PREVENTION REPORT

FALL 1983

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Regular Features

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The Challenge to Child Advocates: Putting the Family in Perspective

The following is excerpted from a presentation by Elizabeth Cole, director of permanent planning, the Child Welfare League of America, delivered at the National Dissemination Conference on Alternatives to Foster Care (Arlington, Virginia, May 25-26, 1983).

We've all heard it said that as a society, Americans value families. We really believe that this is the place where we raise children to become productive adult citizens. We're *for* families. And we recognize that not all families can function as they should. Human beings tend to be flawed, and one of our largest flaws is that the biological capacity to conceive and give birth to a child does not have to be joined by the psychological and social readiness to parent before we can bring another human being into the world. For generations to come, we are always going to have people who, for various reasons, will not be able to parent. This is the justification for society to provide services which are going to strengthen families, support families, and, as a last resort, provide substitute families.

What's wrong with this paradigm? While Americans value families, we value some families less than other ones, and some we think are valueless. And while we say that there ought to be a "continuum of care," we really have devoted *most* of our resources to substitute services—those that take the place of the biological family. We've devoted *less* of our resources to even assisting those families of the children that we have in substitute care, and we've devoted the *least* amount of our resources up to now, historically, to those services that would keep the families intact.

I've been doing some research (for a monograph we're writing at the Child Welfare League) on the history of child placement in the United States. When I looked at the first placement services and read minutes of the board meetings of the first child placement meetings in the United States, there were debates over what was a "deserving" family; they wanted to know what a "fit" family, or "fit" parents, were. Most of the disagreements that arose over this issue have not changed in 150 years.

Some were based on nationality—because you were a certain nationality, you therefore had to be unfit. In the first annual report of one of the major agencies in New York, it was argued that all Irish children should be removed from their parents. Why? Because the Irish were cursed with intemperance, and would never be fit parents, so they ought to have their children removed. There was prejudice against religion. Children were removed from their parents because they were Roman Catholic or Jewish.

Now maybe some of us have abandoned nationality and religion, but we sure have not abandoned race as the current prejudice about who may or may not parent children. Our records show that children of racial minorities—Black, hispanic, and native American children—are removed more quickly than children of other races; they stay in care longer; they are returned later; and they have less of the permanent substitute parentage provided for them than anyone else. Racism is at the bottom of many of our perceptions about who is a fit and unfit parent. That's one of the problems for advocates; we cannot combat people's resistance to dealing with family dysfunction unless we combat their racism, as that may lie at the bottom of their denying resources to these services.

You can do the best job of family-based services, but you're still faced with the fact that families we deal with in our agencies are poor families or are of minority race. In every study that has come out for the last 20 years that discusses children who die, children who have the worst health, children who have substandard housing and education, children who are mentally ill and mentally retarded, the variables which decide whether children will appear highly in that link or not are poverty and racism. In other words, poor children and children of minority race suffer all of the harms in society more than any other group of children. If we really are going to help children in their families, we really have to promote programs which address head-on the questions of poverty and racism which these families face. We cannot just promote family-based services without directing an enormous amount of effort to these important factors.

The Alternative-To-Foster-Care Project States

Alaska in Profile

Alaska initiated an intensive family-based service project in March 1983, after being selected as a project state by the National Resource Center. The Anchorage metropolitan area was chosen as the first site for the program because it is the largest population center in the state, serving over 50 percent of the state's clientele and it's the location of the state staff training center, whose resources would be accessible to the project. Furthermore, case loads in this office had risen dramatically over recent years. It was hypothesized that if the program proved successful in Anchorage, it could then be expanded into the other local offices throughout the state.

The Department of Health and Social Services in Alaska is organized into two divisions: Adult and Aging Services and Family and Youth Services (the auspices of the Intensive Service Project). Services are delivered through 35 field offices in six regions.

According to Yvonne Elder, social service field administrator, the department had some initial advantages in starting a family-based service program. The department had focused on preventive services for the past few years, and legislative intent for special appropriations for preventive services agencies already existed. The department also had been able to maintain a rather large budget for staff training (a quarter of a million dollars), which is an important component in successfully implementing family-based services. With several hurdles already overcome, setting up the program was quickly accomplished.

