<td>White</td>
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<td>51%</td>
</tr>
<tr>
<td>Hispanic/Latina</td>
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<td>20%</td>
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<tr>
<td>Other</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Married</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Another caregiver in household</td>
<td>53%</td>
<td>55%</td>
</tr>
<tr>
<td>Education level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>42%</td>
<td>40%</td>
</tr>
<tr>
<td>High school/GED</td>
<td>37%</td>
<td>39%</td>
</tr>
<tr>
<td>More than high school</td>
<td>21%</td>
<td>21%</td>
</tr>
<tr>
<td>Number of other children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>53%</td>
<td>51%</td>
</tr>
<tr>
<td>1</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>2</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>3 or more</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Age</td>
<td>Mean: 24.4</td>
<td>Mean: 25</td>
</tr>
<tr>
<td></td>
<td>S.D.: 5.4</td>
<td>S.D.: 5.7</td>
</tr>
<tr>
<td></td>
<td>Min: 18</td>
<td>Min: 18</td>
</tr>
<tr>
<td></td>
<td>Max: 51</td>
<td>Max: 51</td>
</tr>
</tbody>
</table>
The changing employment pattern among home visiting clients is shown in Table 2a, which indicates the percentage of clients employed by program entry year and follow-up interval. Two clear trends are evident. First, as might be expected, among remaining participants, the likelihood of caregiver employment increases with each follow-up interval. This trend (illustrated by looking at the figures across in rows) simply indicates that, as children age, their primary caregivers are more likely to be employed. The second trend reflects national employment trends among poor and never married mothers in the late 1990s. During this time period, coinciding with the institution of the TANF program, stricter work requirements for welfare recipients, and a strong economy, there was a sharp increase in employment among this group. The figures in Table 2a indicate that this trend prevailed among participating home visiting clients as well. At each program interval, as illustrated by each of the columns, the percentage of clients

5. None of the trends or patterns illustrated in Tables 2a or 2b should be interpreted as reflecting program effects. These data simply illustrate trends among continuing program participants. No conclusions regarding withdrawn participants, or comparisons between continuing and withdrawn participants are supported by these data.

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having jobs increases with program entry year. Of 1996 program entrants who remained involved with the program at 6 months, 32% were employed; of 2000 entrants who remained involved at 6 months, 49% were employed. Likewise, of 1996 entrants still participating in the home visiting program at 1 year, 46% were employed; of 2000 entrants still participating at 1 year, 56% were employed.

Table 2b shows the percentage of program participants designated as receiving public income maintenance benefits (during this time period the benefits program changed from Aid to Families with Dependent Children (AFDC) to TANF). Benefit use is highest at the 6-month follow-up interval, likely illustrating that some participants had not yet started benefits at the intake interview. After 6 months, benefit use declines with each follow-up interval. As with the employment figures, the benefit use figures show a striking change over time, reflecting national trends during this time period. Among clients remaining involved with the home visiting program, public benefit use is less likely among participants who entered the program in the later years than it is among participants who entered in the early years of this time period. For example, of 1995 entrants still involved at 6 months, 56% used TANF benefits; of 2000 entrants still involved at 6 months, 30% used benefits. Likewise, of 1995 entrants still involved at 1 year, 52% used benefits; of 2000 entrants still involved at 1 year, 28% used benefits.

Table 2a: Percentage of Clients Employed by Program Entry Year and Follow-up Interval *

<table>
<thead>
<tr>
<th>Program Interval</th>
<th>Intake</th>
<th>6 months</th>
<th>1 year</th>
<th>2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td>13%</td>
<td>19%</td>
<td>31%</td>
<td>41%</td>
</tr>
<tr>
<td>1996</td>
<td>17%</td>
<td>32%</td>
<td>46%</td>
<td>60%</td>
</tr>
<tr>
<td>1997</td>
<td>17%</td>
<td>37%</td>
<td>49%</td>
<td>58%</td>
</tr>
<tr>
<td>1998</td>
<td>19%</td>
<td>43%</td>
<td>53%</td>
<td>63%</td>
</tr>
<tr>
<td>1999</td>
<td>25%</td>
<td>51%</td>
<td>60%</td>
<td>61%</td>
</tr>
<tr>
<td>2000</td>
<td>28%</td>
<td>49%</td>
<td>56%</td>
<td>not available</td>
</tr>
<tr>
<td>Total</td>
<td>21%</td>
<td>41%</td>
<td>52%</td>
<td>59% **</td>
</tr>
</tbody>
</table>

* * *

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Table 2b: Percentage of Clients Receiving TANF Benefits by Program Entry Year and Follow-up Interval*

<table>
<thead>
<tr>
<th>Program Interval</th>
<th>Intake</th>
<th>6 months</th>
<th>1 year</th>
<th>2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td>51%</td>
<td>67%</td>
<td>56%</td>
<td>52%</td>
</tr>
<tr>
<td>1996</td>
<td>50%</td>
<td>56%</td>
<td>52%</td>
<td>40%</td>
</tr>
<tr>
<td>1997</td>
<td>39%</td>
<td>51%</td>
<td>45%</td>
<td>36%</td>
</tr>
<tr>
<td>1998</td>
<td>37%</td>
<td>47%</td>
<td>44%</td>
<td>33%</td>
</tr>
<tr>
<td>1999</td>
<td>32%</td>
<td>34%</td>
<td>34%</td>
<td>30%</td>
</tr>
<tr>
<td>2000</td>
<td>29%</td>
<td>30%</td>
<td>28%</td>
<td>not available</td>
</tr>
<tr>
<td>Total</td>
<td>37%</td>
<td>45%</td>
<td>41%</td>
<td>36%* *</td>
</tr>
</tbody>
</table>

* The denominator for each cell is the number of clients who had an intake or follow-up visit completed at each interval (see columns B-D in Table 3).

* * Not including year 2000

Table 3 shows figures for service intensity by program entry year. The number of participants entering the program in each year is shown in Column B. Columns C and D indicate the percentage and number of program entrants who participated at least through the Year 1 and Year 2 follow-up interviews. The last two columns in Table 3 show the average number of home visits clients received by program entry year. Column E indicates the average number of visits in the first year (among clients participating for at least 1 year); Column F indicates the number of home visits in the first 2 years (among clients participating for at least 2 years). The average number of visits among clients participating for at least one year was 31 (S.D. = 9.8), with a range from 2 to 82. Less than 2% of the one-year participants had fewer than 12 visits in the year. Two thirds of the one-year families had at least 26 (approximately biweekly) visits; and less than 2% had more than 52 visits in the year. The columns show a slight decrease over time in the average number of home visits clients receive. Whether this slight decrease reflects changes in client characteristics is explored in subsequent analyses.

Tables 2 and 3 show that, over time, the proportion of employed home-visiting clients increases and home visit service intensity decreases slightly. The tables raise the question of whether these patterns are related. Do employed clients receive fewer visits than unemployed clients? And, if so, do such differences reflect a difference in client need only, or a difference in visitors' perceptions of client needs, or in visitors' capacities to reach employed clients?
Table 3: Program Participation and Service Intensity by Entry Year

<table>
<thead>
<tr>
<th>Entry Year</th>
<th>Number of Program Entrants</th>
<th>Percentage of Clients Participating at Least to 1-Year Follow-Up (of all entrants)</th>
<th>Percentage of Clients Participating at Least to 2-Year Follow-Up (of all entrants)</th>
<th>Average Number of Home Visits in Clients’ First Participation Year</th>
<th>Average Number of Home Visits in Clients’ First 2 Participation Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>158</td>
<td>66% (n=104)</td>
<td>44% (n=69)</td>
<td>35</td>
<td>66</td>
</tr>
<tr>
<td>1996</td>
<td>817</td>
<td>54% (n=445)</td>
<td>37% (n=301)</td>
<td>31</td>
<td>56</td>
</tr>
<tr>
<td>1997</td>
<td>851</td>
<td>48% (n=409)</td>
<td>32% (n=270)</td>
<td>32</td>
<td>56</td>
</tr>
<tr>
<td>1998</td>
<td>887</td>
<td>53% (n=470)</td>
<td>34% (n=304)</td>
<td>31</td>
<td>52</td>
</tr>
<tr>
<td>1999</td>
<td>868</td>
<td>51% (n=440)</td>
<td>29% (n=248)</td>
<td>29</td>
<td>51</td>
</tr>
<tr>
<td>2000</td>
<td>805</td>
<td>51% (n=410)</td>
<td>not available</td>
<td>30</td>
<td>not available</td>
</tr>
<tr>
<td>Total</td>
<td>4,386</td>
<td>52% (n=2,278)</td>
<td>33%* (n=1,192)</td>
<td>31</td>
<td>54*</td>
</tr>
</tbody>
</table>

