

THE PREVENTION REPORT

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NATIONAL RESOURCE CENTER FOR FAMILY CENTERED PRACTICE

University of Iowa, School of Social Work, Room 112 North Hall, Iowa City, Iowa 52242
Phone: (319) 335-2200
FAX: (319) 335-2204

Marc Mannes, Executive Director
Debbie Black, Secretary
Barb Christensen, Training Dir.
Miriam Landsman, Research Dir.
Sarah Nash, Trng/Fin. Admin.
Kim Nissen, Pub. Secretary
Shirley Pinder Cook, TA Director
Brad Richardson, Research Assoc.
Maggie Tyler, Research Assoc.
John Zalenski, Info. Director

Family Resource Coalition
200 South Michigan Avenue, 16th Floor, Chicago, Illinois 60604
Phone: (312) 341-0900
FAX: (312) 341-9361

Project Director: Nilofer Ahsan

National Indian Child Welfare Association, 3611 SW Hood, Suite 201, Portland, Oregon 97204
Phone: (503) 222-4044
FAX: (503) 222-4007

Project Director: Terry Cross

A Letter from the Director: Sustaining The Family Centered Reform Agenda Amidst Transitions and Transformations

by: Marc Mannes, Ph.D., Executive Director

Well, I've done it. For the many of you I have not yet met, this means that I have left the U. S. Children's Bureau and life in Washington, D.C., to become the Executive Director of the National Resource Center for Family Centered Practice (NRC/FCP) and take up residence in Iowa. During this period of professional and personal transition, I am comforted in knowing I will be maintaining working relationships with friends and colleagues across the country and continuing to help implement strong family centered approaches in child and family services throughout the nation. The sense of continuity serves to temper the natural unsettledness accompanying a new job and a new home.

I am not alone in experiencing transitions and transformations. Our entire field is caught up in the throes of real and potentially enormous alterations. All of these alterations serve to accentuate the differences between system reforms and system changes. Reforms are the transitions and transformations like-minded people with long experience in the field are promoting, whereas changes are the ones being advanced by others, who

may have a dramatically different viewpoint from yours, or they may be presumptive reforms seemingly out of anyone's control.

It is hard not to be anxious about a number of the changes we confront, since they raise serious questions with enormous stakes for our professional work as well as the lives of the kids and adults we serve. Many successes in the field of family centered practice that we can point to with a sense of pride now appear to be in jeopardy. We must deal with the transitions and transformations we face by sustaining the family centered reform agenda in ways that are both meaningful and appropriate. Let me briefly mention some major areas which I believe need to receive continued emphasis as part of the ongoing reform effort.

The first, managed care, may be an area in which change needs to be reconstituted as reform. In the stampede to managed care, how do we make sure family centered principles don't get trampled? Reconciling the value base underlying family centered initiatives with the tenets of managed care remains a challenge. A great deal of good can

come out of applying certain managed care concepts to child and family programs and practices. A culturally sensitive articulation of criteria determining entry into the system of services, refinements in diagnostic technology along with a greater specificity of practice protocols guiding the pathway through the system of care, and a clearer delineation of appropriate service outcomes, could do an enormous amount to advance our endeavors. Managed care can stimulate a burst of creativity around developing new services which blend

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and build on the insights acquired from providing day treatment services, therapeutic foster care, and intensive family preservation services.

On another front, critics of family preservation, although their arguments contain some faulty assumptions and misreading of fact, will undoubtedly find new ammunition in the recently released 1993 iteration of the National Incidence Study (NIS-3) which suggests increasing rates of child endangerment and harm. Some will look at the upward trend in the child abuse and neglect data and argue for system responses exclusively emphasizing child protection. Obviously, focusing on safety is essential; but it is insufficient. Sustaining the reform agenda means that greater vigilance and action ensuring safety for children in extreme cases must be augmented by a greater commitment to preventive services which will allow us to help more children and families even earlier. This means strengthening and expanding our commitments to community-based child protective services reform, an approach strongly articulated by the National Advisory Council on Child Abuse and Neglect.

Major legislative changes will also challenge the family centered practice agenda. While the federal child welfare system was not significantly altered during the last Congressional session, the transformation of AFDC into TANF (temporary assistance to needy families), signalling a change from the social welfare state to state-based social welfare, has enormous implications for all of us. Let's face it, the entitlement status of AFDC, which effectively guaranteed ongoing income maintenance, has always been a factor in child welfare decision-making. Now income support will be temporary, and how this will effect and influence case workers, supervisors, policy makers, and judges' decisions remains to be seen. Alternative routes to securing income support for families will yield surprising, unintended consequences for the child welfare services system.

There is reason to believe that children who are poor because they live with parents who are poor, and African American children and youth, will likely turn out to be overrepresented to an even greater degree than they already are in the child welfare

system. Can and will states respond to this plausible scenario and do more than simply find employment for parents? Even well-educated, economically and socially accomplished parents find themselves in a constant struggle to juggle work and family demands. How well will the vast majority of TANF recipients do? Will TANF parents receive the family development assistance they will undoubtedly need so they can retain a job and create a healthy home environment for their offspring? Will state workers receive the training they need to be more than employment counselors? Family centered services and supports must be provided to families during the time period they are receiving financial support from TANF. In order to sustain a reform agenda, family support needs to be viewed not just as a service families access on a voluntary basis, but also as an essential ingredient of the child welfare and income support systems.

And what happens down the road? No one should lose sight of the fact that TANF is being initiated in an economy approaching full employment, when the minimum wage jobs TANF parents will inevitably fill are in abundant supply. We need to think about what will happen to families when the economy eventually falls into recession, at which time many of these jobs are likely to be among the first to disappear. Here, again, a reconceptualization and repositioning of family support will be critical.

Another aspect of the reform agenda addresses the need to stay the course with the many organizational reform initiatives already underway. Ten state agencies will have the opportunity to take advantage of waiver authority granted to the Children's Bureau and conduct demonstration projects and reform programs and practices associated with title IV-B and IV-E of the Social Security Act. Many reform initiatives to be found in states' Five Year Child and Family Service Plans (CFSP) are currently being implemented across the country. All of this work is augmented by numerous existing state initiatives, as well as innovative, foundation sponsored projects designed to improve delivery systems and direct services.

One of the most significant cumulative effects of these reforms has been to spawn numerous types of family centered partner-

ships. State and local government alliances, public agency and community collaboratives, interagency consortia, and public agency and social work education linkages have emerged in response to a growing awareness of the practical necessities of building connections and working together. Suspicion and wariness are gradually giving way to acceptance and trust. Many of these intergovernmental and interorganizational relationships, however, are still at a very fragile phase of development and will require care and attention to reach a mature stage and reap promised benefits. These partnerships involving joint strategic and operational planning, the blending of funding streams, and the integration of services, are essential to institutionalizing reforms. It is hoped that they will have sufficient time, obtain continued underwriting, and receive technical assistance to succeed, demonstrate their impact, and reveal a rich variety of implications. The NRC/FCP and others with acumen and sensitivity need to help sustain these partnerships.

A third element of the reform agenda involves participating even more adeptly in the significant portion of ongoing reform work which will be legislatively driven at the state and county level. Places like Sacramento, Albany, Des Moines, Annapolis, Tallahassee, Santa Fe, and county seats throughout the country now take on even greater strategic importance.

A recent publication of the State Legislative Leaders Foundation entitled, *State Legislative Leaders: Keys to Effective Legislation for Children and Families*, makes a series of recommendations to child and family professionals for addressing legislative-based reforms.

- * Be certain legislative leaders know how children and families in general, as well as special needs populations, are doing. Don't assume that they should know.
- * Make detailed information available to legislative leaders about policies and programs that have been demonstrated to be effective and/or successful.
- * Engage in the hard work of forging a

shared child and family agenda. Build consensus around a clear legislative agenda.

- * Build a legislative agenda sensitive to the political realities of the legislative body, while framing the agenda independent of party affiliation and political ideology.
- * Build a constituency within the general public around the legislative agenda addressing children's issues.

Family centered policies and programs will continue to be developed by state legislatures, county boards and city councils. A more astute sensitivity and responsiveness to political diversity will result in constructing broader networks of relationships. This will reinforce the concept that family centered issues are modern day examples of what the founders of this nation meant when they spoke of the common good.

Efforts sustaining the reform agenda are

expressions of the will and purpose of professionals and citizenry committed to family centered work. The entire staff of the NRC/FCP is excited by the prospects of collaborating to discuss, analyze, craft, and implement policies, programs, and practices which secure our accomplishments and continue our progress.

Training in Today's Environment

by: Barb Christensen, Director of Training, National Resource Center for Family Centered Practice

Organizations, agencies, and communities are living in an environment of change in both the philosophical "approach to" and the "delivery of" services to families. One of the challenges facing administrators in all aspects of service is how to support staff with the education and skills to deliver quality service with limited financial resources. Historically, training has been one of the first areas cut in constrained budgets. However, with increased expectations in terms of accountability and competency, the demand for technological ability, and the push for collaboration across agencies, training and skill development of staff is no longer a luxury item but a necessity. Changes in organizations might be best approached by the same model that we are now using with families, which is to empower and support change rather than demand compliance. Staff education and development is an important step in empowerment and support and should be an integral part of a planning process that reflects the mission and long range strategic growth of an organization.

Training is a dual challenge. The challenge for those providing training is how to meet the specific needs of an organization within budget constraints and to assist the organization in viewing training as an ongoing long term integral part of organizational growth and development. The challenge for consumers of training is to define the desired outcomes of training and articulate these to the training provider, as well as securing adequate funding through multiple resources.

For too long, training providers have approached consumers of training as we have historically approached families. We have produced a cookbook of trainings with the implication that the consumer is deficient in skills and knowledge and needs our expertise. In addition, we have often assumed that a "generic" training would fit all regions of the country as well as being culturally sensitive. This is an inadequate method of delivering a training component. Training providers must approach consumers from a strengths based family centered perspective, beginning with assessment.

Assessment includes not only the demographics of an organization and community, but a clear picture of the desired outcome of training. If the desired outcome is not clear, a technical assistance approach may be the most productive initial step. One technical assistance day with staff/administration to define and develop the training curriculum may mean the difference between the desired outcome and just another outlay of money that staff do not implement nor see as meeting their needs. Training curriculum components must include not only the initial content but long range training plans in order to continue to support and develop the desired outcome.

In addition to the technical assistance piece, an evaluation component is a critical step that is often left out. Evaluation needs to include more than the initial impression of the training experience. If the benefit of the

training is to be documented, the original desired outcome must be measured in terms of application of new information/skills and the barriers to implementation. With this evaluation component, training can become an important piece in long range planning for an organization, both structurally and philosophically, as well as a documentation of the impact of training in order to secure future funding. Increasingly, competency testing is being requested as an evaluation component. This must be carefully designed to reflect assimilation and application of knowledge.

The assessment, the actual training, and the evaluation component demand that organizations become active partners rather than passive recipients when purchasing training services. Consumers should expect a clear definition of the philosophy behind the training provider and its areas of expertise, and should ask for references from previous consumers. In addition, consumers of training should expect that training providers be flexible and willing to discuss and design a training agenda that not only meets the needs of the organization in terms of knowledge/skill development but creatively provides the best training options available within the budget constraints of the organization.

The National Resource Center for Family Centered Practice has been providing training, technical assistance, informational services, and evaluation since the late 1970's.

In recent years, we have developed our training philosophy to better meet the needs of the consumers. Our philosophy is a strength approach based on respect for the organization's definition of the problem and desired outcomes, recognizing multiple truths, and modeling organizational mission principles. It is meant to guide the integration of theory and principles into practice by

- 1) empowering change vs. compliance,
- 2) securing the acquisition of knowledge and skills while assisting with the reduction of institutional barriers,
- 3) decreasing dependency on experts through "training of the trainer," and use of informational services.

While traditional methods (trainer and group of participants from an organization) of training remain valuable, cost constraints have pushed organizations to be creative and look to additional methods of supporting needed skills for staff. Several examples of training options that have been successfully implemented by states, organizations, and communities follow:

1. Use of the fiber optic network. While it may not be as ideal as having a "live body," if done well with sufficient planning, training over the fiber optic network can be very effective. It accomplishes the training of a large group of participants in a short period and virtually eliminates the expense of travel and lodging for staff. A recent project in Canada provided training to approximately 300 line staff in the same three days. One trainer provided a three-day case management training to a live studio audience with 10 additional sites throughout the province watching on the network. The success of this training was enhanced by a "training of the trainers" prior to the primary training. These trainers were then placed at each of the sites to act as facilitators, in order to answer questions and support small group work. Questions were faxed to the primary site during off-air breaks, and time was allotted on-air for answering them. Variety was accomplished by staggering on- and off-air time, achieving a balance of didactic and small group work. The province now has video taped copies of the training which they are using to train new staff and as review and

ongoing support of the knowledge/skills presented.

2. Pooling of resources. Organizations have begun to search out other groups with similar needs within a geographic location in order to pool training funds and share the cost burden. This has several advantages beyond dollar savings: 1) it provides an environment for collaboration; 2) it provides a networking environment; and 3) it creates a common language among multiple providers.

3. Cross training. Closely related to the above, organizations have been looking at pooling resources with agencies who in the past have not been viewed as partners in a particular knowledge base. Police, schools, juvenile justice, community support systems, court personnel, and contracted providers, to name a few, have begun to join forces in the acquisition of knowledge, development of common language, and collaboration of mission and team effort. Outcome evaluations from this type of training have been very positive.

4. Initial outside training with follow-up by local expert/providers. While it may be the best use of training funds to obtain the services of an outside training organization to provide the initial input of knowledge and skills, many agencies and communities with the help of the training provider have located local consultants to provide ongoing support. For example, if an organization received a three-day training in family centered assessment and case management, it has been useful to bring in a local consultant, e.g., a family therapist, to do one-month case staffings to keep the skills reinforced. This is much less expensive than bringing in an outside expert on an ongoing basis, integrates multiple providers, fosters communication and collaboration, and reinforces learning.

5. Training of the trainers. Most states and organizations have a pool of qualified personnel who would benefit from a "training of the trainer" program. Such a training provides extensive skill development and evaluation in developing the skills of training and can incorporate the development of training modules on areas of knowledge/skills that the consumer defines as the desired outcome. The obvious advantage of using internal trainers is that the training can be reproduced

on an ongoing basis within the state/organization/community rather than relying on outside resources. Trainers from a region can also usually address cultural /environmental issues with more expertise than outside sources.