An intensive service unit in Anchorage is staffed by two service workers and one supervisor. Three target groups are identified for service: families whose children display disruptive behavior and are inappropriate for substitute care; families with little or no prior contact with the agency and are considered dysfunctional; and the adolescent population in group home or institutional placement where reunification is a possibility.

The referral procedure for the project involves recommendation of a family by an intake worker to a screening committee, composed of one intensive service worker and the intensive service supervisor. If determined to be appropriate, the referring worker introduces the family to the service worker, who then discusses the purposes and goals of the program. When the family accepts the program, the case is transferred and may remain in the service unit up to 90 days. Case loads of the intensive service workers are kept between five and ten, to permit the development of a strong worker/family relationship and to allow time for the worker to help the family achieve its treatment goals.

Program developers also designed a system of case monitoring which includes weekly conferences with workers, weekly reading of case documentation, monthly reading of cases by the staff director, and progress reports at six weeks and three months. The reports include information about overall case movement, costs, and savings as well as goals achieved and evaluation by the family of the services received. With the program in operation only a few months, no data are as yet available. However, with data collection designed into the project, valuable information will be available in the near future.

The National Resource Center's activities were oriented towards the crucial and often overlooked preparatory work within the agency and community. The center assisted planning the Anchorage project by reviewing the service delivery system with state and district agency personnel and making suggestions for the reallocation of manpower to accommodate lower case loads for the new unit workers. The center also provided training in family systems theory to line workers and supervisors from intake, protective service, and the intensive service units, as well as specific training in family-based techniques for the new unit staff. Finally, Resource Center staff conducted a community information session for various representatives from health, education, and other social service agencies to inform the community about the purpose of the intensive service project and to enlist communitywide support of family-based services.

In addition to facilitating the Anchorage project, Resource Center staff visited the Fairbanks and Point Barrow offices of the department, assessed their service delivery systems, and proposed recommendations for planning future family-based service projects in these agencies. Suggestions were based on the staff's evaluation of each agency as a social service system interacting with the surrounding community systems and in the context of problems unique to each locale.

For example, to provide casework services following child protective investigations of native Alaskan families, the Resource Center proposed purchasing service agreements with the local native association in Fairbanks. In the Point Barrow office, the use of native Alaskan professionals or paraprofessionals to supplement state staff was suggested, because of the demographic makeup of this area and in response to a variety of problems among the native Alaskan population (see p. 3 of this issue).

Although implementation of family focused preventive services was only recently begun, the work thus far accomplished by the Department of Social Services has been impressive and is likely to significantly impact service delivery outcomes in the near future.

South Carolina in Profile

Prior to the Resource Center's involvement with South Carolina in 1982, the state's Department of Social Services had initiated prevention demonstration projects in six counties, had developed two prevention services task forces, and had begun developing a prevention services policy manual.

South Carolina's Child and Family Services are administered by a state office and delivered through local county offices (46 in all). With a population of 2,500 children in substitute care and an average length of stay of 35 months, permanency planning and, more recently, preventive services have become increasingly high priorities for the department.

The State Task Force for Preventive Services was composed of representatives from the legislature, the court system, education, other social service agencies, public and private childrens' organizations, and state and county DSS staff.

A smaller working task force of 11 county supervisors and workers was also created. This group began developing the policy and procedures manual and guidelines for integrating preventive services into the state's social service delivery system. The National Resource Center assisted in this

continued on next page

phase by reviewing and critiquing the policy manual and suggesting revisions.

Six of the counties represented on this task force volunteered to serve as pilot projects for preventive services, and a preventive service unit was established within each. The six projects differed in terms of the target groups they intended to serve: one concentrated on returning children home from substitute care where reunification was the case goal; two counties worked with adolescent parents, conducting group sessions on human sexuality, parenting skills, and birth control; the other three accepted cases referred from within the agency and from other community agencies.

According to Ira Barbell, director of the Division of Children and Family Services at DSS, the county projects were initially successful. For example, the county which worked with children in substitute care had 19 out of 20 successfully reunited families. However, because of the vaguely defined target groups and worker roles and internal problems related to the presence of a separate preventive service component within the agencies, the projects' successes were short-lived. The case loads of preventive service workers increased as workers in other units transferred more of the difficult cases to the preventive unit. In other instances, staff did not transfer appropriate cases, believing that preventive service workers would be unable to handle them. Based on the experiences of the pilot projects, it was concluded that prevention initiatives would be more effective if integrated into existing program units.

