



# P R E V E N T I O N   R E P O R T

national resource center on family based services

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**PREVENTION REPORT** is a publication of the National Resource Center on Family Based Services, The University of Iowa School of Social Work, N240 Oakdale Hall, Iowa City, IA 52242, 319/335 4123.

We welcome articles related to family-based services from practitioners, administrators and other interested readers. Research, legislation, practice methods, responses to articles appearing in this publication, upcoming prevention conferences, and new materials in the field are all welcome. Address inquiries or submissions to Marcia Culver, Editor, at the National Resource Center.

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## research report:

# FACTORS CONTRIBUTING TO SUCCESS AND FAILURE IN FAMILY BASED SERVICES

What exactly makes a program "family based," and what kinds of services do family-based programs provide? Is preventing placement the only measure of success or failure in FBS, or are there other criteria we can use to evaluate these programs? Is it possible to predict which families are most likely to be helped by family-based services and which services are most likely to work with a given family?

The growth of family-based programs in the last decade has created a need for more systematic information about the way family-based services work. Most previous research has focused on demonstrating that individual FBS programs reduce placement rates, but little work has been done to analyze and evaluate across a number of program the kinds of services provided, the kinds of families seen and helped, and how particular services or family characteristics may be related to case outcomes—success and failure.

To answer some of these questions, the Children's Bureau funded a 2-year research study by the National Resource Center on Family Based Services of 11 FBS programs in 6 states: Colorado, Iowa, Minnesota, Ohio, Oregon, and Pennsylvania. The primary purpose of the study was to identify service and client characteristics associated with success and failure of family-based services, so that we can formulate empirical guidelines for future family based child welfare services.

## RESEARCH METHODOLOGY

To ensure that findings would be broadly useful, the research team (led by Dr. Kristine Nelson of The University of Iowa) selected programs which reflected the diversity of current family based programming: some were private agency programs, some public; some rural, some urban; some provided most services in the home, some saw families primarily in the office. All, however, were committed to maintaining children in their own

homes and to serving whole families rather than an identified "problem child." All provided time-limited intensive services (contacts approximately once a week for 3 to 11 months) focusing on goal-oriented treatment plans which the families themselves help to create. And all provided comprehensive services either directly or in coordination with other service providers.

Three kinds of data were collected: (1) on-site interviews with agency administrators, supervisors and workers; (2) a 105 item survey completed by 90 workers who had carried cases selected for the study sample; and (3) an in-depth review of 533 closed case records (equally divided between cases where placement occurred and those where placement was averted). Most of the cases were opened between 1982 and 1985.

The interviews supplied information for in-depth profiles of the individual programs. Administrators, supervisors and workers were also asked to define success and failure in family-based services. Their responses formed the basis for related questions in the social worker survey and for the different outcome measures used in the case review instrument.

## FBS SOCIAL WORKER SURVEY

The social worker survey yielded information on all aspects of current FBS practice: social worker education, experience, turnover, career goals and morale; program caseloads and caseload management procedures, staff teaming, supervision and training; eligibility requirements and clients' prior service involvements; workers' opinions regarding the types of problems and families they worked with most successfully; the relation of different aspects of treatment to effectiveness of services; and reasons for both the termination of services and out-of-home placement.

The survey also provided the basis for a typology of family based services programs, focusing on two structural

features: (1) whether the program was located in a public or a private agency; and (2) whether services were delivered primarily in the home or in the office. Private agency programs, for example, had lower staff salaries and higher turnover rates than did public agency programs. They also reported fewer case terminations due to success with a family, more meeting time for case coordination, and a greater belief that family-based services could help the chronically mentally ill and substance abusers. In-office programs had more highly educated workers than did in-home programs, and were less committed to providing "comprehensive" services (such as 24-hour accessibility and delivery of "hard" services). Workers in the office-based programs considered in-office services more effective and spent more time on case coordination with referring workers. In-home workers, on the other hand, spent a considerable proportion of their time in travel (10-45%), and believed that the home is the most effective location for service delivery.