6. Conferences/institutes. Sending personnel to conferences has many advantages in terms of networking, and is often used as a reward for excellent service to an agency/institution. Conferences also give the participant access to new knowledge in the field on a broad spectrum of topic areas. However, traditionally they do not provide extensive skill building or knowledge, as the sessions are usually too short. The National Resource Center provided an opportunity for an alternative to the traditional conference last summer by offering a training institute with the choice of one-, two- or three-day trainings on a wide variety of topic areas. Participants reacted very favorably to this concept as the advantages of networking, getting away from the office, and gaining new knowledge, remained constant, with the added benefit of enough time for skill building. A second institute, "Managing Change Through Collaboration," is planned for March 3-5, 1997, at the Chicago Hilton. The Center's Training Institute will thereafter be held annually in various regions of the country. For the Center, this approach will be a productive replacement of the summer institutes conducted in Iowa City in past years.

The above represents just a beginning in exploring the possibilities for training opportunities. The most important ingredients remain: an adequate assessment of an organization's needs; consideration of budget; and an evaluation and training plan that reflect the ongoing mission and direction of the organization in terms of training outcomes. With collaboration and creative thinking, a training component can remain a viable part of an organization's budget and vision, helping to maintain the most skilled and capable staff for the benefit of children and families. An environment of change does not have to mean that critical pieces of growth and development are left out. Empowerment of staff through knowledge and skills can only benefit all concerned.

Family Development: A Training Agenda For Family Centered Practice Across Systems

[This article is a compilation of short pieces written by Center staff and training consultants, program administrators, and frontline staff. It is intended to present an introduction to the nature and the scope of the Center's Family Development Certification program].

by: **John Zalenski, National Resource Center for Family Centered Practice,**
and Bonnie Mikelson, Consultant/Trainer for the National Resource Center

In its fullest sense, "family development" describes the growth, progress, and challenges of diverse families over the course of a life cycle. Family development embraces the full range of events and circumstances of a family's life. These areas include:

- Extended family history, with emphasis on a family's cultural experience
- Marriage/divorce and significant relationships
- Infant, child, and adolescent developmental opportunities/challenges
- Educational achievement
- Health and mental health status/concerns
- Work and career issues
- Safety requirements both in the community and at home
- Personal goal-setting capabilities, and the organizational skills needed to make a plan work
- Social networks necessary to knit all of the domains listed above into a cohesive and resilient life

These, and no doubt other areas as well, are critically important to all families. No two families are alike, however. For some families, history and experience, education, work, a network of professional services and supportive personal relationships, and good fortune (not to mention good insurance) all combine to create a secure and stable pattern of family development. Other families are more vulnerable. Inadequate resources and supports in any of the areas mentioned above will place a family at greater risk of serious distress leading, potentially, to welfare dependency, substance abuse, allegations of neglect, or just a familial "failure to thrive." In combination, gaps in the network of supports and services available to families can become debilitating. For example, minimum wage work, a single income, an

emotionally taxing child, a crowded child care setting, and a family history of depression can strain a family. Add to this a layoff, a violent argument with a spouse or boyfriend, a repossessed car, or a shortage of groceries caused by the decision to keep the car out of repossession, and you may bring that family to the breaking point. At that point multiple service systems may become necessary, resulting in costly expenditures to remediate what were, at one point, avoidable crises, soluble problems, approachable developmental challenges. And make no mistake in calculating these costs. They are not measured by financial resources alone. Although it is difficult, if not impossible, to measure the highest cost to families caught in such a nexus of crisis is to the human spirit.

In order to respond to families whose circumstances are vulnerable, and who face the risks posed by a strained network of supports or other challenges, The National Resource Center for Family Centered Practice created, in the mid-1980's, the Family Development Program. The Family Development Specialist certification training provides workers in numerous settings with a core set of family centered practice approaches useful to support families across systems. Workers include professionals and paraprofessionals. They learn substantive family development strategies from a family systems perspective. Areas of emphasis include:

- interviewing and family assessment skills
- goal setting and planning for the family's future
- community services coordination
- responding to chemical dependency and domestic violence
- personal empowerment strategies

- community and professional development techniques.

This training offers an integrated, cross-systems, family centered approach to any human service staff working with vulnerable families.

Family development training originated with the work of Iowa Community Action agencies' practice with low income families. The focus of this work was to raise families capacities to become, and remain, self-sufficient. In the late 1980's, the Mid-Iowa Community Action Agency (MICA), began to implement the family development approach, and in the process initiated a request to the National Resource Center for Family Centered Practice (at that time the NRC for Family Based Services) for a family development training curriculum. Funded, originally, by the Iowa Community Action Association, the curriculum addressed the need of family development workers to organize their developing practice, clarify their strength-based philosophy, and increase their skills and understanding for motivating families to make the changes necessary to become self-sufficient.

Since these early beginnings with Iowa's community action agencies, Family Development training has expanded to include workers from many different programs:

- FaDDS (the Family Development for Self Sufficiency Program, Iowa's groundbreaking program for working with families at risk of welfare dependency)
- Headstart, pre-school and at-risk programs
- JOBS and other employment and training programs



- housing and homeless programs
- public health nursing and homemaker health aide services
- residential family workers
- single and teen parent programs
- public school at-risk services
- state welfare services

Current interests in family development suggest further application of the Family Development strategy in contemporary welfare reform programs, in child care centers (as well as resource and referral agencies), and with school personnel.

As this list of organizations and agencies using the Family Development approach suggests, the model is not content restricted. The Center's family development approach teaches a way of thinking and a framework for work with families — in almost any area — at the same time as it affirms the strengths and skills workers already demonstrate. This makes the approach valuable for enhancing the professional practice of organizations and staff who find themselves facing demands to move beyond individual-centered practice. For example, income maintenance workers who once focused on determining eligibility for entitlement benefits under the AFDC program may very well soon possess increased professional discretion under the many state applications of TANF. They will likely find themselves at critical access points to community-based systems of support and services focused on skill-building with a goal of economic self-sufficiency. Similarly, child care workers who have focused on child development in the day care or pre-school environment will increasingly have to see the links between child development opportunities and constraints, and the family system which supports them. Family Development can assist workers to accomplish this professional growth efficiently and effectively.

At the same time, the family systems emphasis of Family Development training lends itself well to building and sustaining linkages between families, neighborhoods, and larger systems. This means that the approach adapts to the requirements of a cross systems training agenda, providing an integrative practice approach — a common language of families — for diverse partners

within community collaboratives or other multidisciplinary team efforts.

The systemic principles organizing Family Development, focused on the patterns of interaction and relationships within families and between families and communities, are effective in helping a broad range of families seeking self sufficiency across many domains: financial, emotional, physical, and spiritual. Workers benefit from knowledge of the family dynamics involved in areas of special concern—substance abuse or domestic violence, for example—which may be serious barriers to change for many families, locking them into cyclical patterns with life-long implications. As workers increase their understanding of and respect for the challenges involved in dealing with these obstacles to a family's progress, they become more skilled and more effective in getting families the specialized help they need. They develop the ability to work with families respectfully and nonjudgmentally, two attributes critical to successful helping relationships. Participants in Family Development training typically are open, excited, and eager to share in the learning process. Through exercises, coaching, and group work, participants experience the process whereby knowledge is modelled into practice.

The systemic approach and its integrated way of thinking about families and personal relationships often impact participants in the training personally as well as professionally. Trainees frequently comment that the training has not only helped them in their work, but has been valuable in their own lives. The training teaches the effective use of the practitioner's self in creating partnerships with families, through self-exploration and group discussion of weaknesses, biases, and individual and agency diversity in dealing with families. As workers participate in the training, they become strengthened by this group process, as well as trained in substantive content and skill areas. This, to a degree, magnifies the impact of the Family Development training. There's a high probability that family development workers will themselves feel supported and energized by their training, rather than burdened by new professional responsibilities. This will augment the fact that they are more

equipped to strengthen families, contribute to resiliency, and enhance the skills needed to achieve constructive futures.

**Barb Serr, Program Administrator
Job Training Division
Job Service North Dakota**

Job Service North Dakota is an umbrella agency that administers numerous federally-funded and state-funded job training programs, along with public job placement, job insurance, and labor market information programs.

The agency is supported by 12 regional and district offices, five satellite offices on Indian reservations, and staff at 10 university and college campuses. In addition, outreach staff make scheduled visits to 66 Job Information Centers located in towns with populations of 1,000 or more.

The Job Service North Dakota One-Stop Career Center Delivery System is linked through a statewide computer network. Common registration, eligibility determination, assessment, employability/service strategy plan development, and case management allow clients to be concurrently or sequentially enrolled in various programs maximizing services and resources available to assist in reaching employment goals. Through this approach, all programs and resources administered through Job Service North Dakota are integrated. Staff in the local offices are cross trained to provide maximum service options for our clients.

Sixteen staff members, located throughout the state, received certification as Family Development Specialists in May 1996. The training took place between July 1995 and April 1996. Training for another 22 Job Service North Dakota staff occurred in September 1996. All of these staff members work with assessment and case management. Family Development training is one way Job Service North Dakota is preparing for the future in which Job Service workers will see greater opportunities to help families achieve self-sufficiency. The training gives our staff the tools necessary to effectively work with clients to bring about change in their lives. As federal budgets decrease, the need for efficient use of staff resources

and funding makes it increasingly important to help clients find lasting solutions to employment difficulties.

North Dakota is currently moving toward a seamless service system joining employment and training services provided by Job Service and the state human services and education systems. As these linkages become reality, the professionalism produced through training such as Family Development will enhance the services needed to help people move from welfare dependency to economic independence.

Leo Locker
Family Development Specialist
Devils Lake Job Service Office
Bismarck, ND

Three staff members in the Devils Lake office have received certification as Family Development Specialists. The training introduced us to a number of methods to use in helping clients (see the first section of this article). We use these techniques at different levels of intensity and depth as warranted by the needs of clients and our work environment. We no longer try to solve problems for clients. Instead we offer assistance that enables them to develop their own solutions.

An example of this is the technique called the Miracle Question Sequence. Using it simplifies allowing clients to reveal what is really on their minds. We also use the Genogram and Ecomap sequences, techniques for exploring patterns within family relationships and for mapping a family's support networks. The Pessimistic Sequence, a strategy to effectively confront fears, is very helpful in desensitizing job applicants conditioned to being afraid of negative responses to their interview.

Sometimes we feel like travel guides for clients on their trip through a problem, making their way through the hunt for a job, or exploring a career decision. They are empowered in their efforts because these techniques let them be responsible for their behavior, future and happiness.

The Family Development Specialist training, conducted by Viivi Shirley, has helped us immeasurably by making it easier

to delve into family situations. Before learning about the importance of the intra-family situations, we didn't discuss family dynamics — unless a client volunteered information. Now we delve into it comfortably and constructively using the Genogram or Miracle Question Sequence. Both methods open the way for our clients to understand and articulate the real barriers in their lives. Soon, we can support them to become solution seekers rather than problem sufferers by coaching them in the skill of applying solutions. This is a real change for many families. Some of them have never openly and honestly discussed their real family and social circumstances without having presumptuous advice pumped at them.

Much of this has to do with skills acquired through the training. As family development practitioners, we have become more sensitive to personal circumstances which may have led to the present difficulties in our clients' lives. We have become more aware of how other family members affect what our clients dare to do. We feel more confident about making referrals to specialized clinical services after we have touched on difficulties that require greater help. In numerous ways, the Family Development approach has become inseparable from our practice with families.

A Case Study

A client I will call Ann was in my office in August, 1996. Noticing a motivational saying I have displayed, she said, "I'm one of the people on the second line now." The second line reads, "People who make things happen." Ann is a former third liner: people to whom things happen. She sometimes still gets stressed out by small things, but now with a bit of gentle, circumspect nudging, she is able to develop her own solutions to the stressors. She now *knows* she has the power to make things different for herself. She no longer waits for us to give her the answers. Ann has an entirely different outlook on life. This is obvious to everyone who knows her. She is no longer afraid to succeed. Succeeding at the challenges she sets for herself has become her way of life.

One indicator of the changes in Ann is that we now enjoy her visits to our office. She is a pleasure to work with. In learning

these new ways of living she has not forgotten the black hole out of which she has climbed. But rather than pitying herself and her three children, she is using those memories to improve the future. In 1997 Ann will graduate from college with a pair of two-year degrees. Her plans are to get a job and say good-bye to welfare forever. The three of us who are Family Development Specialists on our staff have worked extensively with Ann. Her accomplishments using the Family Development model have made believers of all of us.

Deb Solden
Southwest JOBS Program Administrator
Grant Co DSS

Local programs in Grant County, Wisconsin have reflected policy at the state and national level. Until quite recently, contemporary social welfare policy has limited the provision of "human services" to programs in specific categories. Services addressed getting people a job (Employment and Training), determined eligibility for financial assistance (AFDC), or responded to developmental needs (social services and education). The pendulum of social policy is now swinging back to an earlier historical period. Increasingly, finding and holding a job is viewed as a primary answer to the social distress of the poor and vulnerable members of our population.

To make this a valid and constructive approach, to accomplish true welfare reform, requires a change in how we view the range of social services. Employment and Training (E&T) programs must be conceived as developmentally oriented human services programs. Families in need of E&T services routinely face circumstances such as frequent periods of unemployment, emotional or physical abuse, teen pregnancy, dropping out of high school, community or domestic violence, juvenile delinquency, and family breakdown. These circumstances contribute to, or in some cases may even cause, chronic unemployment problems. Dealing with these problems requires effectively linking E&T services with those provided by the county Department of Social Services.

Research and experience have shown us that the vast majority of welfare recipients

have children in single-parent households. As welfare reform measures move these parents into the workforce, children will be at substantially greater risk of maltreatment. Supplementary services will have to be accessed and coordinated in order for this new system to work. Innovative and creative ways are needed to support families in becoming self-sufficient, while ensuring that children are residing in a safe and secure environment. Responsibility for making this happen will become part of the domain of conventional E&T programs.

One approach to making this new system more viable is the Family Development model. With assistance from the National Resource Center for Family Centered Practice, the Family Development model was implemented in Southwest Wisconsin in 1994 for the "harder to serve" families. Family Development Specialist certification training was provided by the National Resource Center to the nation's first integrated group comprised of staff from JOBS (Job Opportunities and Basic Skills), JTPA (Job Training Partnership Act), Job Service, and county Economic Support staff. In part through the integration accomplished by the Family Development approach, coordinated family-centered services assist individuals to become self-sufficient while building family strengths.

The day Clinton signed The Personal Responsibility and Work Opportunities Act, putting an end to "welfare as we know it," was important nationally, but it was somewhat anticlimatic locally. The legislation ending the AFDC entitlement and replacing it with time-limited work-based programs paying a participation stipend had been anticipated.