*Not including year 2000

Focusing on clients who participate at least through Year 1, Table 4 shows hierarchical regression models to assess how client employment at 6 months relates to the number of home visits received through the Year 1 follow-up interview. Model 1 shows that, at a bivariate level, client employment is negatively associated with the number of visits. Client demographic characteristics are added in Model 2; client problem areas are added in Model 3; and entry year variables are added in Model 4. The employment relationship diminishes in strength as each set of variables is added, but it retains statistical significance and, even when accounting for client demographics, problem areas, and entry year, client employment is negatively associated with the number of visits received. A second caregiver and being white are positively associated with the number of home visits, as are having a disability or health problem, having insufficient income or a housing problem, having a mental health problem, or being socially isolated. As with employment, having at least a high school education is negatively associated with the number of home visits, even when controlling for client needs. Compared to program entry in 1999, program entry in 1995, 1997 or 1998 is associated with more visits. Model 4, with all sets of variables included, explains only 8% of the variance in the number of visits. These models focus only on the association between employment and number of visits when controlling for client-level factors that may influence the employment effect; the models are not designed to predict service intensity. Other factors important to explaining service intensity are discussed below.
Table 4. Effects of Client Characteristics on the Number of Home Visits in Year 1 (Hierarchical Regression Models) (n=2,278)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Model 1</th>
<th></th>
<th></th>
<th>Model 2</th>
<th></th>
<th></th>
<th>Model 3</th>
<th></th>
<th>Model 4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>S.E.</td>
<td>p</td>
<td>B</td>
<td>S.E.</td>
<td>p</td>
<td>B</td>
<td>S.E.</td>
<td>B</td>
<td>S.E.</td>
</tr>
<tr>
<td>Employed at 6 months</td>
<td>-2.84</td>
<td>.41</td>
<td>&lt;.01</td>
<td>-2.54</td>
<td>.42</td>
<td>&lt;.01</td>
<td>-2.11</td>
<td>.42</td>
<td>&lt;.01</td>
<td>-1.91</td>
</tr>
<tr>
<td>Age</td>
<td>.11</td>
<td>.04</td>
<td>&lt;.01</td>
<td>.06</td>
<td>.04</td>
<td>.07</td>
<td>.06</td>
<td>.04</td>
<td>.08</td>
<td></td>
</tr>
<tr>
<td>Has high school education</td>
<td>-2.48</td>
<td>.43</td>
<td>&lt;.01</td>
<td>-2.07</td>
<td>.42</td>
<td>&lt;.01</td>
<td>-2.01</td>
<td>.42</td>
<td>&lt;.01</td>
<td></td>
</tr>
<tr>
<td>Another caregiver in household</td>
<td>1.12</td>
<td>.43</td>
<td>&lt;.01</td>
<td>1.03</td>
<td>.43</td>
<td>.02</td>
<td>1.03</td>
<td>.43</td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>2.42</td>
<td>.58</td>
<td>&lt;.01</td>
<td>2.47</td>
<td>.58</td>
<td>&lt;.01</td>
<td>2.47</td>
<td>.58</td>
<td>&lt;.01</td>
<td></td>
</tr>
<tr>
<td>Disability or health problem</td>
<td>.56</td>
<td>.58</td>
<td>.33</td>
<td>.49</td>
<td>.58</td>
<td>.40</td>
<td>.49</td>
<td>.58</td>
<td>.40</td>
<td></td>
</tr>
<tr>
<td>Substance abuse problem</td>
<td>2.02</td>
<td>.50</td>
<td>&lt;.01</td>
<td>1.82</td>
<td>.59</td>
<td>&lt;.01</td>
<td>1.82</td>
<td>.59</td>
<td>&lt;.01</td>
<td></td>
</tr>
<tr>
<td>Poverty or housing problem</td>
<td>1.61</td>
<td>.68</td>
<td>.02</td>
<td>1.65</td>
<td>.68</td>
<td>.01</td>
<td>1.65</td>
<td>.68</td>
<td>.01</td>
<td></td>
</tr>
<tr>
<td>Mental health problem</td>
<td>-0.07</td>
<td>.47</td>
<td>.88</td>
<td>0.08</td>
<td>.46</td>
<td>.86</td>
<td>0.08</td>
<td>.46</td>
<td>.86</td>
<td></td>
</tr>
<tr>
<td>Emotional problem</td>
<td>1.88</td>
<td>.46</td>
<td>&lt;.01</td>
<td>1.72</td>
<td>.46</td>
<td>&lt;.01</td>
<td>1.72</td>
<td>.46</td>
<td>&lt;.01</td>
<td></td>
</tr>
<tr>
<td>Social isolation</td>
<td>.33</td>
<td>.43</td>
<td>.45</td>
<td>.24</td>
<td>.43</td>
<td>.58</td>
<td>.24</td>
<td>.43</td>
<td>.58</td>
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<tr>
<td>Domestic violence or martial problem</td>
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<td></td>
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<tr>
<td>Vs. Entry year 1999 or 2000</td>
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<tr>
<td>Entry year 1995</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Entry year 1996</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Entry year 1997</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entry year 1998</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>31.87</td>
<td>.27</td>
<td></td>
<td>29.46</td>
<td>.98</td>
<td></td>
<td>27.16</td>
<td>1.05</td>
<td></td>
<td>26.51</td>
</tr>
<tr>
<td>R² = .02, F = 46.79, p &lt; .01</td>
<td>R² = .04, F = 19.31, p &lt; .01</td>
<td>R² = .07, F = 14.87, p &lt; .01</td>
<td>R² = .08, F = 12.43, p &lt; .01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Discussion

Summary

This study was conducted to assess whether employment patterns among disadvantaged mothers nationally are found among home visiting program clients, and to assess the relationship between caregiver employment and one aspect of home visiting program service delivery: service intensity. Such issues are important in light of the potentially important role that home visiting programs might play in promoting healthy home environments when disadvantaged mothers of young children work. The study findings suggest that from 1995 to 2000, as with mothers nationally, mothers remaining involved with a home visiting program became increasingly likely to participate in paid employment. A negative relationship between employment and home visiting service intensity was maintained even when accounting for client demographic characteristics, client problems, and entry year. Families with employed mothers got fewer visits, even when they had problems similar to those of families with unemployed mothers. This finding points to the need for further research to explore the relationship between service intensity and parental employment. Unmeasured client competencies could justify fewer home visits for employed parents, but the service intensity difference could also stem from the additional challenges associated with reaching employed mothers at home, or from visitors' perceptions that employed mothers have less urgent needs.

Limitations

Several limitations should be considered when interpreting these findings. First, whereas follow-up interview instruments allow home visitors to collect detailed data on client employment, and detailed data are provided for many participants, some inconsistency in the reporting of employment details led to the decision to use simple dichotomous indicators of employment for this study. A more refined analysis would account for differences in the number of hours worked, job gains and losses in between follow-up interviews, wages, or job types. The present analyses indicate only whether a home visiting participant was employed at any time during a follow-up interval.

Second, whereas the multivariate models focus on employment effects after accounting for client-level factors that might mitigate these effects, it is likely that there are unmeasured client-level factors. In particular, whereas the follow-up interview checklist includes data on a range of client-level issues, it does not reflect certain client-level competencies that might help to explain why employed mothers receive fewer visits.

Third, it was not a goal of this study to construct comprehensive models to explain service intensity, but only to assess the relationships between maternal employment and service intensity when controlling for other client-level factors. However, home visiting service delivery is likely to be affected by program, site, provider and even community-level factors, and client-level factors could interact with influences at these other levels to partly explain relationships between maternal employment and program retention and service intensity. Whereas the simple models
may be appropriate for a descriptive assessment, further analysis of these relationships will benefit from more comprehensive conceptualization of effects at different levels, and statistical methods, such as multi-level modeling, which can help to explain the relative influences at different levels (e.g., Daro, et al., 2003; McGuigan, Katzev, & Pratt, 2003).