#### REVIEW OF SAMPLE CASES

An intensive review of 533 sample cases gathered immense amounts of information about family characteristics, service and placement history, problem areas, services provided during FBS treatment, and outcomes measures. The majority of client families are poor, female-headed, single-parent or blended families who receive some form of public financial assistance. The most common problems among the families served by FBS programs were parent-child conflict, family relationship problems, status offenses and delinquency. Physical abuse, sexual abuse and neglect were each found in about 20% of the families. The services most commonly provided were family therapy, individual counseling, case management and information and referral. Over 80% of families showed positive change over the course of services, achieving a significant portion of their case objectives and demonstrating substantial cooperation with services.

#### PREDICTORS OF SUCCESS AND FAILURE

The occurrence of a prior child placement of at least 3 months in a group or institutional setting turned out to be a strong predictor of future placement, although this applied to less than 10% of the children at highest risk of placement. Placement was a more frequent outcome for families who were referred for delinquency, status offenses, substance abuse (by parent or child), child behavior and peer relations, and a child's health or mental health problems. Most of these problems are found more often in families with adolescent children at risk of placement.

Motivation and participation by the key family members and the timing of servi-

ces were also significant factors. Not surprisingly, family-based services are more effective when families can be reached at earlier stages. Families with more numerous and more severe problems were more likely to experience placement. When family-based services are not available until placement is considered "imminent," it is much more difficult to help the family change enough and fast enough to avoid placement. In a number of the programs studied, cases where placement was averted received services for a longer period.

The client selection process is a strong determinant of success in a program: most of those with the lowest placement rates served families with higher caretaker competence, fewer children at imminent risk, higher incomes, fewer prior placements, and fewer problems. These programs also tended to provide a smaller range of direct services—primarily family therapy, individual counseling, and information and referral. They used fewer temporary placements, fewer directive interventions (such as accompanying a client to an appointment) and fewer psychological/psychiatric services. Only one of these programs provided services primarily in the home, though all provided some home visits. Conversely, the programs with higher out-of-home placement rates also served higher-risk families, and reached them mostly through in-home services.

Overall, programs offering more focused, short-term, office based services to families with fewer risk factors were more successful at preventing placement. Programs offering more comprehensive, in-home services to families with more risk factors—that is, those working with the most troubled, multi-problem families—had higher placement rates. Yet even in the program with the highest placement rate, placement was prevented in 75% of the cases served. For the most part, these preventive family-based services were successful at what they set out to do—averting the placement of children from families in crisis.

#### CONCLUSIONS AND IMPLICATIONS

First of all, family-based services can be successfully delivered by public agencies, and they can also be successfully delivered in the office for some client families. But services must be matched to the client population being served. Children who have experienced group or institutional placement before are at increased risk of placement, as are families with more severe problems, families with problems relating to adolescence, and families who do not cooperate with services. Certain types of services may not be as helpful as was believed (e.g., directive services and other concurrent mental health and social services), while families do consistently benefit from educational and supportive services. Families may benefit from longer periods of

service, and most families will continue to receive some kinds of social services even after the termination of short-term family based services.

But perhaps the most consistent and important implication of this and other FBS research is that family-based services help families in trouble: 80% of the families studied in this research were helped to improve their overall functioning; in 84% of the families, potential child placement was averted. Another important finding is that delay in providing family-based services may increase the risk of placement. The sooner services are provided to families, the more effective they are. This may be only common sense, but in a world of reduced resources, even common sense needs to be statistically validated if the most effective kinds of preventive programming are to compete successfully for the support they need and deserve. Family-based services can help the most troubled, multi-problem families; but the odds are much better if we can help them before their problems multiply.

This research was funded by the U.S. DHHS Office of Human Development Services, Grant 90-CW-0732. The eleven participating programs were:

Family Therapy Unit, Iowa DHS, Ottumwa Intensive Family Therapy Program, Boulder County SS, Colorado  
Intensive Family Services, Children's Services Division, Oregon DHR  
Home-Based Family-Centered Services, Franklin County Children's Services, Ohio  
Intensive Services Program, Dakota County Human Services, Minnesota  
Albertina Kerr Center for Children, Oregon  
Adolescent Day Treatment, Adams County Community Mental Health, Colorado  
In-Home Family Counseling, Iowa Children and Family Services  
Intensive In-Home Treatment, Lutheran Social Services of Minnesota  
Intensive Family Program, Catholic Family Services, Multnomah County, Oregon  
Supportive Child/Adult Network (SCAN) of Philadelphia, Pennsylvania.