First, Wisconsin had enacted Wisconsin Works (W2) welfare replacement legislation four months earlier, anticipating virtually every major provision in the national legislation. Furthermore, Southwestern Wisconsin had both the state and the Feds beat by a good dozen years. Our five-county JOBS Consortium has been successfully modeling welfare reform programs for the state since 1984. Elements of W2 successfully tested in our five counties include welfare diversion, Work First, the simulated

work week, self-sufficiency ladders, and Job Centers. These and other programs led to an 80% reduction in AFDC cases between January 1987 and July 1996.

We support the basic philosophy and goals of W2. However, we believe that W2 does not go far enough in strengthening fragile families and promoting self-sufficiency. The Family Development approach helps to extend our ability to promote success for our most vulnerable families. Programs have been directed at segments of our population which have the following characteristics: 1) they aren't working, 2) they don't have decent housing, 3) they are not providing for the financial needs of themselves and their families, and 4) they are not meeting the developmental needs of their children.

Using tools from the Family Development Specialist training, JOBS, Economic Support, and Social Work staff are collaborating to develop Integrated Family Service Plans for families these agencies serve jointly. Where appropriate, tasks assigned by Social Workers are counted as assigned JOBS hours. This is critical for the provision of family-centered services and will assist in the protection of children in families subject to cuts in their AFDC checks due to non-participation in the work program.

Families are society's way of nurturing and protecting children, and all policies must be judged in light of how well they strengthen the abilities of both parents to care for their children. Individuals and families, parents and children, are part of various communities devoting resources of many kinds to their success. W2--in fact, any welfare reform effort--needs to enhance the way communities support individual efforts to achieve self-sufficiency. Prevention and early intervention are the answers for "hard to serve" families who rely on the service system for disproportionate amounts of time.

The families remaining on the welfare rolls need a different approach than can be provided by the traditional E&T community. We shall continue implementation of the Family Development model along with W2. This will be especially critical as counties such as ours, which have already drastically

reduced AFDC caseloads, attempt to meet the mandate to end welfare as we know it. With counties in an oversight role, Southwestern Wisconsin will continue to develop its fully integrated service delivery system.

"It is one thing to read about Family Development and yet another thing to experience". (FDS Trainee)

SCHEDULED FAMILY DEVELOPMENT SPECIALIST TRAINING--1997

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Other Family Development Opportunities available from the National Resource Center include:

Technical Assistance--for agencies or states developing, restructuring, or implementing family development programs.

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For more information regarding registration for any of the above classes or for scheduling a class at your location, write or call:

Sarah Nash
National Resource Center/FCP
The University of Iowa
School of Social Work
112 North Hall
Iowa City, IA 52242-1223
(319) 335-2200

The Court Improvement Project: Current Status

by: Pamela Mohr, Associate Research Professor, University of South Carolina Law School

Between October of 1994 and August of 1995, forty-seven states and the District of Columbia took their initial steps in the nationwide Court Improvement Project. This is, in brief, a four-year, federally funded program administered by the United States Department of Health and Human Services' Children's Bureau, designed to help state courts better manage cases involving child abuse and neglect. In the first phase of the program, states were given one year's funding to assess their courts' management of child welfare cases and to formulate a written plan for improvement. In the second stage, jurisdictions will have three years to implement the court reforms that they have identified.

Each participating jurisdiction has provided the American Bar Association with an oral report as to its status in this project. This article provides a brief synopsis of those reports and offers some suggestions for the road ahead.

CURRENT STATUS OF THE COURT IMPROVEMENT PROJECT

All participants are currently either involved in or have recently completed the assessment phase of the program. This phase involves 1) the collection of information on states' treatment of procedures such as removal of children from the home, termination of parental rights, reasonable efforts, and the adoption process, and 2) the subsequent analysis of that information to determine the states' particular strengths and weaknesses in conduct of abuse and neglect cases. In some states, the studies are conducted by court administrative personnel. In others, outside groups have been hired.

How Far Along in the Assessment Process Are States?

Many states seem to be running a bit behind schedule with this program. In all cases, the first year has either passed or will soon pass, but most are still in the midst of the information gathering phase, and very

few have yet drawn up a plan for improvement. Nine states and the District of Columbia are still taking the initial steps in their studies, such as drafting questionnaires and making arrangements with contractors. Only Colorado, Kentucky, New Mexico, and Rhode Island have entirely completed their assessments.

How Are States Collecting Information?

Virtually all participating jurisdictions have conducted or intend to conduct intensive site visits to a representative sample of courts. The number of sites that states plan to observe ranges from less than four to more than twenty-five. Most states, however, have visited or plan to visit between four and eight courts.

Interviews constitute the most important part of each state's site visit procedure. Judges top the ranks of authorities to contact when gathering information on the abuse and neglect system, with thirty-two states interviewing them while on site. Clerks, agency officials, guardians ad litem, and parents' attorneys are also popular figures for interview. Agency attorneys, court administrators, and Court Appointed Special Advocates (CASAs) have each been questioned by between eight and fifteen states. Finally, a small number of states have interviewed foster parents, biological parents, and members of tribal councils. According to the most recent reports, foster care review board personnel have been or will be interviewed in ten states; Arizona, Delaware, Florida, Michigan, Mississippi, Nebraska, New Jersey, New Mexico, Utah and Washington.

The other principal means of information-gathering in the Court Improvement Project is the distribution and compilation of surveys. The primary recipients of these questionnaires are quite similar to those most frequently interviewed during site visits: judges, agency workers, guardians ad litem, parents, attorneys, and CASAs. Interest-

ingly, the survey procedure has provoked a somewhat more creative implementation than the site visit program. For example, a few states have distributed surveys to such wide-spread recipients as public defenders, tribal social workers, bar associations, adoption agencies, teens in care, and former foster children. Eighteen states have reported that they have sent or intend to send surveys to foster care review boards. These states include Arizona, Alaska, Colorado, Delaware, Florida, Georgia, Iowa, Kentucky, Mississippi, Montana, Nebraska, New Jersey, New Mexico, Oklahoma, Oregon, South Carolina, Tennessee, and Utah.

Some jurisdictions have sought information from sources beyond surveys and site visits. For example, many states are using input from focus groups made up of foster parents, biological parents, foster children, or other relevant parties. Across the nation, about forty focus groups are currently at work on this project. Also, eight jurisdictions are using computer records to supplement their data, one state is using information from the citizen review group's annual report, and two others have held public hearings on the systemic management of abuse and neglect cases.

Who Is on the Advisory Committees?

A wide variety of individuals have been placed on the Advisory Committees which will design the states' plans for court improvement. Judges are members of virtually all such boards. Guardians ad litem/children's attorneys, agency personnel, citizen review boards and state attorneys general are also well represented. A small but significant number of states have utilized the expertise of representatives from bar associations, foster parents, juvenile court administrators, parents' attorneys, and child advocacy groups. Finally, between one and four states each have included Supreme Court judges, court clerks, law school representatives, public defenders, foster children, attorneys general, advocates for the mentally



impaired, victim witness personnel, psychologists, representatives from the Committee for Hispanic Children and the League of Women Voters, and hospital or law enforcement personnel on their advisory boards.

Common Issues, Problems, Solutions

A number of states have raised common issues and problems. The financial limits and time constraints of the Court Improvement Project have been a primary source of difficulty. Linguistic and organizational differences between various agencies and offices have also caused problems in many jurisdictions. Participants found that the information collected in case files varied greatly from court to court within the same state. Data were often missing, and even whole files frequently could not be located.

Most jurisdictions report that participation by professionals and community is sufficient, but could be increased. Project managers should make every effort to increase "buy-in" to the assessment process by judges, court personnel, agency staff, legislators, attorneys, and others. Such participation simultaneously facilitates access to people and court records and increases the likelihood of these professionals' accepting change during the implementation phase.

Because of the "make it happen" power held by politicians, it is particularly desirable to involve the legislature in this project. Currently, half of the participating jurisdictions have not involved the legislative branch in the assessment process at all. Twelve jurisdictions said they had legislative representation on their Advisory Board, but that the legislator was often too busy to come to the meetings. Many jurisdictions reported that they want to involve their elected representatives but do not have any idea how to get their participation. Producing a newsletter to the legislature, and making oral and written presentations to the legislature, are suggested as useful means of drumming up legislative support.

States' Plans for Improvement

The jurisdictions which have reached the improvement-plan drafting phase (Colorado, Kentucky, New Mexico, and Rhode Island), have identified their primary problems as lack of technology, insufficiency of judicial

training, absence of communication between parties involved in child abuse cases, and lack of effective court recording.

These states have come up with several specific ways of improving their child welfare litigation systems. Some common suggestions were education-related, such as the provision of special training for juvenile court staff and the creation of a topic-specific bench book for judges. The vast majority of the suggestions, however, centered on the elimination of wasted time. Proposals included providing physical facilities for meetings, equipped with computers and phones so that parties can work while they wait to appear in court; modifying calendaring so that court schedules minimize delays; computerizing the docketing procedures; developing a specialized, centralized data-collection system; and making the use of similar forms and orders by court systems consistent throughout the state. As more states complete their plans for court improvement, the diversity of these suggestions can be expected to grow rapidly.

HOW CAN YOU HELP?

To become involved, start by contacting the administrative office of the court in your state. Find out where your state is in the process and ask what you can do to assist. Your jurisdiction may already have a representative from the Foster Care Review Board on its Court Improvement Project Advisory Board. If not, you may want to suggest that such a representative be appointed. If you are unable to obtain a direct representative on a board, contact someone you know who is a board member and inform them of your areas of concern. Get a copy of your state's report when it is issued and give feedback. Lobby your legislature or judiciary to make reforms happen. Your participation in the Court Improvement Project will be of great value to all concerned.

The ABA Center on Children and the Law will continue to provide periodic updates about the status of states' participation in the Court Improvement Project. To receive a copy of these updates, and any available information about your state, contact Eva Klain, ABA Center on Children and the Law,

740 15th Street, N.W., 9th Floor, Washington, D.C. 20005; (202) 662-1681/fax: (202) 662-1755.

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MARK YOUR CALENDAR

March 3, 4 & 5, 1997

Join the National Resource Center for Family Centered Practice for:

Collaborating to Manage Change

Chicago Hilton Hotel & Towers
Michigan Ave, Chicago, IL

Participants in our August '96 Training Institute in Kansas City were very positive about the opportunity for longer sessions, enabling them to leave with both knowledge and practical skills. Again in March, we will be offering a broad spectrum of one-, two- and three-day training choices in order to meet the needs of administration, supervisors, line staff, community organizations and providers, and family support organizations, to name a few. An effort has been made to bring culturally diverse perspectives to the training to heighten awareness, expand thinking and give participants quality training on relevant issues. All sessions will focus on application of concepts, skill development, and integration into day-to-day practice.

General Training Topics

- Case Management
- Youth Development
- Parent Involvement
- Supervision of Family Centered Practice
- Violence and Effects on Children
- Children and Grieving/Loss
- PATCH Approach/Community Centered Practice
- Working with the Courts
- Kinship Care/Permanency Planning
- Family Support
- Welfare to Work: Training for JOBS
- Collaboration
- Intensive Family Services
- Managing Change Through Innovation
- Conflict Resolution/Parent-Teen
- Working with Substance Abuse
- Managed Care and Child Welfare
- Advanced Family Development
- Getting Fathers Involved
- Strategic Marketing for Non-Profits
- Implications of Welfare Reform/Public Relations
- Outcome Measures
- Family Group Conference

In addition, there will be three plenary sessions on: Community Involvement/Assessment; Over-Representation in the Child Welfare System; and an invited presentation by Carol W. Williams, Associate Commissioner, Children's Bureau. Don't forget all that Chicago has to offer (jazz, blues, theater, Bulls, shopping, museums) as well as the networking and learning possibilities of a training conference that bridges family support, children welfare and the community. **For more information or to receive a registration brochure**, contact Sarah Nash at the National Resource Center for Family Centered Practice, The University of Iowa, School of Social Work, 112 North Hall, Iowa City, IA 52242-1223; Phone (319) 335-2200; FAX (319) 335-2204.

DON'T MISS THIS !!!!!

The Patch Project of Linn County, Iowa Named Finalist in 1996 Innovations Awards Program

The Patch Initiative, sponsored by the Linn County Decategorization project of Linn County Iowa, has been named one of 25 finalists in the 1996 Innovations in American Government Awards program by the Ford Foundation and the John F. Kennedy School of Government at Harvard University. Working with the Linn County decategorization project and the University of Iowa School of Social Work, the National Resource Center for Family Centered Practice will continue to build on its long standing interest in developing the potential of the Patch approach through consultation and training, conferences and presentations, and diverse publications. This Patch Page is a contribution to that effort. Here you will find current information on the development of Patch nationally and internationally.

The "patch" in the program's title refers to a limited, well-defined geographic area served by a local human services team. Initiated in 1991 and patterned after a program in the United Kingdom, Linn County's Patch Project combined three innovative approaches to helping children and families at risk: the Patch team, pooled funding sources, and community-centered social work.

Patch ties a team of partners—such as

housing staff, public health practitioners, family support workers, and juvenile court personnel—to a specific neighborhood or community to make them more responsive to the people living there. Because the Patch team is closely connected to a community, it is able to ask neighbors familiar with a troubled family to help the team build a relationship with the family.

Funding is the second key component of the program. Eighty-five percent of the Patch budget comes from Linn County Decategorization, which pools traditional categorical funding streams into a single flexible child-welfare fund and uses a comprehensive community planning process to distribute funds. The remaining 15 percent of funds come from private sources.

Finally, the Patch initiative follows a community social work model that requires a commitment to partnership. Clients, neighbors, and others join forces with the social worker in providing social services. Neighborhood "partners" work with families living in a one- or two-block radius; and "neighborhood councils" participate in the management and governance of Patch family resource centers, where Patch teams are based and families are served.

"The finalists are restoring public faith in government and its capacity to make a critical difference in people's lives," said Susan V. Berresford, president of the Ford Foundation. "They are a national resource for solving some of our most urgent public problems." More than 80 percent of the programs that have received Innovations Awards since 1986 have been replicated or significantly expanded.

Considered to be among the nation's most prestigious public service prizes, Innovations Awards honor programs and policies that represent creative, highly effective government efforts to meet public needs. This year is the tenth anniversary of the program.

For more information on the Innovations in Government Project or the Patch approach, contact:

John Zalenski, Ph.D.
National Resource Center/FCP
Phone: (319) 335-2200
E-mail: john-zalenski@uiowa.edu

or

John Brandt, Chair
Linn County Decategorization Project
Phone: (319) 398-3543

Innovations in Social Services

Friday, March 14, 1996
Iowa City, Iowa

Sponsored by:
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RESEARCH EXCHANGE

A Publication for Researchers in Family Based Services

FALL 1996 #2

Examining the Length of Service and Cost-Effectiveness of Intensive Family Service

by: Kristine Nelson, D.S.W., Miriam Landsman, M.S.W., Margaret Tyler, M.A., M.S.W., and Brad Richardson, Ph.D.