Implications for Research and Practice

Recent research points to the especially important role of the home environment for children whose mothers work in low-wage, low autonomy jobs. Such findings underscore the importance of determining whether, or in what ways, home visiting programs might more effectively reach mothers facing complex work schedules or challenging workplace demands. In light of the potentially important role of home visiting programs when parents are employed, this study’s findings underscore the importance of identifying the particular needs of employed home visiting clients. If employed clients are getting what they need, even with fewer visits, then service delivery models could be modified to clearly reflect a lower level of need. However, if employed clients need as many, or even more, visits to maintain healthy home environments and quality parent-child interactions while facing workplace demands, service models could reflect such needs, and service delivery practices could be modified to meet the needs.

A relationship between service intensity and client employment could reflect service delivery practices as well as family needs. Whereas participant characteristics are often cited to explain service delivery statistics in home visiting programs, program or site-level practices may substantially affect how long clients participate or how many visits participants receive. Future studies should assess how service intensity in home visiting programs relates to program and site-level service delivery characteristics. Some programs or service delivery sites may be implementing practices, such as flexible visiting hours, that more effectively reach employed participants.

Over the last decade, increases in maternal employment have been especially profound for poor mothers, never married mothers, and mothers of very young children. These are the same mothers served by home visiting programs. The employment changes illustrated by this study’s findings suggest that home visiting clients are spending less time at home. In light of this change, we need to learn more about home-based service delivery to employed caregivers. TANF work requirements are continuing and may increase to 40 hours per week. By improving home environments and strengthening parent-child interaction, home visiting programs could mitigate such negative implications of very early maternal employment. If so, it will be important for home visitors to effectively reach employed clients and to provide services with the level of intensity that best meets these families’ needs.
References


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**Brenda D. Smith** is an Assistant Professor at the School of Social Welfare at the University of Albany, State University of New York. She can be reached at bsmith@albany.edu.
Family Preservation: Perceptions of Effectiveness

Frank G. Kauffman

This qualitative study examines the attributes or perceptions of service providers and overseers as to the effectiveness of intensive family preservation services provided by a social services agency in Tucson, Arizona. The services provided are patterned after the Homebuilders' model developed in 1974 in Tacoma, Washington. Data collection was generated from interviews and focus groups with the in-home service providers, the program supervisor, and investigators and case managers with Child Protective Services (CPS). Although placement prevention rates (PPR) are the dependent variable in most studies on this form of intervention, this study seeks to understand those characteristics of the model that contribute to successful outcomes with client families. Those appear to be the short-term intervention coupled with a non-judgmental approach to client families and the clinical supervision provided by the program supervisor.

This study seeks to understand the perceptions of family preservation service providers, program supervisors, and child protective services workers regarding the effectiveness of in-home family preservation services provided to families with children identified as being at risk for abuse and neglect. Particularly, it discusses the perceived effectiveness of services provided under the family preservation model patterned after the Homebuilders' model implemented in Tacoma, Washington, in 1974. Under this model, intensive in-home services are provided for a period of four to six weeks by a master level clinician in order to prevent the out-of-home placement of children in a non-relative setting for two weeks or more. The worker spends at least ten or more hours per week teaching and modeling improved parenting skills, including communication skills, anger management, and other skills required to improve family functioning and reduce the risk for ongoing abuse and neglect.

The Homebuilders' model offers considerable flexibility when planning service delivery around the schedule of working mothers and their families. Although many client situations allow service delivery during the period of “nine to five,” this model is equally well suited to meet the schedules of working moms as well as those who are required to perform “work-related activities” under Temporary Assistance for Needy Families (TANF). The service providers working in the family preservation program for the agency Our Town Family Center, the subject of this paper, were available to meet the scheduling needs of the majority of client families referred for services.

The term, “in-home” is used to describe where services are delivered as well as to add credibility to the basic premise underlying the family preservation model. Generally, two of the most common barriers to providing these types of services are
communication and transportation. Working with families in the natural setting of their homes allows service providers an opportunity to demonstrate and model appropriate behaviors. Additionally, it allows workers to observe what is working and what is not working as the client families interact in the privacy of their homes.

It should be pointed out that providing services under this model can be equally effective when working with families at all socio-economic levels. The experience of the workers cited in this article is that families with at-risk children represent all socio-economic levels and backgrounds.

A number of outcome studies (Kinney, Madsen, Fleming, & Haapala, 1977; Schwartz, AuClaire and Harris, 1986; Kinney, Haapala and Booth, 1991; Berry, 1992; Bath and Haapala, 1994) suggest that the provision of in-home family preservation services is positively correlated with increases in placement prevention rates (PPR) with some noted limitations. Independent variables, including severity, prior history, and consistency of treatment, impact some of those studies. Multiple risk factors, including poverty, substance abuse, and family isolation, also impact outcomes (Whittaker, 1990). Further, Dr. Lisbeth Schorr (1991) found that the more risk factors experienced by a family, the “greater the damaging impact of each.” The impact of each factor is not additive, rather, “risk factors multiply each other’s destructive effects” (p.261). Additionally, Bath and Haapala (1994) argue that children referred for services due to neglect were more likely to be removed from the home following intervention than those experiencing other forms of abuse.

Other studies of programs that are patterned after the Homebuilders’ model (Pecora, 1991; Fraser, Pecora & Haapala, 1991) find that they are at least equally effective in preventing out-of-home placements of abused and neglected children.

Thus, the question becomes what are those features of the Homebuilders’ model that contribute to the apparent success of the program? The focus is not on outcome effectiveness but rather the perceptions of the reasons for success and failure by significant actors in the system. Therefore, a series of questions is posed as described in the methodology section. Table 1 compares the effectiveness of traditional family preservation programs by service period and placement prevention rates with those of the Homebuilders’ model. The data are not intended to suggest that the clients participating in the programs cited are representative of the clients referred to Our Town Family Center. Rather, for those who were referred, the data strongly suggest that the Homebuilders’ Model is at least or more effective in placement prevention rates in less time. When compared with longer service periods, the Homebuilders’ model is more effective as an intervention with families with children at risk for abuse and neglect.
This study examines the attributions or perceptions of the strengths and weaknesses of a particular family preservation program adopted by an agency in Tucson, Arizona. The Our Town Family Center has been identified as the only agency in Arizona that contracts to provide family preservation services to families with children at risk of abuse and neglect utilizing the Homebuilders’ model.

Characteristics of the model include a single, master’s level counselor or therapist providing intensive family preservation services for a period of four to six weeks. Services average ten or more hours per week. Case loads average two to three families per worker. Other agencies providing in-the-home services to families employ the traditional model consisting of a master's level counselor or therapist and para-professional providing services for periods up to 120 days. Case loads average six families per team.

Client families are referred for services by Child Protective Services, Division II, Pima County, after a determination is made that the client family can benefit from receiving the services provided by Our Town Family Center. Families selected to receive services are representative of the larger population of families living in Pima County, Arizona. It is recognized that out of the total number of calls alleging child abuse or neglect, a smaller number are referred for services.

The person investigating the allegations of abuse or neglect makes a determination that the family is in need of services and could benefit from receiving services whether or not the allegations of abuse or neglect were substantiated. Although the child may not be at “imminent” risk for removal from the home, it is determined that their continued safety will be ensured as the family participates in services.

Child Protective Services (CPS) administers and oversees the direct service delivery practice of agencies providing services. This suggests that the impact or effect of the model of service delivery implemented by Our Town Family Center influences the perceptions of CPS managers and caseworkers, supervisory personnel of Our Town Family Center, and the caseworkers employed by this agency. By examining the perceptions of these individuals and groups, one can derive a comprehensive picture of the perceived impact of the program on client families. These perceptions may or may not be features of the homebuilders’ model; rather, they represent the attributions or

Table 1. Comparison Programs, Service Period, and Placement Prevention Rates

<table>
<thead>
<tr>
<th>Program</th>
<th>Service Period</th>
<th>Placement Prevention Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Branch, Iowa</td>
<td>5 months</td>
<td>81%</td>
</tr>
<tr>
<td>Rochester, New York</td>
<td>7 months</td>
<td>89%</td>
</tr>
<tr>
<td>Madison, Wisconsin</td>
<td>13 months</td>
<td>90%</td>
</tr>
<tr>
<td>Homebuilders</td>
<td>4-6 weeks</td>
<td>92%</td>
</tr>
</tbody>
</table>

beliefs about why the program is successful or not by those who deliver the services and those that oversee the program. “In that sense, it is important scientifically to identify these perceptions since they will form the bases upon which service deliverers will claim success (or explain the lack thereof), and they will form the bases upon which the program model is exported to other jurisdictions or continued in a single jurisdiction (Kauffman, 2002, p. 3).”