*Copies of Factors Contributing to Success and Failure in Family-Based Child Welfare Services in Eleven Family-Based Services Agencies: Executive Summary (\$2.50) and the Final Report (\$15.00; 151 pp + tables and appendices, including instruments) are also available from the National Resource Center (add \$1.50 shipping/handling). The National Resource Center on Family Based Services offers research and evaluation services ranging from consultation in evaluation design and development of research instruments to complete evaluation services, including research design, data collection, analysis and preparation of reports. For further information, contact Miriam Landsman, Research Associate, 319/335-4123.*

## annual survey of family-based service programs

The National Resource Center on Family Based Services is gathering information for the sixth *Annotated Directory of Selected Family-Based Service Programs*, to be published in August 1988. The Directory continues to be one of our most useful and popular resources. Programs are organized alphabetically by state and crosslisted by type (public or private), target population and program emphasis; descriptions also include information on background, staff and funding.

We are interested in learning about both new family-based services and any older programs not already included; we also plan to update the 269 program entries in the 1987 Directory. If you belong

to or know of a family-based service program which you think should be listed, please complete the survey form in this *PHEVENTION REPORT*, or pass it along to an appropriate person. We would also appreciate any supporting materials: brochures, evaluations, annual reports, etc.

Each edition of the Directory has reported on at least 50 new programs, reflecting the exciting expansion of family-based services throughout the United States—and the equally important expansion of information about these services. Please help us continue to get the word out and keep the family-based services community growing.

### FAMILY-BASED PROGRAM SURVEY

Program Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Title: \_\_\_\_\_

#### A. PRIMARY GOALS AND OBJECTIVES OF THE PROGRAM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### B. BACKGROUND OF THE PROGRAM:

1. Date program was established: \_\_\_\_\_

2. What program(s), if any, was this program modeled after? \_\_\_\_\_

3. What basic theories or treatment approaches are employed? \_\_\_\_\_

4. Check all that apply: \_\_\_\_\_ public agency program; \_\_\_\_\_ private agency program; \_\_\_\_\_ pilot program;  
\_\_\_\_\_ specialized unit within the agency. Does entire agency use a family-based approach? \_\_\_\_\_ yes \_\_\_\_\_ no

#### C. PROGRAM DESCRIPTION:

1. Services provided directly by the program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Services purchased from other agencies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Eligibility requirements: \_\_\_\_\_

\_\_\_\_\_

4. Check all sources of referral received/accepted: \_\_\_\_\_ self \_\_\_\_\_ family \_\_\_\_\_ 3rd party \_\_\_\_\_ State DSS  
\_\_\_\_\_ medical \_\_\_\_\_ court \_\_\_\_\_ other agencies

5. Are clients seen: \_\_\_\_\_ individually only; \_\_\_\_\_ individually and as a family; \_\_\_\_\_ in family groups only;

6. What is the average length of time clients receive services? \_\_\_\_\_

If services are time-limited, maximum length of services: \_\_\_\_\_

7. Average weekly service hours to client or family: \_\_\_\_\_

Estimate the percent of services provided: \_\_\_\_\_ % in office \_\_\_\_\_ % in home

8. Describe any emergency/crisis services provided (e.g., 24 hour availability, hotline, emergency shelter): \_\_\_\_\_

\_\_\_\_\_

9. What follow-up procedures or services are provided? \_\_\_\_\_  
 \_\_\_\_\_
10. Average cost of service to agency: per family \$ \_\_\_\_\_ (or person \$ \_\_\_\_\_ )
11. Are clients charged fees for service? \_\_\_\_yes \_\_\_\_no. If yes, on what basis? \_\_\_\_\_
12. Number of clients served per year? \_\_\_\_families (or \_\_\_\_ persons)
13. Does agency use a computer information system? \_\_\_\_yes \_\_\_\_ no. If yes, which one? \_\_\_\_\_