Beginning in July 1983, a new approach to administering preventive services was employed in two pilot counties. The preventive philosophy was integrated into all children and family service programs, rather than remaining a distinct entity within the local agency. Intake and assessment, child protective services, foster care, adoptions, and day care remain intact, with child protective service treatment and permanency planning functions being combined and delivered by family-based service workers. Family-based service workers and supervisors are trained in approaches to working with the child's family members to strengthen the family and prevent placements.

South Carolina's experience thus far in implementing preventive services to families illustrates the importance of analyzing the impact of a separate prevention unit on other services, including variances in case load ratios, problems in differentiating and allocating cases among units, and potential conflicts in policies among categorical services serving the same or similar client-families.

Family-Centered Services and Alaskan Natives

The traditional native Alaskan family survived the hardships of an inhospitable environment by relying on the communal efforts of its extended kinship groups. Family life and the society's economic activities (consisting of hunting, whaling, and fishing) were organized around and dictated by the climate and terrain.

The introduction of vast technological and social changes brought about by the influx of non-natives into the state has seriously undermined the family structure and the traditions upon which the family relied. During the past century, particularly since World War II, the percentage of non-natives in Alaska has steadily increased. According to the 1980 census, Alaskan natives now constitute only slightly more than 13 percent of the total population.

Military and natural resource interests have been the major reasons for the demographic shift and in turn have had important roles in altering many aspects of Alaskan society. What was once a subsistence economy is now dominated by the oil industry. Western educational, religious, and governmental institutions were imposed on the Alaskan people with little regard for the unique qualities in the variety of Alaskan cultures. Extended families, which were once able to secure all of their needs through cooperative efforts, have broken down into smaller family units migrating from villages to the urban areas in search of jobs. The younger generations, educated in western schools, are encouraged to reject their native culture and absorb the dominant non-native values.

These socioeconomic changes have created conflicts for the native Alaskan. Seeing long-established values challenged by the non-native culture has eroded self-esteem and increased frustration. Evident are serious social problems such as widespread alcoholism (the most extensive health problem) and associated violence (family violence, homicide, and suicide), as well as behavioral problems among adolescents (such as promiscuity and prostitution).

The Department of Social Services in Alaska has recently implemented an intensive family-based service program (see page 2 of this issue) in Anchorage, the largest city in Alaska, and hopes to extend the program throughout other areas of the state in the future. In utilizing the family-centered approach, two features are relevant to social work with native Alaskan families.

First, the use of indigenous workers, both professionals and paraprofessionals, is crucial in helping the native Alaskan population. Workers going into the homes and communities must be sensitive to the behaviors and values of client families. A strong worker/client relationship is an important element of family-centered service. In communities where hostility between natives and non-natives exists, a client family's propensity to trust a helping professional is enhanced if the worker is a member of, or particularly sensitive to, the family's own culture.

A second feature of family-centered service, flexibility in service design, is important in working with native Alaskan families. This characteristic allows family-centered service workers and client families to design the service intervention that is best suited to the family's particular needs, respecting traditional child rearing values and extended family kinship ties. The Department of Social Services is contracting with one native Alaskan association to work with native families so far and is employing and training native workers in areas where there are predominantly native client populations.

For more information on working with native Alaskan families, contact Yvonne Elder, Social Service Field Administrator, Department of Health and Social Services, Division of Family and Youth Services, Pouch H-05, Juneau, Alaska 99811, phone (907) 465-3175.

The Kansas Support Worker Program

To safeguard and enhance the well-being of children and families, Kansas initiated the Family Support Worker Program in July 1979. In 25 counties, direct in-home services are provided to restore family stability and prevent unnecessary placements. Services are provided by a team of professional and trained nonprofessional staff. This service is provided to confirmed child abuse/neglect families, to families at high risk of child maltreatment, and to families with status offenders.

Mean time of service is seven to eight months. According to a Kansas spokesperson, workers have found that the first three months and the last two months of service are most critical and that 73 percent of the families served have successfully achieved restoration of functioning or full custody of their children.

SRS data also indicates that deprived-child petitions have been reduced by 50 percent since the program began.

Due to the success of the program in the initial 25 counties, the program has been implemented throughout the state effective fiscal year 1983. See "Resources for Prevention" in this issue for more information.