Perceptions in the Literature

An examination of the literature relative to the perceived effectiveness of family preservation services intervention reveals a paucity of information. Numerous authors, including those cited above, analyze and discuss placement prevention rates as the dependent variable measuring the effectiveness of family preservation service interventions. Mary Banach (1999) conducted a pilot study incorporating qualitative methods in order to assess the coping mechanisms of service providers as they dealt with boundary and termination issues with client families. She determined that service providers were able to develop and maintain boundaries via cognitive “mechanisms,” maintaining program structure when working with clients, worker role clarification, “self-assessment,” and clinical supervision (p. 237). The study also discussed the workers’ views of their client families and how that impacted service delivery.

Another study by Hilbert, Sallee, and Ott, (2000) does examine the perceptions of family preservation practitioners. Their exploratory, qualitative study utilizing a five-question survey assessed family preservation practitioners’ perceptions regarding the strengths and weaknesses of the services they provided to client families. The study was to determine if there was a correlation between years of practice, type of agency, or focus of service and perceived outcomes of client families. The study identified 13 perceived strengths of which 30.8% of the respondents considered keeping families together as the single most important strength. While just over 20% thought that recognizing the family as expert in their service intervention was the 2nd most important, another 20% thought that their interventions were strengths-based, and 17.85% felt that a focus on the family was more effective than focusing on individual family members. The authors suggest that the strengths reflect the “ideological” positions of the respondents to the model of in-the-home services. Perceived weaknesses or limitations identified in the above study centered round the following: lack of support (28.4 %); continued endangerment of children (21.3%); lack of cooperation of family (17.5%); and ambiguity of service theory (16.9%).

Methodology

This study is important because it seeks to add context to the claim that family preservation services reduce the placement rates of children at risk. The literature suggests that family preservation services reduce out-of-home placements but does not
offer much information or speculation as to why the reduction takes place. This approach attempts to describe the setting in which the Homebuilders’ model was implemented in terms of relevant actor’s perceptions. In this case, the concern of the study is with identification of qualitative characteristics of the service delivery model, which are perceived to contribute to the successful outcomes experienced by client families with at-risk children, and not with the reasons that other outcome studies purport.

Questions as to the perceived effectiveness of the family preservation services program administered by Our Town Family Center were designed to elicit information from three perspectives; Child Protective Service workers; service providers; and the supervisor at Our Town Family Center. Child Protective Services workers represent an external perspective of both Our Town Family Center workers and client families referred to them for services. Their perspective includes not only the services rendered by Our Town Family Center, but also other agencies that contract, in the state, to provide similar services to families and children at risk for abuse and neglect. They are familiar not only with the service characteristics of Our Town Family Center, but also with the families they refer to Our Town Family Center. CPS workers participating in the study were volunteers rather than a purposive sample. For purposes of this study, their contribution represented their experiences in child welfare over time.

Child Protective Services workers were asked two “global” assessment questions—one was to classify the quality of services as one of five categories, very effective, effective, neutral, sometimes effective, or ineffective. The other asked them to rate the overall services provided by Our Town Family Center based on the same scale. Additionally, they were asked to elaborate, in open-ended fashion their opinions regarding effectiveness and why they believed they were or were not effective. Fifteen case managers and investigators responded, providing additional comments rich in context as to their experience working with Our Town Family Center.

The second perspective is that of Our Town Family Center service caseworkers. They are responsible for assessment, service planning, and direct service delivery to client families. They not only have the responsibility for providing services to at-risk families, but also must structure services to be consistent with the Homebuilders’ model. Thus, the caseworker is the bridge between the “approach to family services and the families who are the target of those services” (Kauffman 2002, p. 46).

Questions posed to this group of respondents were designed to assess the service characteristics they believed contributed to their success with client families. The questions consisted of the following: (1) what, in your opinion, contributes to the successful outcomes from client families participating in your family preservation program? (2) How would you improve the services you provide to client families? and (3) how would you rate the overall effectiveness of the program, very effective, effective,
neutral, sometimes effective, or ineffective? This also was asked as an open-ended question in order for them to elaborate and qualify their overall assessments.

The third perspective is that of the Our Town Family Center supervisor responsible for the program’s success. She has approximately 20 years of experience as a marriage and family therapist. She holds a master’s degree in counseling and clinical psychology and a certification in Marriage and Family Therapy. Her role is threefold:

1. She is the single informant who best understands the nature and intent of the Homebuilders’ model for family preservation services;
2. She is responsible for training the caseworkers in the service delivery characteristics of the model; and
3. She consults with the caseworkers regarding the progress of client families working on identified goals and objectives.

The program supervisor was asked three questions: (1) What in your opinion contributes to the successful outcomes of client families served by your counselors and therapists? (2) What are the strengths of your family preservation services program? and (3) what are the weaknesses?

Results

Table 2 outlines the responses of CPS workers and the caseworkers and supervisor at Our Town Family Center to the closed-ended questions addressing the overall effectiveness of the family preservation services provide by Our Town Family Center.

<table>
<thead>
<tr>
<th>Source</th>
<th>Very Effective</th>
<th>Effective</th>
<th>Neutral</th>
<th>Sometimes Effective</th>
<th>Ineffective</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS</td>
<td>46%</td>
<td>23%</td>
<td>-</td>
<td>23%</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>Providers</td>
<td>80%</td>
<td>20%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5</td>
</tr>
</tbody>
</table>

Child Protective Services Workers

Fifteen CPS workers out of a total of approximately 40 workers responded to the survey instrument. Their responses, although generally positive, centered on a single theme—since there were only two agencies providing in-the-home services, families referred for services were subject to being placed on a waiting list. Once they were accepted for services, Our Town Family Center was “very helpful” in working with those families. Other responses included the following:

- Our Town Family Center has been more than willing to work with our difficult families and to tackle substance abuse issues (an additional risk factor) within the family;

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Family Preservation Institute, New Mexico State University
- Our town Family Center was a "very helpful service to maintain children in the home and that they may not otherwise (be) able to remain with their families;
- Believe Our Town Family Center to be very effective "hope the contract continues";
- Next to day care, family preservation is the best weapon we have to find child abuse and neglect; "it is expensive, but so are tickets to a basketball game";
- Our Town Family Center does not keep CPS up to date on the progress of families referred for services; and
- Four to six weeks of services are a "quick fix" based on the recidivism rates of "frequent flyer" families who have received prior services and re-enter the system presenting much the same issues.

It should be noted that the last two respondents rated the overall effectiveness as "effective" and "sometimes effective," respectively. None of the respondents felt that the services were "ineffective." In fact, all of the respondents appeared to balance their responses with respect to the services provided by Our Town Family Center. Three of the fifteen respondents (20%) criticized some aspect of the agency's service characteristics and rated the program as "effective." It is to be expected that all approaches to service delivery are idiosyncratically received by clients, thus producing higher than average recidivism rates across the spectrum of all mental health services. Services provided under the Homebuilders' model would be expected to encounter resistance from those who are accustomed to a more traditional approach to service provision (i.e., services for up to 90 or 120 days).

Our Town Family Center Caseworkers

Three themes emerged from these respondents: (1) establishing mutual trust with client families; (2) providing intensive services for 30 days; (3) avoiding the tendency to label clients as having some sort of diagnosis based on a diagnostic model, such as the Diagnostic and Statistical manual of Mental Disorders, 4th edition (1994). The respondents agree that mutual trust is critical to positive outcomes with client families. Many times these families have been shuffled around in the system and feel betrayed by the system and its ability to assist them in their period of crisis. Establishing mutual trust, they feel, helps the family move past the denial phase evidenced by "presenting a good show" during the first days of service. Presenting a good show is an effort to deny they have a problem saving some element of pride or dignity.

The short service period places some pressure on both the worker and the client family to begin to identify family strengths and to begin working on identified goals and objectives as outlined in the treatment plan. When the family understands there is a finite length of time, they tend to be motivated to treat the problem seriously and to work
closely with the caseworker. They begin services “by saying goodbye at the beginning of services.”

The third theme, labeling clients, automatically establishes boundaries that hinder caseworker’s work with families. Labels tend to contribute to feelings of failure or of being “categorized” by what client families see as a hostile and uncaring system. Additionally, labels tend to represent implicit and explicit role expectations that encourage clients to “act out” behaviors they believe are associated with the label.