**D. CLIENT CHARACTERISTICS:**

1. Racial/ethnic composition: \_\_\_\_ % Caucasian \_\_\_\_ % Black \_\_\_\_ % Hispanic \_\_\_\_ % Native American \_\_\_\_ % Asian.  
 Other: \_\_\_\_\_
2. Income/socioeconomic status: \_\_\_\_ % low \_\_\_\_ % middle \_\_\_\_ % high
3. Family composition: \_\_\_\_ % 2 parents; \_\_\_\_ % single parent; \_\_\_\_ % blended \_\_\_\_ % adoptive; other: \_\_\_\_\_
4. Geographic area served: \_\_\_\_\_  
 Check if area is predominantly rural or urban suburban
5. What presenting problems are most commonly experienced by your client families? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. STAFF:**

1. Please describe the program's staff: number, position/title, educational qualifications, average caseloads: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. If services are provided by teams, please describe team composition: \_\_\_\_\_  
 \_\_\_\_\_
3. If the program or agency sponsors staff training, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. FUNDING:**

1. Annual program budget (based on most recent available information): \$ \_\_\_\_\_
2. Approximate percent of total agency budget: \_\_\_\_\_ %
3. Sources of funding: \_\_\_\_ % federal \_\_\_\_ % state \_\_\_\_ % local \_\_\_\_ % private.  
 Does program have a purchase-of-service contract with the State DSS? \_\_\_\_ yes \_\_\_\_ no

**G. EVALUATION INFORMATION:**

1. Have your program's services been formally evaluated? \_\_\_\_ yes \_\_\_\_ no. If yes, most recent evaluation date: \_\_\_\_\_;  
 Conducted by: \_\_\_\_\_
2. What criteria do you use to measure success and/or failure? \_\_\_\_\_  
 \_\_\_\_\_
3. Are results available? \_\_\_\_ yes \_\_\_\_ no. If yes, please enclose a copy or summary.

*Please enclose any recent brochures or program reports available. training opportunities*  
**Return to: National Resource Center, N240 Oakdale Hall, Oakdale, IA 52319.**

## National Resource Center Residency Programs 1988

The National Resource Center on Family Based Services is offering two intensive residency programs at The University of Iowa in Iowa City during the summer and fall of 1988. The first program (FBS Supervisors, July 25-29) is designed specifically for supervisors in family-based services programs. The second (FBS II, September 19-23) is designed for professionals with intermediate or advanced experience in family systems work and family-based service techniques. These programs complement the Resource Center's on-site contract training, offering individuals and smaller agencies the opportunity to participate in the NRC's nationally recognized family systems training. Details and agendas for each program are given below.

Participants will study with National Resource Center training staff and consultants, who are University of Iowa faculty and experienced family therapists. Training days run from 9 a.m. to 4 p.m., with Wednesday and Friday afternoons free. The registration fee for both programs is \$225.00. Housing is available on campus at the Iowa House for \$27.00 per night single occupancy and \$35.00 per night double occupancy. Credit for course work will be available in the form of 3 Continuing Education Credits for 30 hours of instruction (\$3.00 per credit). Both programs are limited to 45 participants. All registrations accepted on a first-come first-serve basis.

A lovely river town, Iowa City offers a wide array of theater, music, films, walks and restaurants. 4.5 hours by car from Chicago, 3.5 hours from Madison, 5 hours from St. Louis, and 6 hours from Minneapolis, Iowa City is also served by the Cedar Rapids Airport.

### FAMILY BASED SERVICES SUPERVISION: July 25-29

For individuals who supervise staff working with families. Participants will analyze their own role systemically and learn two models of family based supervision, in addition to predicting and acquiring solutions for inevitable problems that face family workers.