Highlights from Panel Discussion
Natural Dissemination Conference on Alternatives to Foster Care

Family-Focused Law: The Role of the Courts in Prevention

Diane Dodson, assistant staff director of the National Legal Resource Center on Child Protection and Advocacy, presented an overview of the service-related requirements of P.L. 96-272 and discussed points in the decision-making process where the courts and legal personnel become involved.

While some of the provisions of P.L. 96-272 are well-known there are a number of "hidden" requirements which have received less attention. For example, beginning in October 1983, for every out-of-home placement for which federal funding is desired, there will have to be judicial determination that reasonable efforts have been made to prevent removal or reunify the child and family. Also required are six-month reviews of case plans detailing the specific services to be provided to the family, a required mechanism for fair hearings for people denied services which should be available under P.L. 96-272, and procedural safeguards, such as making case plans available to parents and opening the six-month review to parent participation.

Dodson discovered in her travels that many local judges and lawyers had never heard of P.L. 96-272 unless their state had already changed its law in response to the act. Social workers should therefore take the initiative in passing the information on to judges and lawyers in their areas. Dodson also suggests that social workers get to know the lawyers who represent children and parents to educate them about social services.

The Honorable Herbert I. L. Feilds, juvenile court judge in the Ninth District of Virginia, discussed his impressions of family-based services in his district where there are eight autonomous departments of social services. Judge Feilds has been able to "witness what is almost a controlled experiment"—hearing cases from departments that use family-based services and those that do not. The difference, he asserts, is dramatic. York County in one year experienced a 60 to 70 percent reduction in placements, after training workers in family therapy techniques at the Child Guidance Clinic in Philadelphia.

He noted that the business of judges is taking risks for the community, and family-based services substantially reduces the risk. The quality of work with children improves, and social workers are more satisfied with their jobs. Judge Feilds urges social workers to come up with a plan for family-based services—and then sell it to the judges in their communities.

The Honorable George O. Peterson, Ramsey County juvenile court judge, St. Paul, Minnesota, stated that the costs of out-of-home placement—financial costs, family costs (damaging familiar attachments), and freedom costs (depriving children of liberty by removing them from their homes) are significant factors arguing for the implementation of family-based services. Family-centered services are treatment oriented rather than punitive, working intensively with families' real problems, helping parents better understand their own roles as well as their children's behaviors, and emphasizing hope for families. Judge Peterson sees cooperation (between the courts, human service departments, and corrections departments), coordination (policies limiting placements must be subscribed to by all agencies involved), and commitment (of resources to meet the needs of families) as crucial elements of family-based services.

Robert Praksti, director of the Permanency Planning Project of the National Council of Juvenile and Family Court Judges, presented the project's message to judges regarding P.L. 96-272, the concerns voiced most frequently by judges, and suggestions for improving agency-court relationships.

The first step in permanency planning is preventing unnecessary placement of children in foster care and ensuring services to reunite natural families who have been separated. The project recommends

- early judicial screening to avoid unnecessary placements;
- implementing home-based preventive and reunification services designed to rehabilitate families;
- written case plans for all children entering foster care, emphasizing the court's role in the case planning and review process;
- maintaining an inventory of all children in foster care so that the court knows the status of each case and plan for permanency; and,
- sensitive and demanding judicial reviews, since judges are in the best position to make permanency planning work.

Time and money are frequent concerns noted by judges who are directly involved in implementing permanency planning. The demands can be lessened with the use of court-appointed special advocates, guardians ad litem, court-appointed citizen review boards, and additional funding for more judges or referees. Other concerns are procedural (clearer definitions of requirements for the review hearing, who should be present, which party should have legal representation, etc.). Finally, judges are often concerned about the problems judicial review may create with caseworkers and supervisors. Agency representatives may resent the judicial involvement and interpret this as an inference that as social workers they are not doing their job.

In addressing this last concern, Praksti offered some suggestions on improving the relationship between the social agency and the court. The agency should be available to discuss issues of mutual concern openly (such as gaps in service, limited resources, uncovered cases). The agency should also develop a direct line of communication with the court—through regularly scheduled meetings between agency supervisors and court personnel (or a person appointed as a court agency liaison), or deciding to hold all review hearings on a specific day and time. Many judges believe that their work with abused and neglected children is extremely important. They want to become involved in permanency planning and support P.L. 96-272. Social workers should talk with the judges in their communities about the work they are doing as well as about the law.