Lastly, the caseworkers identified the clinical and site supervision provided by their supervisor as critical factors for their success in working with client families. The supervisor not only considers the client family’s welfare but that of the caseworkers. They report that the supervisor is available to assist them with their own issues or “self-care.” The supervisor is “fearless” when it comes to personal or group issues that may affect their ability to work effectively with client families. When an issue does arise, “the door is closed and no one leaves until the issue is resolved.” The goal is to “process, process, process, focus, focus.” This allows the workers to be “pure” solution focused therapists and counselors. The only recommendation for improvement identified by the caseworkers would be their ability to extend services, on a case-by-case basis, in order to ensure successful implementation of learned skills and behaviors of client families. Otherwise, 80% felt their services were “very effective” and 20% believed they were “effective.” They recognize there will be those client families with multiple risk factors who have been involved in the system for a period of time who become resistant to learning new skills and behaviors designed to improve family functioning.

Program Supervisor

The program supervisor believed that a number of factors contributed to their success working with client families with children at risk for abuse and neglect. They are:

- Respecting each family’s unique culture not only as it relates to ethnic background or religion, but to how they stay together and function as a system;
- The supervisor’s availability to caseworkers and client families, the “parallel process of supervision and therapy”;
- Level of intensity of services;
- “Client-centered” services;
- The cooperative relationship between caseworker and client family;
- Their cooperative relationship with Child Protective Services; and
- The caseworker is a “jack of all trades” in the provision of the varied services required by client families.
Each of the above characteristics identified by the program supervisor contributes to the successful outcomes represented by a majority of the client families they serve. Although they may differ somewhat from those identified by the caseworkers, combined they form a model of service delivery that incorporates the characteristics of the Homebuilders’ model. The relationship of the client family to the caseworker eliminates the impact of the “bureaucracy” as the family moves toward more positive and functional behaviors. By interacting directly with the caseworker, the family is able to learn how to successfully negotiate with the larger social service delivery system. This learning is thought to contribute to the family’s future successes after services have terminated. It is assumed they will be able to function independently but also be aware of what services are available and how to access those services.

As for weaknesses or limitations of their program, the supervisor also felt there were times when they would have preferred to extend services to specific families. However, the demand for their services, as reflected in the long waiting periods, prohibits them from extending services.

An additional limitation was the scarcity of qualified master’s level workers in the area. Although indirectly this would impact services to client families, it reinforces her commitment to train and support experienced professionals. Low fees for services coupled with the fact that most counselors and therapists would rather not work in the client’s home makes the job somewhat unattractive. In a clinical setting clients usually are there because they want to be. Not all families referred for in-the-home services are necessarily willing participants.

Conclusion

The perceptions of service providers and overseers are that the family preservation program services provided by Our Town Family Center are an effective intervention for families with children at risk for abuse and neglect. Responses from CPS overseers and the services providers, working collaboratively with their supervisor, reflect their individual perceptions as to what factors contribute to the success of their program. Although these perceptions differed somewhat from those in the Hilbert et al. (2000) study which suggested that keeping the family together, involving the family in the treatment plan, a strengths-based intervention, and a holistic approach were the most important aspects of providing services, they are similar to the extent that the respondents have definite/concrete theories to support their perceptions regarding the effectiveness of in-the-home interventions for families with children at risk for abuse and neglect. Specific themes for successful intervention emerged from the respondents (i.e., establishing mutual respect, limited service periods, avoidance of labeling clients, clinical supervision, respecting family culture, client centered services, and a holistic approach treating the client families as a system), reflect the components of the service delivery model.
The clinical and personal supervision provided by the program supervisor are critical for the success of the program. According to Kinney et al. (1991 p. 160), this style of supervision is important for a number of reasons: (1) helping severely troubled families in debilitating conditions is difficult at best; (2) supervisors cannot expect staff to do what is expected unless they know what is expected; (3) decisions are made most effectively if those who will be affected by them have input into them; (4) communication and teamwork contribute to successful outcomes; and (5) people work best if they are supported and validated.

Finally, CPS overseers’ perceptions are critical since they are mandated by the State to provide efficient and effective services to at-risk families. Their perceptions as to the effectiveness of the agency’s program translate into whether or not the agency will continue to provide services under their contract. The agency has been awarded five annual contracts since the program was introduced in 1991. The agency’s willingness and qualifications to accept the more difficult cases also reflects the positive perceptions of Child Protective Services.

This study suggests that the fundamental elements of the Homebuilders’ model (i.e., short, intensive service periods, small caseloads, close supervision, and non-judgmental approach of the workers) do produce positive outcomes for client families. One might conclude that the model is not only an effective service delivery intervention for families at risk for child abuse and neglect, but also for other interventions, including preparing families to transition from welfare-to-work, families struggling to escape alcohol and substance abuse, or learning family self-sufficiency. Additionally, it is recommended that future studies on the impact of family preservation services focus on outcomes other than placement prevention rates as the dependent variable. Rather, on the impact of services on family functioning over the short, intermediate, and long term following services. Placement prevention rates are one indicator of future abuse and neglect of children along with family functioning and family cohesiveness.

References


**Frank G. Kauffman, PhD** is an Assistant Professor in the School of Social Work at Southwest Missouri State University. He can be reached at 901 South national Avenue, Springfield, MO 65804.
Family Reunification among Two Groups of Runaway Adolescents Utilizing Emergency Shelters

Sanna J. Thompson, Liliane Cambraia Windsor, and Kim Zittel-Palamara

Limited research has addressed reunification of runaway youths with their families following an emergency shelter stay; however, recent studies have shown that those who reunify with their families following a shelter stay have more positive outcomes than those relocated to other residences. This study evaluated differences between two samples of runaway youth utilizing youth emergency shelters in New York ($n = 155$) and Texas ($n = 195$) and identified factors associated with reunification among these two groups of adolescents. Less than half (43.7%) of the youths were reunited with their families. Among New York runaway youths, those who had lived primarily with someone other than a parent before shelter admission, were physically abused, or neglected were less likely to return home. Among youths admitted to emergency shelter services in Texas, those with longer shelter stays, living primarily with someone other than a parent before shelter admission, or being pregnant or a parent were less likely to reunify. This study provides valuable information concerning family reunification following shelter service use; however, additional research is needed to delineate youth, family, and shelter system factors that distinguish successful from unsuccessful reunification over an extended period of time.

Family reunification is a term that has expanded in recent years as increased understanding of this complex process has developed. With the implementation of the Adoption Assistance and Child Welfare Act of 1980 (Pub. L. 96-126), the importance of continuity and stability in parent/child relationships was formally recognized (Davis, Ganger, Landsverk, & Newton, 1996). This law made explicit the objectives of placement prevention and permanency planning, and linked family preservation and reunification services to making reasonable effort to keep families together (McGowan, 1990). Rather than family reunification being viewed simply as the physical reunion of children with their biological families (Maluccio, & Fein, 1994), this legislation redefined family reunification as "the planned process of reconnecting children in out-of-home care with their biological families to help them achieve and maintain their optimal level of reconnection" (Maluccio, Warsh, & Pine, 1993).
Reintegrating children and youth with their families is typically associated with child welfare services. However, one population of adolescents often forgotten in discussions of reunification is runaway youths. Their transience and need for suitable housing makes reunification or out-of-home placement decisions necessary. Federally funded youth emergency shelters are required to “develop adequate plans for ensuring the safe return of the youth according to the best interests of the youth” (Missing, Exploited, and Runaway Children Protection Act of 2000, Pub. L. 106-71, pg. 4). Thus, these providers must address issues of reunification with all youth admitted to their facilities.

Runaway adolescents often report family environments that exhibit high levels of family conflict, poor communication, dysfunction, abuse, and/or neglect (Kipke, Montgomery, & MacKenzie, 1993; Kipke, Montgomery, Simon, & Iverson, 1997; Kolbe, 1997; Lawder, Poulin, & Andrews, 1986; Rotheram-Borus, 1993). Many of these families have histories of unstable housing situations, and parents often are characterized as emotionally unavailable and lacking effective parenting skills (Whitbeck, 1999). A sizable proportion of these youth report that leaving home is not a choice; but rather are forced out by parents encouraging them to leave, abandoning them, or subjecting them to intolerable levels of maltreatment (Kurtz, Jarvis, & Kurtz, 1991; Dadds, Braddock, Cuers, Elliott, & Kelly, 1993; Rotheram-Borus, 1993).