#### AGENDA\*

##### Day 1: Family Systems

- Overview of FBS/Review of Systems Concepts
- The Structural/Strategic Model of Family Work

##### Day 2: Supervision As A System

- Supervision as a System
- Sibling Position and Core Triangles
- Supervisee Developmental Stages
- Supervisory Process

##### Day 3 (a.m. only): Supervision Model 1

- Live Supervision Model: Presentation using the Structured Family Interview

##### Day 4: Supervision Model 2

- Consultative Supervision: Presentation and Practice
- Worker Error
- Trouble Shooting: Tracking Case Development

##### Day 5 (a.m. only): Supervision Model 3 and Family Based Services Problem-Solving

- Structuring Professional Development
- Peer Consultation Model
- Problem Solving for Family-Based Services

### FAMILY BASED SERVICES II: September 19-23

For individuals with intermediate or advanced experience in family systems work. Special focus will be given to working in a systemic way with multi-problem families, including when and how to use strategic or indirect techniques with families who do not respond to more direct, structural work. Participants will also examine the workplace as a system and analyze their role within it. While this workshop introduces participants to advanced therapeutic techniques, it is not intended to substitute for a clinical training program with ongoing supervision.

#### AGENDA\*

##### Day 1

- The Integrated Structural/Strategic Model
- Review of Structural Techniques
- Videotape on Strategic Work with Families

##### Day 2

- Presentation on Strategic and Indirect Interventions: Paradoxical Interventions, Pretend Techniques, Rituals and Tasks
- Practice of Strategic Interventions

##### Day 3 (a.m. only)

- Roles and Dynamics in Chemically Dependent Families
- Engaging Chemically Dependent Families in Treatment

##### Day 4

- Dynamics and Interventions with Incest, Child and Spouse Abuse, and Neglect

##### Day 5 (a.m. only)

- Interventions cont'd
- The Workplace as a System

\*Agendas are subject to change based on participant needs and interests.

For further information about any of the National Resource Center's training programs, contact WENDY DEUTELBAUM or ANNE ZALENSKI here at the Center, 319/335-4123.

### registration form

National Resource Center on Family Based Services Residency Programs 1988

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Office) \_\_\_\_\_ (Home) \_\_\_\_\_

Check which program(s) you would like to attend:

\_\_\_ 1) Family Based Services Supervision (July 25-29). Registration: \$225

\_\_\_ 2) Family Based Services II (Sept. 19-23). Registration: \$225

Single and double rooms are available at Iowa House on the University campus. If you wish to reserve a room, please indicate your choice:

\_\_\_ single \$135.00 for 5 nights

\_\_\_ double \$87.50 per person for 5 nights to be shared with \_\_\_\_\_

Enclose your check or purchase order for the \$225 registration fee plus either \$135.00 (single) or \$87.50 (double) for your housing, payable to The University of Iowa, and return to Center for Conferences and Institutes, The University of Iowa, Iowa City, IA 52242. For additional information call the National Resource Center at 319-335-4123.

Last fall's first national family-based services conference provided a very special opportunity for FBS practitioners, policymakers and administrators from all over the U.S. to meet and share their ideas and experiences. We hope and expect that this opportunity will be repeated annually—last year Minneapolis, this year Boise, next year . . . who knows?

But a few days once a year is hardly sufficient time to establish the kinds of in-depth communication and cooperation which are needed if the family-based perspective is to become a truly effective and permanent part of our human services systems, locally, statewide and nationally.

This need to begin building a strong national community of ideas and mutual support has led to the formation of a new national association for family-based services, which will be open to membership by all who are interested. The primary goals of this national association will be (1) to organize and facilitate national conferences on a regular basis; (2) to operate as a hub for the exchange of knowledge, skills and programming all year round . . . not just at yearly meetings; (3) to promote the formation of new state family-based services associations; and (4) to advocate on the national level for the growth and continuation of family-based services.

The new association held its first meeting on April 8 in Chicago, hosted by Joe Jenkins and Family Care Services of Metropolitan Chicago. The initial membership roster is truly broad-based, including representatives of the state FBS associations of Illinois, Minnesota, Iowa, Michigan, New England and North Dakota, of public social services in Wisconsin, Oregon, Idaho, Maryland, Minnesota, Arkansas, Illinois, Kentucky, and North Dakota, of private agencies in Iowa, Illinois, Washington, North Dakota, Michigan, New Hampshire and Vermont, of national organizations like CWLA and the National Resource Center on Family Based Services, and of the federal Children's Bureau. The association's activities will be supported by in-kind contributions from participating organizations, revenues from the first and second national FBS conferences, and membership fees.