Wisconsin: $1.6 Million for Prevention of Placement

The Division of Community Services for the Wisconsin Department of Health and Social Services is making $1.6 million available to counties in the state that are committed to developing or expanding prevention of placement services. Using the request-for-proposal approach, the department is expecting to offer up to $200,000 for programs initiating systems changes over a two-year period.

At a recent bidders' conference to which county administrators and program specialists were invited, prosecutors representing a wide range of program models in Wisconsin and from other states conducted a period of informative "nuts-and-bolts" workshops designed to broaden the perspectives of potential grantees.

The RFP language is explicit in its instructions to potential grantees. Projects are expected to target specific family problems, which can be identified as causing substitute placement of children, and should be aimed at reaching families at highest risk of disruption. Furthermore, the "system change" approach required by the division dictates that applicants assess all procedures, methods, and services that affect the changes for children to remain at home. Technical assistance is being made available by the division both for proposal writing and for planning and implementation once grantees have been chosen. Copies of Wisconsin's RFP and bidders' conference agenda can be obtained through the Resource Center.

Resources for Prevention

Family Centered Social Services: A Model for Child Welfare Agencies, National Resource Center on Family Based Services (July 1983).

This 92-page manual serves as a guide for administrators of public child welfare agencies in planning and implementing family-centered services. It includes a discussion of the beginning stages of program and policy development, proposed models of service delivery, a family typology for use in clarifying needs, client needs assessment and data-gathering instruments, personnel utilization, comparative analysis of the costs of substitute care and family-centered services, and an extensive bibliography.

Cost: $7. Order directly from the National Resource Center on Family Based Services, School of Social Work, The University of Iowa, N118 OH, Oakdale, Campus, Oakdale, Iowa 52319.

Measuring the Cost-Effectiveness of Family-Based Services and Out-of-Home Care, John Haugaard and Barry Hokanson, Institute of Urban and Regional Research and the National Resource Center on Family Based Services (June 1983).

This monograph was prepared for the Maryland Department of Human Resources to evaluate the cost-effectiveness of family-centered services compared with foster care services.

Cost: $5. Order from National Resource Center (address above).

Programmatic and Caseload Factors Associated with Per-Case Costs Proposed by Preventive Services Vendors, Stephen J. Leeds (July 1982).

This report presents a methodology for evaluating proposals for preventive services which were submitted to New York City's Human Resource Administration—Special Services for Children in fiscal year 1982. It is intended to assist in identifying the most significant factors affecting per-case costs and to be useful in evaluating proposals in future years.

Available from WRI, 112 State Street, Albany, New York 12207; telephone (518) 474-6338.

Assessing Foster Care Prevention Programs (New York City, Fiscal Years 1982-83), Stephen J. Leeds (March 1983).

This is the final report of a project conducted by WRI under contract to the New York City Human Resources Administration and analyzes the preventive services proposals and performance of agencies funded during fiscal years 1982 and 1983. Available from WRI (address above).

Social Services Agency Interview Guide for Prevention Services—This interview guide is intended to help local and state agency planners identify administrative and program issues to be addressed by prevention programs. The National Resource Center will assist state or local offices in using this guide by providing data analysis services at a nominal cost (for computer time). Call for further information. (319) 353-5076.

(Social Work Practice with American Indian Families)
Child Welfare Training: Education for Social Work Practice with American Indian Families
1. Introductory Text, DHHS publication no. (OHDS) 81-30298
2. Instructor's Manual, DHHS publication no. (OHDS) 81-30297

These materials were developed for use by social work students and social service providers who work with American Indian people. The information presented attempts to sensitize social workers to the diversity in life-styles and behaviors among Indian tribes, provides an overview of policy and legislation affecting native Americans, identifies social services available to Indian people, and suggests social work practice methods.

They Are Young Once but Indian Forever, Joseph A. Myers, ed.

This publication is a product of the American Indian Lawyer Training Program's two days of investigative hearings on the Indian Child Welfare Act of 1978. It includes a sketch of the implementation process, explanation of constitutional challenges to the act, general recommendations, and a summary of the hearings.