The National Resource Center for Family Centered Practice has recently published the final report of an experimental study testing the effects of length of service on outcomes and cost effectiveness of family preservation programs in two states. The following is a brief synopsis of the report, including descriptions of the design and sample, and results regarding the primary research questions: effects of service length and family variables associated with out-of-home placement. The entire final report and the executive summary are available from the National Resource Center.

STUDY DESIGN

Study sites were Intensive Family Services (IFS) programs in Baltimore, Maryland, and Pendleton and Portland, Oregon. Length of service effects were tested by randomly assigning families to three- and six-month service contracts, and in Portland, to a control condition with no specified time limit. Location of service provision (home or office), target populations, and staffing pattern (teams or individual workers) varied among the sites. Participating families were assigned to the study over a two-year period 1989-91. Outcome measures included placement, measured both at termination and during the twelve months following termination, reported occurrence of maltreatment during treatment and substantiated instances of maltreatment during the twelve months following termination, and

several standardized measures of family, parent, and child functioning. Data on subsequent placements and maltreatment reports in the year following termination of services were obtained through state management information systems. In addition, six- and twelve-month follow-ups were conducted in the Portland and Baltimore sites, and in all sites information was collected on client satisfaction and worker characteristics and practices. The final sample consisted of 188 families in Portland, 79 in Pendleton, and 193 in Baltimore. In each site, the sample was fairly evenly divided among the treatment conditions. Of the 188 Portland cases, 60 families (31.9%) were assigned to three-month contracts, 55 (29.3%) to the six-month group, and 73 (38.8%) to the "no time limit" group. In Pendleton, 39 families (49.4%) were assigned to the three-month group, and 40 (50.6%) to the six-month group. In Baltimore, 94 families (48.7%) were randomly assigned to the three-month group, and 99 (51.3%) were in the six-month group. Overall, the procedure resulted in no *a priori* differences among the treatment groups which would indicate bias in assignment.

PROGRAM AND CLIENT CHARACTERISTICS

Although both the Oregon and the Maryland programs were called Intensive Family Services, the program in Oregon operated primarily through purchase of service contracts with private

providers, while the Maryland program operated within the public social services system. In Oregon, the Portland program contracted with the public agency to provide in-home services. In the more rural Pendleton site (which also included the towns of Hermistan and Baker), private family therapists provided in-office services under contract to the state. While workers frequently teamed in Portland, this did not occur in Pendleton.

Intensive Family Services in Baltimore differed considerably from the program in Oregon, both in services and in client population. IFS in Baltimore provided time-limited, in-home intensive family treatment and support services to largely minority, inner-city families with young children (mean age 5 years) facing problems of child abuse and neglect. Comprehensive services, which included access to flexible funds, were provided by professional-paraprofessional teams with caseloads of six.

In both Oregon sites, most of the families were European American, with older children (mean age 10-11 years) and employed caregivers. One-third to one-half of the caregivers were currently married, many to employed men. Most of the families in the Baltimore site were African American, headed by single parents who were primarily homemakers. Thus, despite similar family sizes, Oregon families had nearly twice the monthly

income of Baltimore families. More than 80 percent of the families in the Baltimore site, and about a third of the Oregon families, had yearly incomes under \$10,000.

In Portland, nearly 30 percent of the cases were referred for reunification of a child already in placement, and half had prior experience with the child welfare agency, whereas in Baltimore 75 percent were new to the child welfare system. The primary referral reason in Oregon was parent-child conflict, and many of the families were self-referred. In Baltimore, the most common referral source was the Department of Human Resources. Nearly half were referred primarily for child neglect, and over a quarter were referred for physical abuse. Homelessness and/or eviction was a factor in the referral for over 25 percent of the Baltimore families.

Family issues and case objectives also differed among the sites. While Baltimore families had, on average, more problems, Pendleton families reported higher levels of stress. In all sites, moving to a new location, substance abuse, and trouble at school were among the most frequently reported stressors. Also in all sites, parenting and child behavior problems were frequently noted. Accordingly, case objectives having to do with parenting issues (e.g., discipline, setting limits, recognizing children's needs, age-appropriate behavior) were most common. However, in the Oregon sites, secondary objectives dealt with therapeutic issues, focusing on internal family relationships, whereas in Baltimore other case objectives centered on concrete issues such as housing, health care, budgeting, and home management skills.

CLIENT OUTCOMES

Consistent with prior research on family preservation services, this study found low rates of placement (from a low of 7.4% at termination to a high of 25% in the year post-termination) (Tables 1 and 2), low rates of subsequent maltreatment (from a low of 5% during treatment to a high of 15.5% in the year after termination, and positive changes in child, parent, and family functioning (for summa-

ries of prior research, see Bath & Haapala, 1994; Blythe, Salley, & Jayaratne, 1994; Kinney, Haapala, & Booth, 1991; and Nelson & Landsman, 1992).

EFFECTS OF SERVICE LENGTH ON PLACEMENT

Although placement rates at termination were consistently lower in the six-month than in the three-month groups in all three sites, due to the small number of placements none of these differences were statistically significant (see Table 1). However, in Portland, the six-month group experienced significantly fewer placements (12.7%) over the year following IFS than the three month (33.3%) or indeterminate length (23.3%) groups (Table 2). This difference remained significant after controlling for initial level of caregiver, child and family functioning, total number of problems in the family, previous placements, service history, age of the oldest child, and problems of delinquency or status offenses, adult depression, recognition of problems, child behavior, child's family relations, and the child's relations with peers, all related to placement at the bivariate level. The largest differences in favor of the six-month group were found in cases involving placement prevention, substance abuse, and serious child behavior problems.

In Pendleton, a higher rate of placement in the six-month group at the twelve-month follow-up did not reach statistical significance, except among placement prevention cases. There were no differences between the treatment groups in Baltimore during the follow-up period, nor were there any significant differences between the three- and six-month groups in any of the sites on any of the other outcome measures.

Table 1: Placement at Termination by Treatment Group: Worker Report (percent of families)

Site	3-Month	6-Month	No Limit
Portland (N=181)	21.4	7.4	16.9
Pendleton (N=72)	11.4	8.1	—
Baltimore (N=184)	14.6	10.5	—

Table 2: Placement in Year Following IFS by Treatment Group: State Management Information Data (percent of families)

Site	3-Month	6-Month	No Limit
Portland(N=188)*	33.3	12.7	23.3
Pendleton (N=79)	10.3	25.0	—
Baltimore (N=193)	20.2	17.2	—

* $\chi^2=6.8, df=2, p < .05$
(3-month significantly different from 6-month group)

EFFECTS OF SERVICE LENGTH ON COST

Although the average cost of IFS services was higher in all the sites for the six-month groups than for the three-month groups, the increase in IFS costs for the six-month program in Portland was more than offset by reduced placement costs. On average, the six month program in Portland cost \$255 more per family, but saved an average of \$1212 in placement costs within the year following IFS. The average placement costs were highest in the control group with no predetermined time limit, and the average cost of IFS was nearly as high as in the six-month group.

In Pendleton, both direct IFS costs and overall placement costs were higher in the six-month group. Although average placement costs were lower in the six-month group, more than twice as many placements occurred over the twelve-month follow-up. Even though the six-month program had higher placement rates, overall costs were reduced through shorter, less restrictive (and therefore less expensive) placements.

In Baltimore, the cost, number, and rate of placement in the six-month group were at slightly lower levels, but the extra IFS costs were not offset by savings in placement costs (See Richardson, Landsman, Tyler, & Nelson, 1995). In fact, the average cost of placement in the

six-month group was slightly higher than in the three-month group, even though the placements were shorter in duration.

EFFECTS OF SERVICE LENGTH ON PLACEMENT RATES IN VARIOUS SUBPOPULATIONS:

Earlier studies have found that even with intensive services, placement rates are higher in cases involving neglect (Bath & Haapala, 1994; Berry, 1990 & 1992; Meezan & McCroskey, 1996; Nelson, 1994; Nelson & Landsman, 1992; Yuan & Struckman-Johnson, 1991), substance abuse (Tracy, 1994), severe child behavior problems (Nelson, 1990; Nelson & Landsman, 1992; Reid Kagan, & Schlosberg, 1988; AuClaire & Schwartz, 1986; Spaid & Fraser, 1991), and family reunification (Fraser & Pecora, 1991; Goerge, 1990). Separate analyses of these groups were conducted.

Neglect: Baltimore was the only site with a substantial proportion of neglect cases (48.4%). Although over a quarter of neglect cases experienced placement, there were no significant differences between the treatment groups. However, in cases involving chronic neglect, placements in the six-month group were actually higher (77.8% compared to 30.8%) which may indicate that the longer service period led to more decisive action in these cases.

Substance Abuse: Also in Baltimore, 21 percent of the families had substance abuse problems and nearly a third of them experienced placement, but there was no significant difference between the treatment groups. However, in Portland and Pendleton twelve-month placement rates were lower in the six-month groups than in the three-month groups for families with substance abuse problems. In Portland, almost half the families in the three-month group with substance abuse problems experienced placement, while none of those in the six-month group did. This was a significant difference despite low cell sizes. In Pendleton, placement rates in substance abusing families were slightly lower in the six-month group (25%) than in the three-month group (33.3%). Although this difference did not reach significance, it did reverse the

general finding of higher placement rates in the six-month group in Pendleton.

Delinquency: There were no significant differences between the three- and six-month groups in placement rates for families referred for delinquency in any of the sites. While the highest placement rates in the six-month group in Portland were found among status offenders and delinquents (25%), this was still more than 10 percent lower than their placement rate in the three-month group. In addition, children with serious behavior problems were significantly less likely to be placed if they were in the six-month group (7.7%, vs. 66.7% in the three month group).

Reunification: In both the Portland and Pendleton sites, reunification cases were less successful than prevention cases. In Portland, placement rates ranged from a low of 26.7 percent in the six-month group to a high of 39.1 percent in the three-month group, a non-significant difference. In Pendleton, placement rates were lower in reunification cases in the six-month group (14.3%) than in the three-month group (25%), although again this difference was not significant.

FAMILY VARIABLES ASSOCIATED WITH PLACEMENT

Differences among the sites were also reflected in the factors associated with placement in each site. The Baltimore program focused on parenting and concrete services for families under stress due to multiple problems including child neglect, physical abuse, substance abuse, and child behavior problems. The total number of problems combined with substance abuse contributed to placement in a small percentage of cases, while improvement in family functioning enabled many families to remain together during the twelve months following termination of IFS. Substance abuse and chronic neglect were most likely to lead to placement. Higher goal achievement and improvement in family, parent, and child functioning were associated with placement prevention. In Portland, treatment services were provided to families with multiple problems and high rates of previous service and prior placements (nearly a third were referred for reunification

services). Despite services to improve parenting and family functioning, reunification cases still experienced higher placement rates than prevention cases. Although caregivers with health problems or disabilities were more likely to have children placed, improvement in parenting and longer services both contributed to keeping families intact.

SUMMARY AND DISCUSSION

As noted by Spaid and Fraser (1991), family preservation cases can be grouped into two broad types: those involving older children with behavioral problems and those involving parenting problems with younger children. Both types of cases were represented in this study.

In examining the effect of length of service on family outcomes, the only significant direct effect was in the Portland site. Families in the six month group had a lower placement rate during the twelve months following termination (12.7%) than did families in the three month group (33.3%). Even though families seemed to prefer a flexible time frame, and actual days of service and costs were similar between the six-month and indeterminate groups, low income families and those with child behavior problems, in particular, achieved better outcomes with time-limited services. In addition, placement costs were lower in the six-month group. This indicates that, in addition to the benefits of a longer time period, time limits enhance effectiveness.

Examining the different service models and populations represented in the study suggests that six months of in-home family treatment provided to families with older children and significant histories of prior services, were most effective in preventing placements, especially if substance abuse and child behavior problems are also involved. Placement rates were also more than 10 percent lower in the six-month group for reunification cases. In addition, longer term services demonstrated a trend toward greater effectiveness with substance abuse and reunification cases even when delivered in an office-based setting, as in the Pendleton site. However, office-based services were most cost effective

when used with placement prevention cases under three-month service contracts.

In contrast, the Baltimore site represented the second type of family preservation program with population characteristics and findings similar to other studies involving younger children (Bath & Haapala, 1994; Berry, 1990 & 1992; Meezan & McCroskey, 1996; Nelson, 1994; Nelson & Landsman, 1992; Yuan & Struckman-Johnson, 1991). There were no significant differences in outcome between the three- and six-month groups in the Baltimore site which served a low-income, African American population newly referred for child abuse and neglect. The only significant difference was a much higher placement rate for chronically neglecting families in the six-month group. However, there was also evidence that longer services might be more effective with families experiencing adult depression/emotional problems or child behavior problems.

These findings suggest that specific service models are more effective with some populations than with others. Costs also differ considerably according to service model and population. In Portland, placement costs were significantly reduced in the six-month group, resulting in savings that more than covered the cost of the extended service period. In the most cost-effective groups in the other sites, the costs of providing IFS were offset by savings in placement costs during the year following services assuming, in the absence of IFS, placement rates of 15 percent in Pendleton and 34 percent in Baltimore. These are reasonable assumptions given that previous studies in these locations found twelve-month placement rates of 33 to 34 percent (Pearson & King, 1987; Showell, 1985).

Interestingly, IFS costs were similar between the home- and office-based sites in Oregon, primarily because staff were paid more in the office-based program in Pendleton. The more comprehensive service model in Baltimore--which included teamed services, smaller caseloads, case management as well as treatment services, and flexible funds--was understandably more expensive than

the treatment-focused program in Oregon. However, the sub-poverty population in Baltimore had multiple needs which included both concrete and therapeutic services and would not have been well served by a less comprehensive family treatment model.

Family treatment in Pendleton was instigated by children's behavioral problems at home and in school and directed at improving parenting. Although families were under greater stress, those who remained intact improved in supervision and in obtaining mental health care for their children. In addition, the present study found that, among older children with behavior problems, longer-term in-home services resulted in lower placement rates and cost savings.

Finally, in every treatment condition, IFS was found to be cost effective assuming placement rates of 15 to 37 percent, similar to other findings regarding cost effectiveness (Landsman, M. J., Richardson, B., Clem, M., Harper, C., Schuldt, T., & Nelson, K., 1993; University Associates, 1993). Perhaps most importantly, children were protected at least as well as in other in-home child welfare programs, and families were very satisfied with family preservation services (cf. Daro & Cohn, 1988; Froelich, 1992; Landsman, et al., 1993; McCroskey & Meezan, 1993; Szykula & Fleischman, 1985).