Community-based emergency youth shelters are the primary settings for interventions designed to meet the complex needs of approximately 1.5 million youths in the United States who run away from home each year (Finkelhor, 1995; Greene, Ringwalt, & Iachan, 1997). Federally funded emergency youth shelters provide a variety of crisis and custodial services, including individual, group, and family counseling; educational and vocational services; recreational activities; alcohol and drug counseling; and information, referral, and outreach services (Rohr, & James, 1994). The primary focus of these programs is to de-escalate the crisis, establish communication between the youths and their families, attempt to stabilize the home environment, and reunify youths with their families whenever possible. Among youths discharged from these shelters nationwide, more than half (58%) reunite with their parents following a shelter stay (Thompson, Maguin, & Pollio, 2003).

Although runaway youths report a variety of challenges in their homes, recent studies have shown that those who reunify with their families following a shelter stay experience more positive outcomes than those relocated to other residences. In an exploratory study of 70 runaway youths in the Midwest, researchers found that youths reintegrated with parents following a shelter stay reported more positive outcomes in terms of school, employment, self-esteem, criminal behavior, and family relationships than adolescents discharged elsewhere (Thompson, Pollio, Bitner, 2000). In a similar
study of 261 shelter-using runaway youth, short-term outcomes (6 weeks post discharge) were significantly more positive for reunified youth than those discharged to other locations (Thompson, Pollio, Constantine, Reid, & Nebbitt, 2002). Other research also demonstrated that youth who fail to reunify with family have longer shelter stays, increased hopelessness, suicidal thoughts and behaviors, report more family problems, and have a more pessimistic view of the future than those who return to their families (Teare, Furst, Peterson, & Authie, 1992; Teare et al., 1994).

Information concerning reunification among runaway youth and their families is limited, and no published research, to date, could be found that evaluates reunification across multiple sites. A great deal of the research on runaway youths has been conducted in the Midwest (i.e., Thompson, Pollio, & Bitner, 2000; Thompson et al., 2002; Whitbeck, 1999; Whitbeck, & Simons, 1990), and in large coastal cities (i.e., Kipke et al., 1993; Kipke et al., 1997; Rotheram-Borus, 1993; Rotheram-Borus, Mahler, Koopman, & Langabeer, 1996), but studies in other areas of the U.S. are nearly non- existent. Analyses of the Runaway Homeless Youth Management Information System for 1997 (RHY MIS) show that runaway youth problems, such as suicide, substance use, and physical/sexual abuse vary widely across regions of the U.S. (Thompson et al., 2003); however, very little is known concerning differences in youth and family characteristics or outcomes experienced by youth utilizing shelters in various regions of the U.S. (Teare, 2001). To address this gap, this study (1) examined differences in individual and family factors among two samples of runaway adolescents utilizing youth emergency shelters in New York and Texas, and (2) identified factors associated with reunification among these two groups of youth.

Methods

Sample and Procedures

The data for this study were collected from consecutive entrants to shelters for runaway youths in two comparable mid-sized cities in New York and Texas. These federally funded shelters are similar to other youth emergency shelters offering services to runaway youths across the U.S. (Greene, & Ringwalt, 1997). They concurrently serve ten male and ten female adolescents (12 to 18 years of age) and provide basic crisis and counseling services.

Within 48 hours of the youth’s admission to the shelter, these agencies are required to contact each youth’s parent or guardian; thus, parental consent for the youth’s participation in the study was sought during that time. Youths were approached and recruited for participation only after parental consent was attained. The research project was explained, as was the voluntary nature and confidentiality of their responses. Following the youth’s assent, they were engaged in several brief, self-report
questionnaires concerning their personal characteristics and activities, as well as questions related to family and friends.

One hundred fifty-five (n=155) youths admitted to a shelter in western New York state during the data collection period (1999-2000) participated; six refused to participate or did not complete the survey. One hundred ninety-five (n=195) youths admitted to a shelter in northern Texas during 2001-2002 participated; seven refused. Youths often were not approached if they were admitted for a very brief period, as these youths typically were seeking respite from parental conflict or abuse and were returned to parental homes or another long-term residential living situation relatively quickly. Therefore, only those identified by shelter staff as runaways and who were admitted to the shelter for at least 24 hours were recruited for participation.

Shelter staff also collected information on each youth admitted using the Runaway Homeless Youth Management Information System (RHY MIS). RHY MIS is an automated data collection system developed by the Administration for Children and Families (ACF), and its use is required in all federally funded youth shelters nationwide. Shelter staff recorded information during the intake process, during the youth's shelter stay, and at discharge.

**Variables**

The dependent variable was measured as the placement of the youth at discharge from the shelter (parent's home, adult relative/friend's home, foster care, institutional setting, or "the street"). This variable also was recoded to identify reunification with parent(s) or relocated elsewhere.

Independent variables included demographic, personal, and family characteristics reported by the youth; these were coded as dichotomous or categorical, except age, the number of times the youth ran away, the number of days "on the run," and the number of days the youth stayed in the shelter. Youth demographics (see Table 1) included age in years, gender, ethnicity, and the youth's past living situation before admission to the shelter.

Youths were asked to identify specific problems they experienced, such as substance use, educational challenges, depression or suicidal thoughts/Attempts, and family difficulties, including physical/sexual abuse or neglect. A series of questions queried each area, which were later coded as whether or not the youth reported a problem in that area. For example, questions associated with education included, "have you had poor grades in school?", "have you ever been told you have a learning disability?", "were you ever been expelled from school?", and "were you ever truant from school?".

Family characteristics were evaluated using the Family Functioning Scale (FFS) (Tavitian, Lubiner, Green, Grebstein, & Velicer, 1987). The FFS consists of 40 items
that measure five dimensions of family functioning: positive family affect ("People in my family listen when I speak"), rituals ("We pay attention to traditions in my family"), worries ("I worry when I disagree with the opinions of other family members"), conflicts ("People in my family yell at each other"), and communication ("When I have questions about personal relationships, I talk with my family member"). Respondents rated items on a seven-point scale (1 = never to 7 = always), and items were summed for the five subscales and a total score. Internal consistency reliability ranges from alpha=.90 for positive family affect to alpha=.74 for family conflicts (Tavitian et al., 1987).

Data Analysis

Descriptive analyses were conducted across the entire sample, followed by t-tests and chi-square analyses to test for significant differences between the two shelter samples. Because of significant differences between the two groups, separate analyses were conducted to identify correlates of family reunification and predictors of family reunification for each group of shelter youth. Variables that were significant in correlation analyses within each group were entered into a separate logistic regression model to determine the likelihood of family reunification while controlling for these variables. Categorical independent variables with more than two categories were transformed into dummy variables and assigned reference categories (e.g., the reference category for ethnicity was European American). In the logistic models, these categorical variables yield exponentiated \( B \)s or odds ratios (ORs) that reflect the likelihood of a positive response relative to a defined reference category, after controlling for all the other effects in the model. For this study, the ORs reflect the likelihood of an individual or family characteristic occurring relative to youth's reunification with their family. Partial regression coefficients (\( B \)) for each independent variable show how much the value of the dependent variable (reunification) changes when the value of the independent variable changes.

Results

Sample Demographics

The overall sample (\( N = 350 \)) averaged about 15 years of age and was predominately female (see Table 1). The dominant ethnicity reported by these adolescents was White or African American, and nearly half had been living with parents at the time they ran away and were admitted to the youth emergency shelter. Youths reported running away an average of 5 times, and more than half of the respondents indicated they had smoked cigarettes, drunk alcohol, and used marijuana.
Differences between Groups

Results of chi-square and t-tests indicated several significant differences between the two groups of runaway youths across individual characteristics, as shown in Table 1. The average age of New York youths was significantly greater than those in Texas, but the proportion of males and females was similar between the two groups. Ethnic differences were significant between the two groups; the greatest difference was in the proportion of African American youths. A greater proportion of youths from New York reported living primarily with parents at the time of admission to the shelter; whereas, a greater percentage of youths from Texas reported living on the streets or in a temporary situation before admission. Significant differences were found between the two groups concerning substance use, as a higher percentage of New York youths reported using alcohol and marijuana. Nearly half of the participants reported truancy or expulsion from school; however, a greater proportion of New York youths reported this difficulty than did those from Texas. The number of runaway episodes for Texas youths was nearly twice that of New York youths, as was the number of days the Texas youths stayed at the shelter. A higher percentage of Texas youths reported being neglected by their family than their New York counterparts; sexual and physical abuse was more frequently reported in Texas than New York.