One of the group's first priorities at the April meeting was to articulate some of the shared philosophical assumptions which underly the term "family-based" and which presumably unite all of the individuals and organizations coming together for this meeting. First of all, they agreed that family-based services implies an *ecological perspective* which leads to services focused on both the family and the community. Family-based services are also *community based*, aimed at

accessing the community's resources on behalf of families and often using the community as the primary locus for services.

The emphasis of family-based services has thusfar been largely on services for children and their families, and this will be the association's primary focus for the present. However, it was recognized that the family-based perspective is equally applicable across the entire life cycle and offers rich possibilities in areas such as services for the disabled and the elderly. The family-based approach is also relevant . . . indeed essential . . . across the continuum of services, from prevention through remediation or institutionalization to reunification or permanency.

Perhaps most important, however, is the recognition that in this time of growing demands and shrinking resources, services to children and families must be a *shared professional and community responsibility*. Cooperation and coordination on all levels are imperative if society is to meet the current wave of crises which are threatening to drown our social service systems, to say nothing of the families and individuals in need of our support. Whatever the political orientation of the administration in Washington—this year or next year—it is clear that no single source, public or private, is going to be able to meet these challenges on its own.

With some of the philosophical groundwork in place, the next order of business for the meeting was to outline an organizational structure. Five committees were established to develop procedures and recommend policies on (1) **Public Education/Public Relations**; (2) **By-Laws**; (3) **State Associations**; (4) **the 3rd Annual Conference**; and (5) **Membership and Finance**. The association is expressly committed to recruiting and encouraging broad geographic and minority participation and to making the association easily available to anyone interested in either joining or just obtaining information about family-based services.

The association's first annual business meeting will be held at the 2nd national FBS conference in Boise, Idaho, in October. The group also plans to sponsor a session, an information booth and some open activities at the conference, as well.

The association has scheduled its second organizational meeting for August 18 and 19, in Detroit, to be hosted by Monty Sharobeem of the Judson Center, President of the Michigan Home Based Family Service Association.

We will be bringing you further news about the new national FBS association in future issues of *PREVENTION REPORT*. In the meantime, for further information about the National Association for Family-Based Services, contact either:

Jerry Lindskog  
Family Based Services  
Minnesota DHS  
Centennial Building, 4th Floor  
St. Paul, MN 55155  
612/296-3910

or

Monty Sharobeem  
Judson Center  
4410 W. Thirteen Mile Road  
Royal Oak, MI 48072  
313/549-4339.

conference news, cont.

### CALENDAR OF UPCOMING MEETINGS

**FIRST ANNUAL CONFERENCE: MICHIGAN HOME-BASED FAMILY SERVICE ASSOCIATION:** September 29-30, 1988 (Lansing, MI). Contact: Monty Sharobeem, Judson Center, 4410 W. Thirteen Mile Road, Royal Oak, MI 48072, 313/549-4339.

**FAMILIES: A NATIONAL RESOURCE, A NATIONAL PRIORITY** (The Family Resource Coalition's Second National Conference): October 6-9, 1988 (Chicago). Contact: The Family Resource Coalition, 230 N. Michigan Ave., Suite 1625, Chicago, IL 60601, 312/726-4750.

**EMPOWERMENT: AN IMPERATIVE FOR BLACK CHILDREN AND FAMILIES** (National Black Child Development Institute's 18th Annual Conference): October 12-14, 1988 (Los Angeles). Contact: NCBDI, 1463 Rhode Island Avenue NW, Washington, DC 20005, 202/387-1281.

**FAMILY THERAPY AND ALL THAT JAZZ** (AAMFT 46th Annual Conference): October 27-30, 1988 (New Orleans). Contact: AAMFT Conference, 1717 K Street NW, 407 Washington, DC 20006, 202/429-1825.