RECOMMENDATIONS

On the basis of these findings, programs should consider both the importance of time-limited services and the need to match length of service to their service model and population. With careful consideration of these dimensions, it is possible to minimize costs by providing short-term office-based services to families with older children who can benefit from them and longer term in-home family treatment for families with multiple needs. Costs can be minimized, as well, by allowing enough time to assess and locate appropriate placements, thereby reducing their length and restrictiveness. Cases involving reunification, substance abuse and child maltreatment, particularly those with extensive needs for con-

crete services, however, require a more comprehensive treatment model which may include teamed services, flexible funds, and smaller caseloads, as well as in-home services. In these cases, concrete services support needed relationship changes (Meezan & McCroskey, 1996). In any case, family preservation services need to be integrated with other child welfare and community resources to provide appropriate concurrent and follow-up services.

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REPARE: REASONABLE EFFORTS TO PERMANENCY THROUGH ADOPTION AND REUNIFICATION ENDEAVORS

by: **Miriam J. Landsman, Principal Investigator, and Margaret Tyler, Research Associate, National Resource Center for Family Centered Practice; Kelli Malone, Project Supervisor, and Anne Gruenewald, Project Coordinator, Four Oaks, Inc.; and Victor Groze, Project Consultant, Case Western Reserve University**

INTRODUCTION

Residential treatment is an important component in the continuum of services available to families who are unable to successfully manage their children's behavior at home. In the emergent era of managed mental health care, the high costs of residential care and the traditionally long lengths of stay associated with this service have generated renewed interest in this area of child welfare services. Though historically residential treatment centers have been heavily child centered and weak in the area of family involvement, the REPARE project sought to maintain a dual focus on both child- and family-centered approaches.

PROJECT DESCRIPTION

REPARE (Reasonable Efforts to Permanency Through Adoption and Reunification Endeavors) was conducted by Four Oaks of Cedar Rapids, Iowa, in collaboration with the Iowa Department of Human Services from November 1992 through December 1995, with funding from the U.S. Children's Bureau, Administration on Children, Youth and Families. The distinguishing feature of this new venture was the application of reasonable efforts to seriously emotionally disturbed latency-aged children by integrating the successful components of family support and preservation into the traditional operations of residential treat-

ment. The project sought to dramatically reduce the length of time that children spent in residential treatment, to reduce the severity of the child's presenting emotional and behavioral problems, to improve family functioning and family relationships, and to achieve permanency for children through reunification or adoptive placement. The methods developed to achieve these ambitious objectives included utilizing families as partners, from residential treatment through aftercare, and offering a flexible array of in-home and community-based support services.

Children and families (birth, adoptive

and/or prospective permanent) were drawn from the southeast region of Iowa, specifically the 25 counties that make up the DHS Cedar Rapids region. Children were referred and placed by the Department of Human Services and Juvenile Court in the project site's preadolescent residential treatment program, which is licensed for 44 children (ages 5-12) as a Psychiatric Medical Institute for Children (JCAHO accreditation). One-half, or three, of the six residential units participated in the project, with the remaining three serving as the comparison group for purposes of research and evaluation. The project scope included services provided from the point of residential placement through permanency plan resolution, preparation for aftercare during residential treatment, permanency placement, and aftercare and follow-up. This range of services was designed to infuse family-based practices and components (family support and preservation to birth and adoptive families) into residential treatment operations as well as enriching the variety, intensity, and flexibility of services that "follow" the child and family home.

SUMMARY OF EVALUATION FINDINGS

Methodology

An independent evaluation was designed and conducted by the National Resource Center for Family Centered Practice, University of Iowa School of Social Work, in collaboration with project staff. A quasi-experimental design using nonequivalent control groups with multiple observations over time was developed in order to compare the REPARE program with the standard residential treatment program offered by Four Oaks, known in this study as the Northside. The evaluation studied 139 children (82 in REPARE, 57 in the Northside).

Initial group comparisons

REPARE and Northside groups were initially similar on most variables, but the Northside children had a greater number of previous placements and were less likely to have a case goal of reunification. These variables were statistically con-

trolled in analysis of outcomes. On instruments administered at admission, REPARE and Northside groups were similar on measures of parents' reports of child behavior using the Child Behavior Checklist (Achenbach, 1991), perception of family functioning by the child, mother, father, and sibling using FACES II (Olson, McCubbin, Barnes, Laresen, Muxen, & Wilson, 1985); parent's perception of social networks (Tracy & Whittaker, 1990), and staff observational rating of parental disposition toward the child (Magura & Moses, 1986). Northside staff rated children in their group as having more behavioral problems than staff in the REPARE project.

Change over time

Within-groups analyses of change found positive change in parental disposition toward the child, parents' perception of child behavior, and staff perception of child's behavior. More areas of change were found in REPARE compared with the Northside. Social networks were fairly stable, except for an increase in professionals in the social networks of REPARE parents. Between-groups analyses of change over time, controlling for previous placements and case goal, found that parental disposition improved

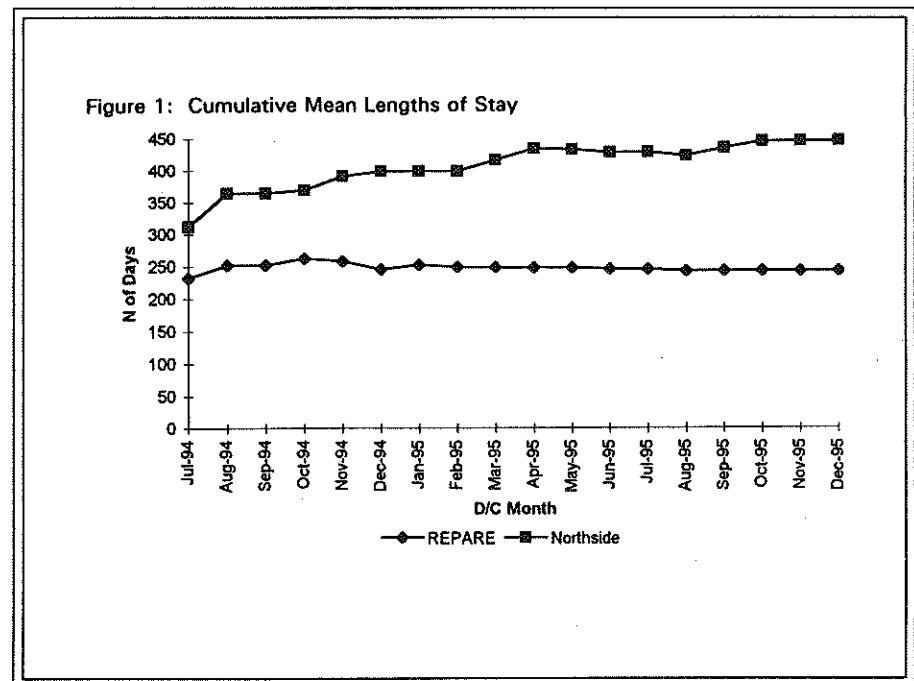
more in REPARE than in the Northside group in the first six months of service. Child behavior, as perceived by residential treatment staff, also improved more in REPARE from admission to discharge. No group differences were found for parent's perception of child's behavior over time.

Family contact

REPARE increased the amount of family visits on the unit, with an average of three visits per month compared to one per month for the Northside. Contact by mail was higher in the Northside group. These differences held even after controlling for geographic distance from the county of origin to Linn County, the location of Four Oaks.

Length of stay

REPARE substantially reduced the length of time that children spent in residential treatment, demonstrating consistently fewer days than the Northside group. Average lengths of stay for children admitted after the project began were 246 days (8.2 months) for REPARE compared with 443 days (14.8 months) for the Northside (see Figure 1).

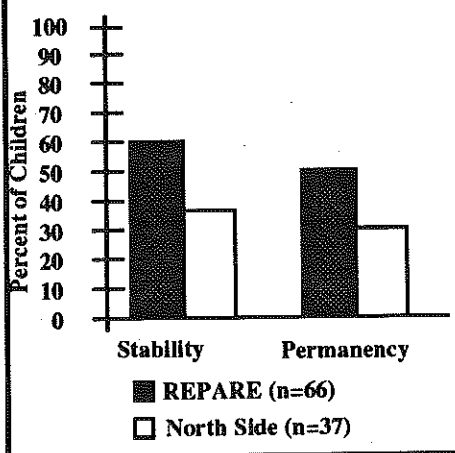


Outcomes

REPARE was more successful than the standard residential treatment program in achieving permanency and stability for children. More REPARE children were discharged directly home from residential treatment (48.7%, compared to 18.9% for Northside), whereas Northside children were more likely to be discharged to group care (30.2% Northside, 5.3% REPARE) or long term foster care (20.8% Northside, 9.1% REPARE).

REPARE was more successful than the standard residential treatment program in maintaining permanency and stability for children over time. At six months post-discharge from residential treatment, 59.1% of REPARE children and 37.8% of Northside children were living in stable situations (defined as living with biological or adoptive parents, relatives, or in planned long-term foster homes). When only permanent situations are considered (biological or adoptive parents or relatives), 50% percent of REPARE children, compared with 29.7% of Northside children, had achieved permanency by six months post-discharge (Figure 2).

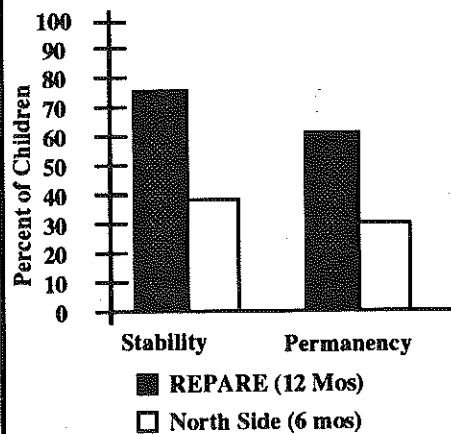
Figure 2: Stability and Permanency at Six Months Post-Discharge



A second comparison of permanency and stability after treatment was conducted which at least partially took into account the different lengths of stay in residential treatment associated with the

two service models. In this analysis, living arrangements were compared at twelve months post-discharge for REPARE and six months post-discharge for the Northside. This represents a time period of approximately 20 months after admission for both groups. Using this time period for the comparison, 75% of REPARE children had attained at least stable living arrangements, compared to 37.8% of Northside children. Sixty percent of REPARE children were in permanent living situations, compared to 29.7% of Northside children (Figure 3).

Figure 3: Stability and Permanency at Follow-Up



Controlling for key initial differences between REPARE and Northside children (number of previous placements and case goal), being in the REPARE group had a significant effect on achieving stability and permanency. In other words, the treatment group was the most important factor affecting case outcomes.

Cost savings

REPARE realized considerable cost savings over the Northside program, averaging \$24,550 less per case (including the costs of placement and aftercare services). Total program savings for 77 children (the number of children whose total costs were known at the time of the cost study) was \$1,890,581 (Gruenewald, 1996).

Aftercare services provided by REPARE over the twelve-month period following discharge from residential

treatment averaged \$3,530 per case. While REPARE's aftercare program was longer and perhaps more costly than is typical of post-discharge services, aftercare was believed to be critical to maintaining the child's stable placement and was still considerably less costly than residential treatment.

Factors associated with outcomes

In the Northside, few variables were related to case outcomes. The longer the length of stay in residential treatment, the lower the chances of stable outcomes. The use of overnight visits home, however, was related to stability at six months post-discharge.

In REPARE, children with oppositional defiant disorder (ODD) and dual diagnosis of ODD and attention deficit disorder were more likely to achieve stable outcomes, whereas conduct disorder was associated with unsuccessful outcomes. Average monthly family visits on the unit, overnight visits home, provision of family treatment, respite, and residential treatment during aftercare, were all associated with more successful case outcomes in REPARE.

IMPACTS ON AGENCY, STAFF, & FAMILIES

Agency Impact

REPARE had a strong impact on the agency that served as the demonstration site, affecting the Board of Directors, agency culture, family involvement, and how the agency delivers services. Although for some time the agency had described itself as family-based, REPARE made family-based treatment practical and concrete. Board members describe themselves as becoming more accepting of families with the success of the project. Additionally, they realized that children never really leave their families emotionally.

The agency found itself believing in REPARE's concepts and discovering a vision for change in agency programs and practices. As a direct result of making significant changes in how services are delivered, how staff roles and respon-

sibilities are organized, and how parents are involved, the agency began a comprehensive future planning process. This future planning included a cultural change that embraced family support, family involvement, family investment, and the family as the primary caretaker and child expert. A redesign committee was formed to organize the infusion of these principles across all agency programs.

REPARE has served as a laboratory for the agency to gain knowledge about how to better serve families and children. The project has validated for the agency that it is open to new ideas, that it has skilled and dedicated staff who are capable of adapting to changing times, and that the agency is willing to partner with local and state agencies to move in innovative directions.

Staff Impact

Interviews with staff indicate that REPARE facilitated a considerable amount of professional and personal growth and development. Staff learned to modify their roles with families and with each other, breaking down some of the traditional barriers that social service systems tend to construct: client/professional, professional/para-professional, etc. Staff had to learn, by trial and error, how to change their practice to become a family-based residential treatment program. There is considerable anecdotal evidence to suggest that, overall, REPARE was a positive experience for staff.

As with most demonstration projects in which staff feel a strong desire to succeed, REPARE was a demanding endeavor. Some staff who were not willing to accommodate to the new expectations left the agency. Changes in systems, when they are significant departures from "business as usual," have a natural consequence that staff will either adapt to the changes or leave.

Family Impact

The changes in practice that REPARE generated also had positive effects on families and children. Families interviewed for this study felt that they were

genuinely welcomed at the residential treatment facility, a significant change from their previous experiences in which they felt at best tolerated as visitors. Parents felt that their voices were heard and that they were free to express dissatisfaction with service when such situations arose. The active efforts to encourage family involvement, including providing meals, open visitation, recreational activities, hotel and transportation when needed, all contributed to a high degree of family involvement during residential treatment.

IMPLICATIONS FOR PRACTICE, POLICY, & RESEARCH

Implications for practice

Residential treatment can provide family-based services, maintaining a dual focus on the child and family with a goal of facilitating stable family placements following residential treatment. Residential treatment need not be long in duration to achieve stabilization for the child and family, a real departure from the traditionally long stays associated with residential treatment. Investing resources into reintegrating the child into the school and community is more beneficial to the child and family, from the perspectives of enhancing successful case outcomes and cost-effectiveness. REPARE reconceptualized successful outcomes for families and children in residential treatment: not to eliminate, but to reduce the intensity and frequency of unmanageable behaviors, and to empower parents to become better at managing their children's behavior and the community systems within which they interact.