Table 1. Sample Characteristics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Total Sample</th>
<th>New York</th>
<th>Texas</th>
<th>X²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>154 (44.1)</td>
<td>69 (44.5)</td>
<td>85 (43.8)</td>
<td>0.02</td>
</tr>
<tr>
<td>Female</td>
<td>195 (55.9)</td>
<td>86 (55.5)</td>
<td>109 (56.2)</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>European American</td>
<td>147 (42.1)</td>
<td>61 (39.4)</td>
<td>86 (44.3)</td>
<td>28.39**</td>
</tr>
<tr>
<td>African American</td>
<td>132 (37.7)</td>
<td>76 (49.0)</td>
<td>56 (28.9)</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>36 (10.3)</td>
<td>14 (9.0)</td>
<td>6 (3.1)</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>9 (2.6)</td>
<td>3 (1.9)</td>
<td>2 (1.0)</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>3 (0.9)</td>
<td>1 (0.6)</td>
<td>22 (11.3)</td>
<td></td>
</tr>
<tr>
<td>Mixed</td>
<td>22 (6.3)</td>
<td>0 (0.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living situation before admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent’s home</td>
<td>158 (45.9)</td>
<td>78 (50.3)</td>
<td>80 (42.3)</td>
<td>15.78**</td>
</tr>
<tr>
<td>Adult relative/friend</td>
<td>130 (37.8)</td>
<td>56 (36.1)</td>
<td>74 (39.2)</td>
<td></td>
</tr>
<tr>
<td>Foster home</td>
<td>15 (4.4)</td>
<td>6 (3.9)</td>
<td>9 (4.8)</td>
<td></td>
</tr>
<tr>
<td>Institutional program</td>
<td>20 (5.8)</td>
<td>7 (4.5)</td>
<td>13 (6.9)</td>
<td></td>
</tr>
<tr>
<td>Street/temporary situation</td>
<td>21 (6.2)</td>
<td>6 (3.9)</td>
<td>13 (6.9)</td>
<td></td>
</tr>
</tbody>
</table>
Family Reunification of Runaway Youths

Demographics

<table>
<thead>
<tr>
<th></th>
<th>Total Sample N=350</th>
<th>New York N=155 (%)</th>
<th>Texas N=195 (%)</th>
<th>X²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth a parent/pregnant</td>
<td>34 (10.3)</td>
<td>18 (11.6)</td>
<td>16 (8.3)</td>
<td>1.0</td>
</tr>
<tr>
<td>Ever drank alcohol</td>
<td>180 (60.2)</td>
<td>79 (69.9)</td>
<td>101 (54.3)</td>
<td>7.2**</td>
</tr>
<tr>
<td>Expulsion from school</td>
<td>153 (43.9)</td>
<td>88 (56.8)</td>
<td>65 (33.5)</td>
<td>32.9**</td>
</tr>
<tr>
<td>Neglected</td>
<td>77 (22.1)</td>
<td>47 (30.3)</td>
<td>74 (37.9)</td>
<td>12.3**</td>
</tr>
<tr>
<td>Physically abused</td>
<td>79 (22.6)</td>
<td>24 (15.5)</td>
<td>55 (28.4)</td>
<td>-2.50</td>
</tr>
<tr>
<td>Sexually abused</td>
<td>31 (8.9)</td>
<td>4 (2.6)</td>
<td>27 (13.9)</td>
<td>-3.30</td>
</tr>
</tbody>
</table>

Reunified with family

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>New York Mean (SD)</th>
<th>Texas Mean (SD)</th>
<th>t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>15.3 (1.7)</td>
<td>16.0 (1.5)</td>
<td>14.8 (1.7)</td>
<td>7.07**</td>
</tr>
<tr>
<td>Number of times ran away</td>
<td>4.9 (11.1)</td>
<td>3.4 (3.5)</td>
<td>6.1 (15.6)</td>
<td>-1.97*</td>
</tr>
<tr>
<td>Number of days away from home</td>
<td>5.52 (17.1)</td>
<td>3.9 (2.4)</td>
<td>7.6 (23.4)</td>
<td>-2.05</td>
</tr>
<tr>
<td>Number of days in shelter</td>
<td>12.53 (13.7)</td>
<td>9.3 (6.7)</td>
<td>15.4 (17.3)</td>
<td>-2.17*</td>
</tr>
</tbody>
</table>

* p ≤ .05, ** p ≤ .01

Predictors of Family Reunification

New York Runaway Youths

Correlation analyses showed that the following variables were associated significantly with reunification among youths in New York: youth’s age (r = -.17, p = .03) last living with parents or others (r = .30, p = .001), physically abused (r = -.17, p = .03), neglected (r = -.16, p = .04), and total score on family functioning scale (r = .24, p = .003). The logistic regression model for New York youths, as shown in Table 2, indicated that youths who had lived primarily with someone other than a parent before shelter admission were 32% less likely to reunite with parent(s) (OR = .68). Youths who reported they had been physically abused by a parent were 26% less likely to reunify (OR = .74); those who reported neglect also were less likely to return home (OR = .55).

Table 2. Logistic Regression Model to Predict Family Reunification among New York Youth

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>B (SE)</th>
<th>Odds Ratio</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth age</td>
<td>-.08 (.07)</td>
<td>.92</td>
<td>.20</td>
</tr>
<tr>
<td>Primarily resided with parents</td>
<td>-.39 (.11)</td>
<td>.68</td>
<td>.001</td>
</tr>
<tr>
<td>Youth reported physically abused</td>
<td>-.30</td>
<td>.74</td>
<td>.03</td>
</tr>
<tr>
<td>Youth reported neglected</td>
<td>-.59</td>
<td>.55</td>
<td>.01</td>
</tr>
<tr>
<td>Total family functioning</td>
<td>.01 (.004)</td>
<td>1.01</td>
<td>.11</td>
</tr>
<tr>
<td>Model chi-square (df)</td>
<td>41.71</td>
<td>(5)</td>
<td>.000</td>
</tr>
<tr>
<td>Negelkerke R square</td>
<td>.15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Texas Runaway Youths

Variables that were correlated significantly with reunification among youths admitted to emergency shelter services in Texas included living with parents or others at admission ($r = -.17$, $p = .02$), length of stay in the shelter ($r = -.26$, $p = .001$), whether the youth was a parent/pregnant ($r = -.23$, $p = .001$), had been expelled from school ($r = -.16$, $p = .03$), physically abused ($r = -.21$, $p = .004$), sexually abused ($r = -.15$, $p = .03$), or neglected ($r = -.16$, $p = .02$). The logistic regression model of Texas youths, as shown in Table 3, indicated that for each day youths stayed in the shelter, they were 3% less likely to reunify (OR = .97), and youths that had lived primarily with someone other than a parent before shelter admission were 32% less likely to reunite with parent(s) (OR = .68). Youths who were pregnant or identified themselves as parents were 90% less likely to reunify (OR = .10).

Table 3. Logistic Regression Model to Predict Family Reunification among Texas Youth

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>B (SE)</th>
<th>Odds Ratio</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primarily resided with parents</td>
<td>-.39 (.15)</td>
<td>.68</td>
<td>.01</td>
</tr>
<tr>
<td>Number of days in shelter</td>
<td>-.03 (.01)</td>
<td>.97</td>
<td>.004</td>
</tr>
<tr>
<td>Youth pregnant or a parent</td>
<td>-2.28 (1.1)</td>
<td>.10</td>
<td>.04</td>
</tr>
<tr>
<td>Expelled from school</td>
<td>-.04 (.22)</td>
<td>.96</td>
<td>.87</td>
</tr>
<tr>
<td>Youth reported physically abused</td>
<td>-.13</td>
<td>.88</td>
<td>.53</td>
</tr>
<tr>
<td>Youth reported sexually abused</td>
<td>-.50</td>
<td>.61</td>
<td>.12</td>
</tr>
<tr>
<td>Youth reported neglect</td>
<td>-.35</td>
<td>.70</td>
<td>.36</td>
</tr>
<tr>
<td>Model chi-square (df)</td>
<td>34.49</td>
<td>(7)</td>
<td>.000</td>
</tr>
<tr>
<td>Negelkerke R square</td>
<td>.26</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discussion

The findings of this study comparing runaway youths in two areas of the country demonstrate the effect of youth's characteristics and family factors on the likelihood of reunification following an emergency shelter stay. The results are notable in that less than half of the adolescent participants in both shelters were reunited with their families (NY = 42.6%, TX = 44.6%). While no data are available that provide rates of reunification for this population of adolescents, one study of runaway youths utilizing shelter services nationwide found that approximately 58% were reunited with their parents (Thompson et al., 2003). These rates are comparable to reunification of children placed in foster care, group homes, or residential treatment centers. For example, "returning home" was the stated reason for 60% of those discharged from foster care in New York (Year 2000 Annual Report to the Governor and Legislature, 2000), and 37%
were discharged to parental homes in Texas (Legislative Data Book, 2002). These estimates suggest that reunification among runaway youths is similar to that for other child welfare populations.