**CHARTING THE COURSE** (112th Annual Conference of the American Association for Protecting Children): November 2-4, 1988 (Tacoma, WA). Contact: American Humane Association, 9725 East Hampden Avenue, Denver, CO 80231-4919, 303/695-0811.

## materials available from the national resource center

**ANALYSIS OF FACTORS CONTRIBUTING TO FAILURE IN FAMILY-BASED CHILD WELFARE SERVICES IN ELEVEN FAMILY-BASED SERVICES AGENCIES: EXECUTIVE SUMMARY** (1988). \$2.50. (FINAL REPORT. \$15.00) Summary and final report of a 2-year federally funded study analyzing social worker characteristics, family characteristics, services provided, and the relationship between these factors.

**ANNOTATED DIRECTORY OF SELECTED FAMILY-BASED SERVICE PROGRAMS** (1987). \$15. Descriptions of 269 family-based service programs across the country, including information on program goals, background, services, client characteristics, staff, funding and who to contact.

**A COMPARATIVE ANALYSIS OF THE COSTS OF SUBSTITUTE CARE AND FAMILY BASED SERVICES** (1982). No charge. A method for comparing costs of foster care and family-based services, using the present-value-of-money concept to demonstrate savings in foster care maintenance expenditures.

**EVALUATION OF FOURTEEN CHILD PLACEMENT PREVENTION PROJECTS IN WISCONSIN** (1985). \$3.50. Funded by the Wisconsin Division of Community Services, this study followed 14 programs during the period from 1983 to 1985 and describes project backgrounds, client characteristics, services, outcomes and related factors, and achievement of project goals. Data collection instruments included.

**EVALUATION OF NEBRASKA'S INTENSIVE SERVICE PROJECT: LINCOLN AND MCCOOK, NEBRASKA** (1984). \$2.50. Background, findings and evaluation of 2 family-centered service project in Nebraska from March 1983 through February 1984, including data collection instruments.

**FAMILY BASED JOB DESCRIPTIONS** (1986). \$7.50. A compilation of job descriptions for family-based service workers (including social workers, supervisors, administrators, family therapists and paraprofessionals) which are currently in use by selected public and private family-based programs throughout the country.

**FAMILY-CENTERED SERVICES EMPLOYEES MANUAL** (1985). \$3.75. The Iowa Department of Human Services' family-centered services regulations, which define and structure the preventive services program, with accompanying procedures manual.

**FAMILY-CENTERED SOCIAL SERVICES: A MODEL FOR CHILD WELFARE AGENCIES** (1983). \$7. Planning and implementing family-centered services for public child welfare agency administrators, including a proposed model of service delivery, family typology, data collection instruments, comparative cost analysis, and extensive bibliography.

**MEASURING THE COST EFFECTIVENESS OF FAMILY-BASED SERVICES AND OUT-OF-HOME CARE** (1983). \$5. Data from the state of Maryland.

**PLACEMENT PREVENTION AND FAMILY UNIFICATION: A PRACTITIONER'S HANDBOOK** (1984). \$7. Applications of family-based services, initiating the program, family assessment, functions and activities of the in-home worker, staff supports, case closure, and service techniques.

**PLACEMENT PREVENTION AND FAMILY UNIFICATION: A VIEW FROM THE CHILD WELFARE SECTOR** (1980). \$2. Reasons for and advantages of family-centered services, for use with legislators, boards, advocacy groups, and civic organizations.

**POSITIVE PARENT NETWORK (PPN) OF RAPID CITY, SOUTH DAKOTA**, American Public Welfare Association (1986). \$2.50. Describes a typical rural primary prevention program, including program context, background, management, operations and monitoring, evaluation, and sample materials.

**RESOURCES FOR FAMILY BASED SERVICE PRACTICE: AN ANNOTATED SOURCE BOOK**, 2nd edition (1987). \$3.50. Descriptions and ordering information for selected resources on: family therapy, fbs theory and practice, research and evaluation, legal issues, family-based services management, and training. Lists

FBS service associations and program directories. Many unpublished materials prepared by social service departments and not generally available in libraries.