Family involvement during residential treatment is key to maintaining continuity, connectedness, and empowering families through the stressful event of a child's residential placement. Families respond positively when they feel that they are full participants in planning for their child and when special efforts are made to encourage their involvement.

REPARE has also shown that reintegration of the child extends beyond the family setting to the larger commu-

nity of which the child is a member. Working with school systems, in particular, is an important component of enhancing the child's transition from residential treatment back to the community, and residential treatment staff can be key players in this process.

In short, residential treatment need not be viewed simply as the placement of last resort along the continuum of least to most restrictive settings, but as a part of the continuum of services available to families with acute needs for stabilization of their child's behavior and improvement in family functioning.

Implications for policy

Contemporary child welfare policy identifies permanency as reunification with the biological family or as adoptive placement. Initially, these were the permanency outcomes planned for REPARE. From experience, though, staff discovered that for some children, neither of these two outcomes was viable. Instead, they worked toward stable family placements that might consist of, for example, long-term foster care with continued involvement of the biological family. The complicated set of emotional, behavioral, and/or medical problems presented by children entering residential treatment sometimes call for alternative family placements. With sufficient supports, stable placements can be successful for the child and family. By struggling with these issues, REPARE has contributed to broadening the debate about permanency.

The experience of REPARE has also opened discussion about the need for reform in adoption policy. Greater flexibility and openness in adoption policy is called for to better meet the needs of today's youth, particularly those who have spent a large proportion of their lives in the child welfare system. Issues such as legal guardianship as a permanency option for some children, more than one set of parents for some youth, and the many issues surrounding termination of parental rights, should be revisited in order to be more responsive to children's need for permanency.

Finally, child welfare funding has been heavily channeled into placement costs, while preventive, therapeutic, supportive, and respite services have been short-changed in the process. REPARE has demonstrated the importance of full funding for these other services in order to meet the varying needs of families and children.

Implications for research

In employing a quasi-experimental design with nonequivalent control groups, the evaluation was able to administer a fairly rigorous test of the REPARE project. A quasi-experiment was chosen over a true experimental design with random assignment to treatment groups in order to achieve a more acceptable and less confusing plan for project staff. Nonetheless, even the quasi-experiment proved problematic in some ways, as those in the comparison unit felt constrained in the types of interventions they could implement and carried the weight of being the "comparison group," which would presumably prove to be a less successful program than REPARE. This highlights the difficulties in attempting to maintain rigorous evaluation designs in the "real world" of social work practice. Continuous feedback, support, and interpretation of evaluation methods and findings can help to buffer the difficulties, but the resources needed to fully implement these ideals are rarely available. The use of comparison and control groups in social services research, how-

ever, is increasingly necessary in order to credibly examine the critical questions about program effectiveness. Almost any one-group design will show positive results, if for no other reason than statistical regression. By building in a comparative framework, the important questions of program effectiveness compared to the existing service or no service at all can be examined. By statistically controlling for initial differences between the REPARE and Northside groups (number of previous placements and case goal), the evaluation results provide compelling evidence that REPARE was more effective than Four Oaks' standard residential treatment program in achieving permanent and stable outcomes. Evaluation results indicate that REPARE was highly successful in reducing the length of stay in residential treatment, in facilitating family involvement, and in achieving more stable and permanent outcomes for children compared to Four Oaks' existing residential treatment program.

A great deal was learned from the experience of REPARE which will help to shape future directions in residential treatment practice, child welfare policy, and outcomes research. The lessons learned from implementation and the evaluation results have important implications for family-based residential treatment, particularly in terms of length of stay, family involvement, and the achievement of stability and permanency.

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Copies of the Executive Summary are available for \$4.00, and the Final Report, for \$17.00, from the National Resource Center for Family Centered Practice.

LATINOS AND CHILD WELFARE /LATINOS Y EL BIENESTAR DEL NINO--VOCES DE LA COMUNIDAD EXECUTIVE SUMMARY

by: **Robert M. Ortega, M.S.W., Ph.D., Cindy Guillean, & Lourdes Gutierrez Najera, the University of Michigan School of Social Work, and the National Latino Child Welfare Advocacy Group**

At a time when child welfare services are delivered to a growing number of ethnic minority children, surprisingly little is known about the role these services play in the lives of Latino families and children. Even against the backdrop of the rising incidence of child abuse and

neglect, and an increase in the number of Latino children entering substitute care, child welfare studies fall short of clarifying how the most vulnerable Latino children in the country are being protected and cared for.

In general, federally-mandated child tracking efforts at the state level have not been useful in forming a national picture of children in substitute care because of differences in the amount, quality and type of information reported by the various states. With the implementation of

the Adoption and Foster Care Analysis and Reporting System (AFCARS), it is hoped that some of these problems will be addressed. However, a number of problems exist related to tracking Latino children, and it remains unclear how AFCARS has addressed these concerns. For example, Latino children are suspected of being too often miscoded as Caucasian or African American/Black, suggesting the actual number of Latinos in substitute care is underrepresented by administrative data. In addition, an "Other" category is often used in summary reports of Latino and other ethnic minority children. Typically included in this "Other" category are Native Americans, Asian Americans, and children whose race or ethnicity are unknown. Consequently, distinguishing the unique Latino experience is not possible.

A current understanding of the Latino child welfare experience at the national level rarely takes into account the fact that the vast majority of the nation's Latino children live primarily in the southwest, California, Florida, Illinois, and New York. As a result, a national perspective which aggregates information from all 50 states is unlikely to accurately reflect the needs of Latino children in areas where they are more concentrated. This leads to another related problem in understanding the child welfare needs of Latinos—there are distinct quality of life differences among the various Latino subgroups living in the U.S. due to recency of migration or immigration, and socio-economic status, and other differences also have important implications for understanding child welfare needs and service provision.

Historically, high foster care placement rates, longer lengths of stay, bouncing from one placement to another, and poor adoption outcomes characterize the experiences of ethnic minority children. Again, how this translates into understanding outcomes specific to Latinos, who are rapidly becoming the largest ethnic/racial group in the U.S., is unclear.

As part of the Kellogg Foundation's Families for Kids Initiative, the National

Latino Child Welfare Advocacy Group formed and conducted a multi-methodological study to shed light on the most fundamental question, "What are the current child welfare needs of Latino children and families?"⁶ What makes this study unique is that a concerted effort was made to include "voces de la comunidad"—voices of the Latino community, which includes Latino child welfare service providers and consumers.

THE STUDY

The study focused primarily on six states representing the diversity among the nation's Latino population. These states were California, Florida, Illinois, Michigan, New York, and Texas, representing families of Mexican, Puerto Rican, Cuban and other Spanish ancestries. Collectively these states make up 40% of all children in the U.S. and 75% of the Latino child population.⁷

As part of the study, administrative and other sources of data were collected and summarized from the most up-to-date reports. In addition, an in-depth survey of thirty-eight Latino child welfare service providers was conducted in the selected states. These service providers were identified as individuals who had direct knowledge about, and access to, factual information about Latino children in their state's child welfare system. Finally, six focus groups—comprised of ninety Latino community members, including child welfare consumers—were conducted in the selected states. Participants were invited to the groups to discuss raising Latino children in their community and to reflect upon the role of child welfare services in their lives. Group facilitators were recruited from within these communities so that participants could discuss these issues in their preferred language. For comparison, two rural and four urban locations were selected.

RESULTS

From the data:

A review of the national data confirmed much of what is widely known in the child welfare arena:

- Latino children currently make up 12% of the nation's child population, reflecting a growth rate approximately seven times higher than non-Latinos.⁸
- In 1994, 9.4% of child abuse and neglect victims in the U.S. were Latino, reflecting a 2.5% rise from the previous year.⁹
- In 1993, 14% of 440,073 children living in out-of-home care were Latino,¹⁰ but in some states where Latinos were more concentrated, such as Texas and California, the percentage was closer to 30%.¹¹
- Latino children entering foster care for the first time will, on average, remain in out-of-home care between 9 months and 2 years.¹²
- The number of Latino children legally free for adoption, and the length of time they await adoption are unknown.

From Latino service providers:

- There is a strong belief that family and extended family (which could include close friends) provide much support to children whose safety and security are at risk, although many of these families may not be able to provide the necessary support.
- There are serious obstacles to reporting Latino children for protective services, such as fear, lack of knowledge, and language barriers.
- The primary sources of referral to protective services are the schools, health care providers, and child care facilities.
- While preventive services are available, less than 25% of Latino families referred are estimated to utilize these services.
- The strongest child welfare service systems were identified as those

with the greatest amount of Latino input in recruitment efforts (for adoptive and foster homes), bilingual service providers, and programs located in Latino communities.

From focus groups:

- The greatest concern among participants was not about child welfare, but about preserving the welfare of Latino children who are becoming increasingly exposed to violence, drug/alcohol abuse, and crime in neighborhoods and in the local schools.
- There was a strong sense of isolation and lack of community.
- The concern expressed among working mothers was that time spent away from the children left the children vulnerable to many of the social problems they described.
- Child welfare services were seen as impersonal, intimidating, and in direct conflict with cultural values.
- In the event that a Latino child is removed from his or her own home and put into substitute care, participants were very clear that preservation of language and culture is imperative.

POLICY IMPLICATIONS

From this study, three main needs emerged in response to the original question, "What are the current child welfare needs of Latino children and families?" The first two needs focus on improving the quality of information about Latino children entering the child welfare system of care, and moving Latino participation at all levels of involvement from the periphery to being more central. The third need, which emerged from focus group participants, prompts us to think more holistically about Latino children. That is, participants did not see the current challenge of raising their Latino children as a child welfare system concern but rather a concern that extends beyond the boundaries of child welfare.

In order to establish a national Latino child welfare agenda, knowledge gained from this study supports the following:

Latino children are invisible and unaccounted for:

Recommendations:

- Set standards for accurately identifying and tracking Latino children and hold states accountable to these standards.
- Mandate reporting on Latino children as a separate category.
- Establish a monitoring review board at national and state levels, made up of Latino child welfare experts.

Latinos must move from exclusion to inclusion:

Recommendations:

- Facilitate the inclusion of Latinos in planning, decision-making, implementation, and monitoring of child welfare policies, programs, and administrative procedures and practices.
- Develop preventive programs focused on strengthening the Latino family.
- Accelerate efforts to reunify Latino children with their families or locate other permanency planning options, such as adoption.
- Educate Latino families about community services and, likewise, educate community services workers about Latinos.
- Require training and assistance programs to accommodate language and cultural differences (e.g., Burgos Decree in Illinois).
- Enhance the participation of Latino grassroots organizations at the local, state, and national level.

There is a need to focus more on the welfare of the Latino child rather than child welfare:

Recommendations:

- Build more supportive community environments that can assure the safety and security of Latino children.
- Improve the collaboration of children's services.
- Foster linkages between and among the various commitments to children—school, child welfare, the courts, religious facilities, and so on.

This study points the way to critical areas aimed at reducing the risks of abuse and neglect among vulnerable Latino children, and clarifies data limitations for understanding how these children are cared for and protected.

Recent child welfare initiatives, the increasing exposure of Latino children to social problems, and the nation's focus on the health and welfare of children makes this an ideal time for national leaders to step forward and declare that every child has a right to a permanent loving and nurturing family, and that every family has a right to live in a safe and secure community. This study firmly supports such an effort.

(Notes available from the author).

NATIONAL COMMITTEE TO PREVENT CHILD ABUSE

**Healthy Families America
Conference
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The End of the Beginning (of Reforming Children and Family Services)

by: John Zalenski, Ph.D., National Resource Center for Family Centered Practice

*"This is not the end. It is not the beginning of the end. But it is the end of the beginning."
(Winston Churchill)*

Services for children and families are in a state of change and transition for a lot of reasons. The politics of family life and children's well-being, ever more drastic conceptions of the meaning of "fiscal constraints," the effects of multiple initiatives — from managed care Medicaid projects to welfare reform — on the child welfare service system, not to mention the challenges facing many fragile partnerships for community systems development, all contribute to a feeling of unease and uncertainty about the future of vulnerable children and families in our society. While there may be a temptation to look for a "new" response to our current situation, a more resilient response may be to identify those resources that focus and strengthen current work towards systems of community services that are responsive to the growing needs of families. Here are some key resources to help you do just that.

Charles Bruner, Douglas Nelson & Otis Johnson (1996). *Realizing a Vision for Children, Families, and Neighborhoods: An Alternative to Other Modest Proposals*. National Center for Service Integration, c/o Child and Family Policy Center.

This paper takes as its point of departure the growth of a "tale of two trends" in child and family well-being: growing prosperity for a small percentage of families, worsening prospects, across almost every indicator of child and family well-being for others—especially children of color and especially children residing in neighborhoods in which the most basic social investments are being neglected. In an era of apologetics about the needs of vulnerable families, the authors confront this trend head-on. They make it clear that we know what it takes for children to succeed at the high levels necessary to sustain social well-being in our rapidly developing and very complex society and economy. It takes social values and social policies that allow families time and resources to nurture and support themselves and each other. It takes an economy that provides sustaining work. And it takes effective public service systems to promote the health, safety, and general welfare of all citizens—not merely the select few. Further, we have learned that community based services and supports that are flexible, focused on the assets of families, and tied closely to the needs of particular localities embody the kind of practices capable of producing resilient communities. At the same time, however, we remain within the lock-step pattern of a policy making system that continues to emphasize services that are

fragmented, reactive, and focused on deficits and dysfunction. The only response to this is the investment and redeployment of substantial resources to make strengthened communities a reality. Achieving this will take a national agenda, the communication across social boundaries of a national vision of a society that relies on the potential of all its members to achieve prosperity and well-being. The formulation put forth here clears the head and sharpens the senses.

Francine H. Jacobs & Margery W. Davies (1994). *More Than Kissing Babies? Current Child and Family Policy in the United States*. Auburn House. ISBN 0-86569-224-6.

This volume brings together a series of case studies of significant family policy issues in the U.S. since 1980. The collection applies a consistent framework to the family policy under consideration: 1) are policies family-centered? 2) do they provide economic support or care giving support? 3) are they targeted or universal? 4) are they treatment oriented or prevention oriented? 5) do they emphasize private solutions or public approaches? Proceeding from this framework, the collection addresses family support, child care and family leave issues, homeless families, the impact of AIDS, and it considers the impact of race, class and gender in child and family policy. These case studies examine the substance of family policy development in this country, and they make us aware of what is at stake in all of our efforts to create a society that actually works for families.

Lela B. Costin, Howard Jacob Karger & David Stoesz (1996). *The Politics of Child Abuse in America*. Oxford University Press. ISBN 0-19-508930-8.