These materials are available from Dollie Wolverton, Children's Bureau, P.O. Box 1182, Washington, D.C. 20013.

How to Talk So Kids Will Listen, Adele Faber and Elaine Mazlish, is a do-it-yourself, self-contained, seven-session group workshop kit on parenting. The seven topics include

Helping Children Deal with Feelings
Engaging Cooperation
Alternatives to Punishment
Encouraging Autonomy
Praise
Freeing Children from Playing Roles, and A Final Review

For further information, contact Negotiation Institute, Inc., 230 Park Avenue, New York, New York 10169.

Free copies of Kansas Family Support Program packet, described elsewhere in this issue, are available from Janice Waide, Youth Services, Smith-Wilson Building, 2700 West Sixth, Topeka, Kansas 66606.

Notice of Survey

The National Resource Center will be surveying state, county, and voluntary agencies to identify family-based service programs. This information is needed to update our *Annotated Directory*. Your agency's cooperation with this project will be greatly appreciated. Surveys will be mailed to agencies in September. The new directory will be published in December 1983.

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Impressions of State Preplacement Prevention Programs 1983

Cecilia Sudia

The status of preplacement prevention and reunification programs as required in P.L. 96-272 (the Adoption Assistance and Child Welfare Act of 1980) is difficult to determine from the available state data, which are often ambiguous and incomplete. The Children's Bureau, after reading state plans and program reviews, has estimated that 5 states are presently carrying out a full-service, statewide preplacement prevention program (New York, Florida, Iowa, Utah, and Oregon). Out of the remaining states and jurisdictions, 19 are implementing a new program statewide (usually of a paraprofessional or emergency services level) or have comprehensive services in major population centers; 17 have one or several projects limited to a few areas; and 14 show no evidence (other than limited casework) of preventive programs.

In complying with the provisions of this law, states are electing different models to implement preventive and reunification services. With regard to the former, some states are extending a comprehensive emergency service program to a statewide level; some are expanding the use of paraprofessionals as part of the case plan; others have intensive services available when other agency resources have been exhausted. Reunification services across states are even more varied than are prevention services. Some states consider reunification as part of all services, some consider the skills needed for prevention and reunification to be similar, some assign responsibility for reunification to the foster care worker, and others have a permanency planning unit or designate permanency planning as their overall program.

In spite of the current requirements for a child welfare information and tracking system, most states lack adequate statistics for use in program development, or may not make use of the data that are available. Data often lacking include child's race/ethnicity; physical or mental characteristics; information about the parents, such as their availability to receive services; number of families who receive preventive services; the proportion for whom the services are effective; and characteristics or problems of families for whom services are provided.

Although demonstration projects and national surveys reveal that "failures" are more frequent among low-income ethnic groups, no state had described a strategy for better meeting the needs of minority families. Only a few states provide specific training in working with minority families, and only a few minority agencies are under contract to provide specialized prevention services. Native Americans are the primary minority group for whom special procedures have been established, but this is most likely due to the requirements of the Indian Child Welfare Act.

In addition to minorities, there are two other client groups for whom special programs need to be developed: status offenders and children who remain in substitute care longer than six months.

Foster Care Study

A study conducted by Stephen J. Finch, David Fanshel, and John F. Grundy, "Factors Associated with the Discharge of Children from Foster Care" (Columbia University School of Social Work, May 1983), analyzed outcomes for 22,913 children in foster care in New York City as of December 31, 1974.

Four types of variables were examined: *child structural* (i.e., years in care, age of entry); *child demographic* (ethnicity, religion, and sex); *reason placed* (i.e., neglect/abuse, abandonment, drug/alcohol); and *agency variables* (such as size of case load, various descriptors of children in care).

Findings include the following:

- Outcomes must be evaluated in terms of the original objective. Children slated for adoption fared quite differently from children whose plan was for return home.
- Factors related to adoption included younger age of child, being white, shorter time in placement, and, very significantly, being free for adoption. Children having suffered abuse or neglect were less likely to be adopted.
- For children to be returned home, the important factor was being in care a shorter length of time. Chances of returning home were increased when the objective was return to the family and when the agency specialized in reunification.
- A surprising finding was that a family's receiving services *decreased* the child's return by 16 percent. Whether this is a matter of timing (the child would be returned after service) or an indication that the more difficult cases are given such services, this finding clearly warrants further study.

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