**THE SUPPORTIVE CHILD ADULT NETWORK (SCAN) OF PHILADELPHIA**, American Public Welfare Association (1986). \$2.50. Describes and documents this representative urban placement prevention program, with information on history, philosophy, goals and objectives, organizational structure, staff, funding, management and services.

**SUMMARIES OF EVALUATION STUDIES OF PREVENTION PROJECTS IN VIRGINIA AND WISCONSIN** (1985). \$3.50. Placement prevention project in Wisconsin and Virginia were studied using similar methodologies, with results demonstrating substantial success in preventing out-of-home placement.

**audiovisual materials:**  
**HOME-BASED FAMILY-CENTERED SERVICES: A BASIC VIEW** (1980). \$77. (Rental \$10) An 18-minute, 80-slide synchronized presentation providing an introductory overview; for use by advocacy and civic groups, boards of directors, and policy-makers. Includes an 8 page study guide.

Use the form below to order any of these materials or to notify us of address changes, additions or deletions for our mailing list.

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## EMPOWERING FAMILIES '88: NATIONAL FBS CONFERENCE

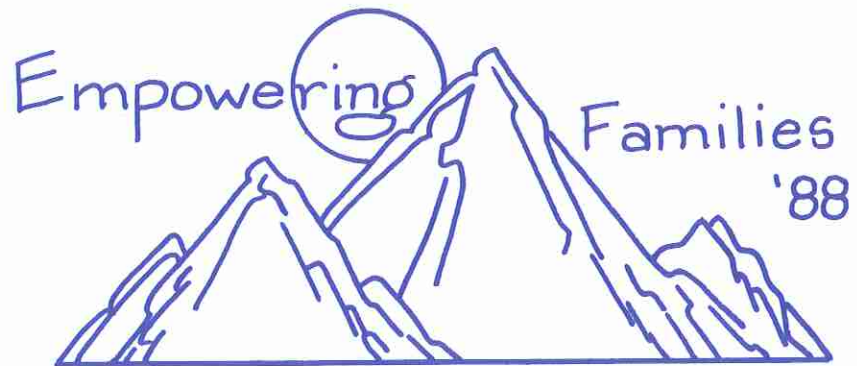
The 1988 National Family Based Services Conference will be held October 17-19, 1988, at the Red Lion Riverside in Boise, Idaho. The conference will focus on:

- building on the success of the first national conference
- adding research and evaluation to practice and policy
- developing partnerships across professional and cultural lines
- showcasing an array of family-based models, and
- promoting state and national family-based service associations.

Featured speakers will include **Michael Petit** (former Commissioner of Human Services in the state of Maine), **Evan Imber-Black** (noted expert on how families negotiate public systems), and syndicated columnist **Nancy Amidei**.

This is a unique opportunity for program administrators and practitioners to share their experiences, discuss issues, and network with colleagues from around the nation.

On the banks of the Boise River, where the desert meets the mountains, Idaho's capital and largest city offers a wide variety of entertainment and sports activities and is the gateway to Idaho's vast outdoor recreational opportunities. October



### the second national family-based services conference

is spectacular, with mild weather and the trees for which the city is named in full autumn splendor. Combine the conference with an Idaho vacation and experience the Northwest at its best.

The second annual national FBS conference is being sponsored by a coalition of agencies and organizations, including the Idaho Department of Health and Welfare (this year's host agency), the National Resource Center for Family Based Services, the CWLA, the state social services agencies in Minnesota, Oregon, Iowa, Washington and Wisconsin, the Northwest Resource Center, the Behavioral Sciences Institute, National

Child Welfare Resource Center, Idaho CASSP, Georgetown CASSP Technical Assistance Center, Portland CASSP Research and Training Center, Florida R & T Center for Improved Services for Seriously Emotionally Disturbed Children, the Idaho Network for Children, and the Idaho Chapter of NASW.

Conference registration is \$75.00. For further information, contact:

Alan Himsl  
Idaho Department of Health and Welfare  
Statehouse Mail  
Boise, ID 83720  
(208) 334-5700.



### National Resource Center on Family Based Services

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