Often, the direct engagement of families through casework or program development shapes both the problems we face and the limited options with which we are able to face them. It can be very useful, however, to view the process of policy formation on a broader scale. When we do this, when we look at the social dynamics of policy development, we are vividly reminded that social problems are not "given" by consensus, "captured" by research, and "resolved" by the application of knowledge and social value fused within standardized intervention techniques. The policy making process is fractious and contradictory involving diverse players with multiple agendas. Politics and apocryphal stories, news media coverage of sensational events, advocacy groups and professional associations—sometimes even families and community residents—all participate in the creation of a loosely structured "paradigm" intended to manage if not solve social problems. In this volume Costin and her co-authors offer a sharply critical analysis of this process as it has played out in the development of child welfare policy. The analysis includes the role of "Mary Ellen," the child of legend who launched a movement of child savers in the 19th century by revealing that children of that era needed to be protected with animal cruelty restrictions. It addresses the rise of the "child abuse industry"—the set of therapeutic and legal professional interests structured around the psychological model



of child abuse. It contributes to the current wave of family preservation "backlash" by constructing this effort to support families and build stable homes for vulnerable children as a kind of reckless panacea by propaganda. The book structures this discussion by detailing the development of a series of "paradigms" used to frame the child abuse problem. The analysis however constrains its solution. The deeply rooted contradictions uncovered in child welfare can only be resolved, in their formulation, by a monolithic "Children's Authority" set up to treat abuse as a public health problem. Unfortunately, how this entity would be exempt from the very processes to which it is proposed as an alternative are not addressed. The whole treatment, however, does put fire in the belly.

George H.S. Singer, Laurie E. Powers, Ardis L. Olson (1996), Redefining Family Support Innovations in Public-Private Partnerships: Paul H. Brookes Publishing Company. ISBN 1-55766-217-7.

Let's get our feet back on the ground. This collection of resources touches on the most current and interesting developments in the field of family centered practice. At the same time, it builds connections between family centered practice in the disabilities arena (rooted in the implementation of part H), in the child welfare arena, in the mental health sector and in the voluntary family support sector. For this reason it makes a substantial contribution to efforts at creating a cross-systems dialogue with family centered practice at its core. Particularly helpful in this area are chapters focused the development of measurements and standards in family centered practice, as well as an entire section of the book addressing the application of family support across populations. The section includes individual chapters on: aging families, primary prevention, child abuse and neglect, complex medical needs, adult mental health, wrapping services around an SED population. The final section of the book looks at the role of family support within current public policy innovations.

Malcolm Bush, Sidra Goldwater and Sean Zielenbach (1995). Building Community: Developing Human and Economic Resources. Increasing Returns: The Economic Development Potential of Social

Service Programs. Vol. 1. Woodstock Institute.

John Kretzmann, John McKnight, & Nicole Turner (1996). Building Community: Developing Human and Economic Resources. Rediscovering Local Associations and Their Powers: Tools and Methods. Vol. 2. Woodstock Institute.

Malcolm Bush, Anna Maria Ortiz, & Ann Maxwell (1996). Building Community: Developing Human and Economic Resources. Tracking the Dollars: State Social Service Spending in One Low-Income Community. Vol. 3. Woodstock Institute.

John P. Kretzmann, Malcolm Bush, & Stanley J. Hallett (1996). Building Community: Developing Human and Economic Resources. Reforming Human Services: Community Perspectives. Vol. 4. Woodstock Institute.

Woodstock Institute
407 South Dearborn, Suite 550
Chicago, IL 60605
(312)427-8070

We are all growing familiar with the language of community based services systems. At the same time we are only beginning to become aware of the implications we will have to confront in order to make such systems an effective reality. There are many, from technical challenges to resource allocation issues. Holding a very important place among these will be the requirement to rethink the design of service systems, changing our understanding of the relation between social services, economic development, public investment, and community development. This series of monographs can make a substantial contribution to the needed remake of our thinking. At the heart of the matter is a holistic, or ecological vision of community functioning. Conventional conceptions tend to divide community into distinct domains of activity. Briefly, this leads to a conception of community in which social services are seen as distinct from economic activity. Resources are expended through service providers, often professionals from outside the community, who "treat" clients. The full expectation for that resource is expended in the intervention. A new vision of community would make more

of that resource. Human services, in this formulation, represents a major community investment, and that investment must be maximized within the community at which it is targeted. This means local control of services. It means a coordinated system of services that depends on a high percentage of residents employed by that system. It means services that assist with the kind of family development that increases employability. It means earned income to support local businesses. It means a stabilized community capable of attracting capital investments. In this community system, treatment is merely one of many consequences of social services investment. There are many implications that can be spun from this revision of community. This series focuses on some of the most important, from strategic uses of social service programs, to using the powerful tools of citizens associations, to tracking funding from programs through communities, to linking these elements into an effective and overarching community perspective.

Rebecca Stone (1996). Core Issues in Comprehensive Community-Building Initiatives. Chapin Hall Center for Children at the University of Chicago. (773) 753-5900

Comprehensive Community Initiatives (CCI's) are currently investigating a wide variety of approaches to revitalizing communities. They proceed from the assumption that people and social life are complicated, that the challenges people face cannot be reduced to a single attribute, and that multi-layered problems require solutions equal to the intricacy of the problems. Another implication of this point of view is that solutions will inevitably be locally defined, because in the interaction of unique people, places, and situations, unique needs will be created and equally unique responses required. This volume takes up the challenge posed by CCI's by collecting a variety of responses to key issues. Sections within the volume address theories of neighborhood change, explore visions of community, address neighborhood governance, capacity building, economic development, and the challenges of evaluation. The volume addresses many critical issues.

Materials available from the National Resource Center for Family Centered Practice

PRINTED MATERIALS

AGENCY-UNIVERSITY COLLABORATION IN PREPARING FAMILY PRESERVATION PRACTITIONERS (1992) \$6.00

This collection of papers from the Second University Educators Conference on Family Preservation explores issues on the effective relationship between family preservation practice and academic training.

ALTERNATIVE MODELS OF FAMILY PRESERVATION: FAMILY-BASED SER- VICES IN CONTEXT (1992) \$49.75

A brief history and review of the research on family-based services. Based on data from the NRC's multistate study, analyses of family-based services with different client populations and modes of service delivery are presented. Separate chapters focus on child neglect, physical abuse, sexual abuse, delinquency/status offenses, and services in rural areas, in the office setting, and under public/private auspices. Complementing the statistical models are descriptive case studies of the programs, families, and their social workers.

ANNOTATED BIBLIOGRAPHY: FAMILY CONTINUITY (1993) \$5.00

This publication, the result of a collaboration of the National Foster Care Resource Center, and The National Resource Center on Family Based Services, provides annotations of resources focused on "Family Continuity," a new paradigm for permanency planning for the 1990's.

ANNOTATED DIRECTORY OF SELECTED FAMILY BASED SERVICE PROGRAMS (1994) \$25.00

Descriptions of 370 family-based service programs across the country, including information on program goals, background, services, client characteristics, staff, funding and contact person.

BEYOND THE BUZZWORDS : KEY PRIN- CIPLES IN EFFECTIVE FRONTLINE PRACTICE (1994) \$4.00

This paper, by leading advocates and practitioners of family centered services, examines the practice literature across relevant disciplines, to define and explain the core principles of family centered practice.

CHARTING A COURSE: ASSESSING A COMMUNITY'S STRENGTHS AND NEEDS (1993) \$4.00

This resource brief from the National Center for Service Integration addresses the basic components of an effective community assessment.

CHILDREN, FAMILIES, AND COMMUNI- TIES--A NEW APPROACH TO SOCIAL SERVICES (1994) \$8.00

This publication from the Chapin Hall Center for Children presents a framework for community-based service systems that includes and builds upon community networks of support, community institutions, and more formal service providers.

CHILDREN, FAMILIES, AND COMMUNI- TIES: EARLY LESSONS FROM A NEW APPROACH TO SOCIAL SERVICES (1995) \$5.00

This is a street level view of the experience of implementing a system of comprehensive community-based services. Another report in a series on the Chicago Community Trust demonstration.

CHRONIC NEGLECT IN PERSPECTIVE: A STUDY OF CHRONICALLY NEGLECT- ING FAMILIES IN A LARGE METROPOLI- TAN COUNTY:

EXEC SUMMARY: (1990) no charge FINAL REPORT: (1990) \$15.00

A research study examining three groups of families referred for child neglect: chronic neglect, new neglect, and unconfirmed neglect. The report presents descriptive data about these groups of families, changes over time and differences between the three groups. The study was conducted in Allegheny County, PA, and funded by OHDS and the Vira I. Heinz Endowment.

COMMUNITY RESPONSE TO HOMELESS- NESS: EVALUATION OF THE HACAP TRANSITIONAL HOUSING PROGRAM

EXECUTIVE SUMMARY (1996) no charge FINAL REPORT (1996) \$8.00

An evaluation of a HUD-funded demonstration project of the Hawkeye Area Community Action Program (1990-1995). This project provided transitional housing and supportive services for homeless families with the objectives of achieving housing stability and economic self-sufficiency. Data include

background information from participants obtained through structured interviews, and self-sufficiency measures at intake, termination, and six month follow-up to evaluate progress in housing, job, education, and income stability.

COST EFFECTIVENESS OF FAMILY- BASED SERVICES (1995) \$3.00

This paper describes the data and cost calculation methods used to determine cost effectiveness in a study of three family preservation programs.

CREATING CULTURES OF FAMILY SUP- PORT AND PRESERVATION: FOUR CASE STUDIES (1993) \$3.50

This document explores issues relevant to the effective integration of family preservation and family support programs called for in new federal legislation.

DEVELOPING LINKAGES BETWEEN FAMILY SUPPORT & FAMILY PRESERVATION SERVICES: A BRIEF- ING PAPER FOR PLANNERS, PROVID- ERS, AND PRACTITIONERS

(1994) no charge

This working paper explores the connections in policy, program design, and practice needed to enhance the chances for success of linked programs.

EMPOWERING FAMILIES: PAPERS FROM THE FOURTH ANNUAL CONFER- ENCE ON FAMILY-BASED SERVICES (1990) \$10.00

A collection representing the second published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Major sections address Programs and Practices, Program Issues, and Practice Issues--reflecting new and continuing developments in family-based services.

EMPOWERING FAMILIES: PAPERS FROM THE FIFTH ANNUAL CONFER- ENCE ON FAMILY-BASED SERVICES (1991) \$10.00

A collection representing the third published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Five major sections--Training and Education, Research, Practice Issues, Program and Practice Issues, and Program and Policy Issues.



EMPOWERING FAMILIES: PAPERS FROM THE SIXTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES (1992) \$10.00

A collection representing the fourth published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Major sections address Diversity, Research, and Expansion in family-based services.

EMPOWERING FAMILIES: PAPERS FROM THE SEVENTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES (1993) \$10.00

This is the latest collection of papers from the NAFBS conference in Ft. Lauderdale. Chapters address family empowerment and systems change, child protection and family preservation, determining outcomes for community-based services, and wraparound services for SED youth.

EMPOWERING FAMILIES: PAPERS FROM THE EIGHTH ANNUAL CONFERENCE ON FAMILY-BASED SERVICES (1994) \$10.00

This collection presents the best from the national conference. Key issues include reunification practice, family-centered residential treatment, culture and therapy, and a variety of research and evaluation issues.

EMPOWERMENT EVALUATION: KNOWLEDGE AND TOOLS FOR SELF-ASSESSMENT AND ACCOUNTABILITY (1996) \$27.00

This volume derives from a conference of the American Evaluation Association. It addresses the concepts, methods, and tools needed to integrate evaluation into the everyday practices of running programs.

EVALUATING FAMILY BASED SERVICES (1995) \$25.00

Major researchers in the field of family based services contribute chapters on all aspects of the evaluation process appropriate to a variety of program models.

FACTORS CONTRIBUTING TO SUCCESS AND FAILURE IN FAMILY-BASED CHILD WELFARE SERVICES:

EXEC SUMMARY (1988) \$2.50

FINAL REPORT (1988) \$15.00

(Includes the Executive Summary)

Summary and final report of a 2-year federally funded study analyzing social worker characteristics, family characteristics, services provided, outcomes, and the relationship between these factors in eleven family-based placement prevention programs.

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-BASED SERVICES FOR JUVENILE OFFENDERS (1990) no charge

An analysis of family characteristics, service characteristics, and case outcomes of families referred for status offenses or juvenile delinquency in eight family-based placement prevention programs. In *Children and Youth Services*, Vol. 12, No. 3, 1990.

FAMILY-CENTERED SERVICES: A HANDBOOK FOR PRACTITIONERS (1994) \$15.00

This completely revised edition of the Practitioners Handbook addresses core issues in family centered practice, from assessment through terminating services. Also included are a series of chapters on various topics such as neglect, substance abuse, sexual abuse, and others.

FAMILY-CENTERED SERVICES EMPLOYEES MANUAL, IOWA DEPARTMENT OF HUMAN SERVICES (1985--Rev. Jan, 1991) \$5.00

Iowa Department of Human Services family-centered services regulations, which define and structure the Department's preventive services program, and accompanying procedures manual.

FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES: FAMILY ASSESSMENT MANUAL (1994) \$5.00

This manual describes the methodology and includes the structured interview and all standardized instruments administered in this NCCAN-funded research study.

FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES: FINAL REPORT (1994) \$8.00

Final report from NCCAN-funded research study on family functioning and child neglect, conducted by the NRC/FBS in collaboration with the Northwest Indian Child Welfare Association. The study is based on structured interviews with neglecting and comparison families in Indian and non-Indian samples in two states.

FAMILY GROUP CONFERENCE (1996) \$16.00

This volume offers a complete presentation

of the Family Group Conference, the extended family network child protection model from New Zealand.

FAMILY PRESERVATION AND INDIAN CHILD WELFARE AMERICAN INDIAN LAW CENTER (1990) \$12.00

This collection of essays looks at the application of family preservation to Indian Child Welfare. Historical, contemporary, therapeutic, program implementation, staff training, and program evaluation issues are treated. Only available directly from the American Indian Law Center, Inc., Box 4456 Station A, Albuquerque, NM 87196. **NOT AVAILABLE FROM THE NATIONAL RESOURCE CENTER.**

FAMILY PRESERVATION USING MULTISYSTEMIC TREATMENT: A COST-SAVINGS STRATEGY FOR REDUCING RECIDIVISM AND INSTITUTIONALIZATION OF SERIOUS JUVENILE OFFENDERS (1993) no charge

This brief manual provides an overview of the multisystemic approach to treating serious antisocial behavior in adolescents and their multineed families. Dr. Henggeler outlines the focus of the approach on the family, the youth's peer group, the schools, and the individual youth, along with the structure of the family preservation program, and the research which documents the program's effectiveness.