Various explanations account for the relatively small percentage of youth who reunite with families. One possible explanation may be a reflection of the parent’s ambivalence concerning their child’s return. Parents may struggle with whether or not bringing their runaway adolescent back into the home is in the best interest of the child and other family members. This indecisiveness may affect their motivation to work toward achieving reunification (Fein & Staff, 1993). Parents also may experience pessimistic attitudes toward their child and experience less attachment due to their child’s past negative or “acting-out” behaviors (Robertson, 1992; Whitbeck, Hoyt, & Ackley, 1997).

Another explanation for only half of the youths reunifying with family may be that the adolescent fears continuing conflict, neglect, or abuse. Nearly one quarter of the youths in this study reported being physically abused and/or neglected. Among runaway youths in New York, physical abuse and neglect were primary predictors of not returning home. These negative home environments not only motivate them to run, but increase tension when reunification is attempted (Kennedy, 1991; Kurtz, Hick-Coolick, Jarvis, & Kurtz, 1996; Tyler, Hoyt, & Whitbeck, 2000). Youths experiencing abuse and neglect within the home may fear re-abuse and reject efforts to return to these unhealthy family environments.

It is notable, however, that among runaway youths from both shelters who had been living with their parents at the time they ran away were more likely to reunify. This suggests that youths who have had continual contact with parents are more likely to have relationships that promote reunification. From a socialization perspective (Whitbeck, 1999), prosocial bonding with parents, even if tenuous, encourages youths to return to their families rather than continuing transience. Some research has suggested that parents of runaway youths assume little responsibility for the events or problems that led to the child’s runaway episode (Safyer, Thompson, Maccio, Zittel-Palamra, & Forehand, in press); thus, youths who return home may be a reflection of the youth’s concern about their relationship with the family and a demonstration of their desire to overcome conflict and difficulties in the relationship (Ringwalt, Greene, Robertson, 1998).

Other factors also appear to play a role in reunification but differ between the two sites. In this study, youths from Texas who stayed at the shelter for a shorter period of time were more likely to reunite with their families. It is likely that youths with brief shelter stays are those who run away due to a conflict or crisis event with their parents, rather than experiencing long-term, on-going difficulties (Maluccio & Fein, 1994). For these adolescents, shelters can provide respite while helping to re-establish
communication, resolve conflict with the family, and address the crisis event (Greene, et al., 1997). Conversely, youths with extended shelter stays are exposed to additional services, such as life skills training, government benefits, health care services, and information and referrals to medium- or long-term transitional living programs (Dalton, & Pakenham, 2002). These youths are more likely to be transitioned into out-of-home residences, such as Independent Living Programs (ILP) that offer life skills and employment training, educational assistance, counseling, and peer support (Kinard, 2002).

The most significant predictor of family reunification for Texas runaways was not being pregnant or a parent. Research has shown that mothers of childbearing daughters treat their children less affectionately than do mothers of non-childbearing adolescents. Mother’s harsh treatment toward her child has been correlated with high financial stress and extensive time spent caring for her daughter’s child (East, & Jacobson, 2003; Jaccard, Dodge, & Dittus, 2003). The conflicts generated by the teen pregnancy and child bearing may increase the difficulties in reuniting pregnant youths with their families as parenting youths may require other living situations (Whitbeck et al., 1997). Thus, transitional living arrangements or other forms of stable housing may be more appropriate for these youths than reunification with family (Shane, 1989).

Identification of differences between these two participating shelters in diverse regions of the U.S. should encourage agencies to develop policies and services that target the specific issues of youths in their unique communities. For example, youths accessing shelters in New York were older; thus, transitioning them to independent living situations may be more appropriate than for the predominately younger adolescents in Texas. In addition, abuse and neglect among runaway youths in New York was associated significantly with not returning home. These shelters, then, must be particularly focused on evaluating the youth’s abuse history and targeting interventions that might address these issues while the adolescent remains in the shelter. Certainly, reunification strategies must take these issues into account. Comprehensive family evaluations are warranted before the adolescent is returned home (Whitbeck, et al., 1997). If family reunification is preferable, a treatment plan tailored to the specific needs of the whole family, not just the runaway adolescent, should be developed (Teare et al., 1992). Interventions should be ongoing, family-based, and facilitate the adolescents’ developmental needs and promote improved family functioning (Safyer, et al., in press). Youths and their parents must be involved in intervention strategies aimed at halting the progression of negative interactions and learn strategies to improve relationships once the youth is reunified with the family. Returning youths to the environment from which they ran, without attempting to change that environment, typically leads to continued

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familial problems and youths running away repeatedly (Baker, McKay, Hans, Schlange, & Auville, 2003; Whitbeck et al., 1997).

Given the magnitude and seriousness of the problems among runaway youths and their families, child advocates recommend reunification only for low risk families or for families that have shown significant progress and cooperation in changing dysfunctional behavior (Gelles, 1996). As shelter providers play a pivotal role in reunification strategies, they must determine whether or not the child is returning to a precarious, fragmented, even abusive family with few community or extended family supports available. Runaway shelters must assess these issues and initiate systematic investigations of abuse before an appropriate discharge location can be determined. Shelters currently adhere to policies that focus efforts on finding stable housing, rather than “reunification at any cost” (Runaway and Homeless Youth Act, 2000 - P.L. 106-71); thus, providers must work with parents and youths concerning issues important in reunification decisions (Adams, & Adams, 1987).

Limitations

It is important to keep in mind the limitations of this study when reviewing the results. Although the two groups of youths were recruited to provide homogeneous and comparable samples, it should be noted that youth participants were from disparate regions of the country. Separate analyses were conducted, and both agencies were federally funded shelters with very comparable programs; however, some programmatic disparity is inevitable and cannot be accounted for in this study. The samples do not appear to be biased, as demographics of youths in this study are similar to statistics of youths using federally funded shelters nationwide (Thompson, Maguin, & Pollio, 2003).

These data also are youth self-reported, which cannot be independently verified. The inherent difficulty is due to the retrospective nature of the information being queried and the subject’s reliability, especially concerning sensitive issues. Adolescent participants may have under-reported various characteristics they believe have a negative connotation (Safyer et al., in press), such as parental abuse, neglect, or number of runaway episodes. Thus, these high-risk behaviors may be more extensive and problematic than the results demonstrate. Highly sensitive assessments of physical abuse, sexual abuse, and neglect also are needed. In this study, shelter staff members collected information about these issues using non-standardized methods, using clinical judgment to determine appropriate timing, and questions to gather this sensitive information. In addition, the research team asked structured questions concerning these issues. While these various methods intended to produce reliable information, the short-term stays of many of the youths and the highly sensitive nature of the material make the results of these self-report measures somewhat questionable.
Despite the limitations, this study addresses a gap in the literature concerning family reunification following youths' admission to emergency shelter services. Further research is needed, however, that delineates youth, family, and shelter system factors that not only address reunification strategies, but also distinguish successful from unsuccessful reunification over an extended period of time. Few studies have been conducted that identify effective post-service intervention options aimed at improving successful reunification; even less research has focused on youths who do not reunify with their families. Thus, future research efforts demand employment of longitudinal methods to evaluate strategies best suited to improve family reunification efforts and identify intervention options to meet the continuing needs of these youths and their families.

References


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Sanna J. Thompson, PhD and Liliane Cambraia Windsor, MSSW, are at the University of Texas at Austin, School of Social Work. Kin Zittel-Palamara, PhD, is at the State University of New York at Buffalo.

Correspondence may be addressed to Sanna J. Thompson, PhD, University of Texas Austin, Substance Abuse Research Center, 1717 West 6th Street, Suite 240, Austin, TX 78703. Her phone is (512) 232-0604 and her Fax is (512) 232-0617. Her email is SannaThompson@mail.utexas.edu.

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