GUIDE FOR PLANNING: MAKING STRATEGIC USE OF THE FAMILY PRESERVATION AND SUPPORT SERVICES PROGRAM (1994) \$8.00

This document presents a comprehensive framework for implementing the federal family preservation and support services program.

HOME-BASED SERVICES FOR TROUBLED CHILDREN (1995) \$35.00 [Includes s//h]

This collection situates home-based services within the system of child welfare services. It examines the role of family preservation, family resource programs, family-centered interventions for juveniles, issues in the purchase of services, and others.

INTENSIVE FAMILY PRESERVATION SERVICES RESEARCH CONFERENCE; CLEVELAND, OHIO--SEPTEMBER 25-26, 1989; FINAL OR BRIEF REPORT (1990) no charge

Final report of a two-day conference on family preservation services research, co-sponsored by the Bellefaire Jewish Children's



Bureau, the Mandel School of Applied Social Sciences at Case Western Reserve University, and the Treu-Mart Fund. The final report includes the history and definition of family preservation, implementation in child welfare, juvenile justice and mental health systems, review of existing research and recommendations for future research. The brief report focuses exclusively on needed research in the area.

INTENSIVE FAMILY SERVICES: A FAMILY PRESERVATION SERVICE DELIVERY MODEL (1987) \$2.75

Manual providing detailed descriptions of the State of Maryland's Department of Human Resources Intensive Family Services (IFS) pilot projects in eight local departments of social services--including chapters on funding principles, interventions, closure and evaluation. This program was implemented in 1985 and expanded to 14 jurisdictions in 1986.

KEY CHARACTERISTICS AND FEATURES OF COMMUNITY-BASED FAMILY SUPPORT PROGRAMS

(1995) \$6.00
This is a thorough review of issues determining the success of Family Support programs.

KNOW YOUR COMMUNITY: A STEP-BY-STEP GUIDE TO COMMUNITY NEEDS AND RESOURCES ASSESSMENT

(1995) \$28.00
This is a manual and tool kit for conducting a community needs and capacities assessment. The price includes a computer diskette containing sample forms. Please indicate Mac or DOS version.

LENGTH OF SERVICE & COST EFFECTIVENESS IN THREE INTENSIVE FAMILY SERVICE PROGRAMS

SUMMARY REPORT (1996) NC
FINAL REPORT (1996) \$17.00

Report of an experimental research study testing the effect of length of service on case outcomes and cost-effectiveness in three family based treatment programs. Families were randomly assigned to three-month or six-month treatment groups and in one site, to a third group of indeterminate length of service. Various family characteristics, measures of family functioning, and child maltreatment and placement incidents were obtained at intake, termination, and at 6-month and 12-month follow-ups. Surveys of client satisfaction and worker characteristics and practices were also conducted. Costs of services, including IFS and placement costs, were collected for the cost effectiveness analysis. Average cost per family com-

pared to treatment effectiveness indicates the cost effectiveness of different service lengths with different programs and populations. (Funded by OHDS, DHHS, Grant #90CW0964).

LINKING FAMILY SUPPORT AND EARLY CHILDHOOD PROGRAMS: ISSUES, EXPERIENCES, OPPORTUNITIES

(1995) \$6.00
This monograph examines opportunities for family support in child care settings.

MAKING A DIFFERENCE: MOVING TO OUTCOME BASED ACCOUNTABILITY FOR COMPREHENSIVE SERVICE REFORMS

(1994) \$4.00
This resource brief from the National Center for Service Integration presents the basic components of a program level outcomes based accountability system.

MAKING WELFARE WORK: A FAMILY APPROACH (1992) \$3.15

This is an account of Iowa's Family Development and self-sufficiency Demonstration Grant Program (FaDDS). It describes a family support approach to welfare reform.

MANAGING CHANGE THROUGH INNOVATION: TOWARDS A MODEL FOR DEVELOPING AND REFORMING SOCIAL WORK PRACTICE AND SOCIAL SERVICE DELIVERY (1992) \$7.50

This manual treats the dynamics of the change process in a variety of settings.

NEW APPROACHES TO EVALUATING COMMUNITY INITIATIVES: CONCEPTS, METHODS, AND CONTEXTS

(1995) \$12.00
Evaluating coordinated service interventions is a complex process. This volume examines a set of key issues related to evaluating community initiatives.

POST ADOPTION FAMILY THERAPY (PAFT): A PRACTICE MANUAL; Oregon Children's Services Division

(1990) \$3.00
Discusses the conception, development and implementation of the PAFT project including positive research findings for 50 at-risk families. Part two describes therapeutic challenges of adoption, intervention techniques, and the treatment model developed by the project.

POST ADOPTION RESOURCES FOR TRAINING, NETWORKING, AND EVALUATION SERVICES (PARTNERS): WORKING WITH SPECIAL NEEDS ADOPTIVE

FAMILIES IN STRESS; Four Oaks, Inc., Cedar Rapids, Iowa (1992) \$4.25

Information about the PARTNERS model for adoptive families with special needs children. Includes a description of support services, screening, assessment, treatment planning, treatment and termination phases of the project, and descriptive statistics of the 39 families served. Part two describes therapeutic challenges of adoption.

PROGRAM BLUEPRINT FOR NEGLECTFUL FAMILIES, Oregon Children's Services Division (1987) no charge

Presents a program model based on recurring evidence about the nature of neglectful families.

PUBLIC-PRIVATE PROVISION OF FAMILY-BASED SERVICES: RESEARCH FINDINGS (1989) no charge

A paper presented at the NAFBS Third Annual Empowering Families Conference (Charlotte, NC) discussing research findings on differences between family-based services provided by public and private providers.

RACIAL INEQUALITY AND CHILD NEGLECT: FINDINGS IN A METROPOLITAN AREA

(1993) no charge
Despite contradictory evidence, child neglect is believed to occur with greater frequency among African-Americans for a variety of reasons. This article describes racial differences among 182 families referred for neglect in a large metropolitan area.

REALIZING A VISION

(1996) \$5.00
This working paper positions the progressive children and family services reform agenda within a complex welter of change, and it poses a provocative answer to the question: "Where do we go from here?"

REINVENTING HUMAN SERVICES: COMMUNITY- AND FAMILY-CENTERED PRACTICE

(1995) \$25.00
This collection of articles explores aspects of the move towards a community-based service system. The book explores social work, economic development, school-linked services, and community policing. Crossing these different service sectors is a common understanding of community- and family-centered practice.

REPAIR: REASONABLE EFFORTS TO PERMANENCY THROUGH ADOPTION AND REUNIFICATION ENDEAVORS



Executive Summary (1996) \$4.00
Final Report (1996) \$17.00

REPAIR, a project conducted by Four Oaks, Inc., in collaboration with the Iowa Department of Human Services, created a family based approach to residential treatment characterized by reduced length of stay, integration of family preservation and family support principles, and community based aftercare services to expedite permanency. The quasi-experimental evaluation, conducted by the NRC/FCP, compared REPAIR with the agency's standard residential treatment program. The Final Report describes the conceptual approach and project design, lessons learned from implementation, and evaluation results (including instruments). [Funded by ACYF, Grant #90CW1072].

THE SELF-SUFFICIENCY PROJECT: FINAL REPORT (1992) \$5.00

Final evaluation report of a federally-funded demonstration project in rural Oregon serving families experiencing recurring neglect. Includes background and description of project, findings from group and single subject analyses, and evaluation instruments. (See the Self-Sufficiency Project: Practice Manual below).

THE SELF-SUFFICIENCY PROJECT: PRACTICE MANUAL (1992) \$3.15

This manual describes a treatment program for working with families experiencing recurring neglect, based on a federally-funded demonstration project in rural Oregon. Includes project philosophy and design, staffing, discussion, and descriptive case studies (See the Self-Sufficiency Project: Final Report above).

SOURCEBOOK: ANNOTATED RESOURCES FOR FAMILY BASED SERVICE PRACTICE: 4th Edition (1993) \$5.00

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. Includes many unpublished materials prepared by social service departments, not generally available in libraries, which can be ordered from those agencies.

STATE LEGISLATIVE LEADERS: KEYS TO EFFECTIVE LEGISLATION FOR CHILDREN & FAMILIES: A REPORT (1995) no charge

This is the report of an eye-opening survey on how far children and family advocates have to go towards building a sustained legislative agenda.

STATE SURVEY ON PLACEMENT PREVENTION & FAMILY REUNIFICATION PROGRAMS: FINAL REPORT

(1990) \$5.00

Results of a 1989-90 nationwide survey of state child welfare administrators and specialists regarding the extent to which placement prevention/reunification services have been implemented. Includes data from 37 states. Issues include eligibility requirements, exclusions, costs, service length and availability, state expenditures and state legislation regarding placement prevention and reunification services. Similarities and differences between public agencies and purchase of service programs are featured.

STRENGTHENING FAMILIES & NEIGHBORHOODS: A COMMUNITY-CENTERED APPROACH

(1995) \$8.00

This is the final report of the "Patch" demonstration project, a model for community-centered social work practice that is now generating national attention.

STRENGTHENING HIGH-RISK FAMILIES (A HANDBOOK FOR PRACTITIONERS);

Authors: Lisa Kaplan and Judith L. Girard (1994) \$25.00

This accessible handbook on family-centered practice addresses the range of issues to be considered in working with high-risk families. Practice strategies are set within the context of the development of family preservation services.

TECHNICAL ASSISTANCE RESOURCE GUIDE (1994) \$3.00

This guide presents a variety of materials important to implementing the family preservation and support services program. Topics addressed include organizational change, program development, community assessment, family-centered practice, cultural competence, and evaluation.

THREE MODELS OF FAMILY-CENTERED PLACEMENT PREVENTION SERVICES

(1990) no charge

An analysis that defines and compares family-centered services by identifying three models whose primary goal is tertiary prevention, the prevention of out-of-home placement of children from seriously troubled families, or reunification once placement has occurred. Also examines data from 11 family-centered placement prevention programs that further specifies and compares these models. Reprinted with permission from Child Welfare, Vol. LXIX: No. 1, (Jan/Feb 1990).

TOGETHER WE CAN: A GUIDE FOR CRAFTING A PROFAMILY SYSTEM OF EDUCATION AND HUMAN SERVICES

(1993) \$11.00

This is a guidebook to a five stage process for creating and sustaining community collaborations.

TO LOVE A CHILD (1992) \$6.00

This book describes the many ways in which responsible and caring adults can contribute to the lives of children: mentoring adoption, family foster care, kinship care and others.

TRAINING MANUAL FOR FOSTER PARENTS (1990) \$12.00

Created by Dr. Patricia Minuchin at Family Studies in New York, the Manual includes a theoretical section describing the rationale, goals, themes and skills, and a training section that describes eight sessions. The activities of the sessions are experiential, including role playing, small groups, simulated cases, and discussions. The sessions are focused on understanding families and on exploring attitudes about families, on the skills of making and keeping contact with biological families, and on the liaison between foster parents and professional workers as they function in the foster care network.

TRAINING RESOURCES: FAMILY CONTINUITY (1993) \$2.00

A bibliography of training resources of the National Resource Center for Family Centered Practice, The National Foster Care Resource Center, The National Resource Center for Special Needs Adoption, and other organizations.

For a detailed description of audiovisual materials, see page 31.



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Table with 4 columns: TITLE/DESCRIPTION, PRICE, QTY, TOTAL. Lists various publications with their respective prices and quantities.

continued on next page



TITLE/DESCRIPTION	PRICE	QTY	TOTAL
Realizing a Vision (1996)	5.00		
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Sourcebook: Annotated Resources for FBS Practice--4th Edition (1993)	5.00		
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State Survey on Placement Prevention & Family Reunification: Final Report (1990)	5.00		
Strengthening Families & Neighborhoods: A Community-Centered Approach (1995)	8.00		
Strengthening High-Risk Families: A Handbook for Practitioners (1994)	25.00		
Technical Assistance Resource Guide (1994)	3.00		
Three Models of Family Centered Placement Prevention Services (1989) [\$50*]	nc	**	
Together We Can: A Guide for Crafting a Profamily System of Education & Human Svcs (1993)	11.00		
To Love a Child (A complete guide to adoption, foster parenting, etc.) (1992)	6.00		
Training Manual for Foster Parents (no charge for shipping/handling) (1990)	12.00		
Training Resources: Family Continuity (1993)	2.00		
AUDIOVISUAL MATERIALS:			
Video Tapes--			
Circularity & Sequences of Behavior (1992) [price includes s/h]	\$25.00		
Family-Based Services: A Special Presentation (1990) [add \$5.00 for s/h]	\$80.00		
Slide Show--			
Home-Based Family-Centered Services: A Basic View (1980)--Rental Only [add \$5.00 s/h]	\$10.00/mo		
Audiotapes--			
Empowering Families 1989 Pre-Conference Institute: Research Roundtable			
Audiotape 1 (sessions 1 & 2)	\$6.00		
Audiotape 2 (sessions 3 & 4)	\$6.00		
	\$10.00/both		
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AUDIOVISUAL MATERIALS

CIRCULARITY AND SEQUENCES OF BEHAVIOR (1992) (*includes s/h) **\$25.00***
 This 30-minute training videotape describes the family systems concepts of circularity and sequences of behavior, and then demonstrates how the concepts are utilized in a child protection interview with a family where inadequate supervision of young children is an issue. Useful for training family-centered practitioners in any human services program.

FAMILY-BASED SERVICES: A SPECIAL PRESENTATION (1990) **\$80.00***
 (*Plus \$5.00 shipping)
 Videotape: 24 minutes. A lively introduction

to the history, philosophy, and practice of family-based services featuring interviews with policy-makers, agency administrators, family-based service workers and families who have received services. For use by advocacy and civic groups, boards of directors, legislators and social service workers. A video guide accompanies the taped presentation.

HOME-BASED FAMILY-CENTERED SERVICES: A BASIC VIEW (1980) Rental Only **\$10.00/mo**

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.

EMPOWERING FAMILIES 1989 PRE-CONFERENCE INSTITUTE: THE RESEARCH ROUNDTABLE--AUDIOTAPE 1: SESSIONS 1 & 2; AUDIOTAPE 2: SESSIONS 3 & 4

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Length of Service and Cost Effectiveness in Three Intensive Family Service Programs (1996)

REPARE: Reasonable Efforts to Permanency Through Adoption and Reunification Endeavors (1996)

State Legislative Leaders: Keys to Effective Legislation for Children & Families (1995)



THE PREVENTION REPORT

National Resource Center for Family Centered Practice

The University of Iowa School of Social Work
112 North Hall
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