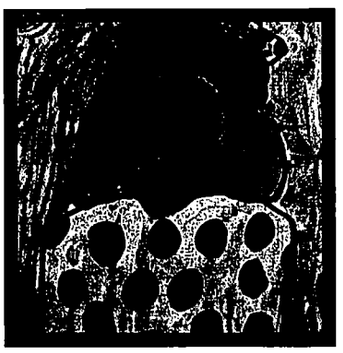
Keeping Families Together

Facts on Family Preservation Services



"Even the most troubled families

reveal love beneath the chaos

and an enormous resilience of human spirit."

Jill Kinney, *Co-Founder, Homebuilders*

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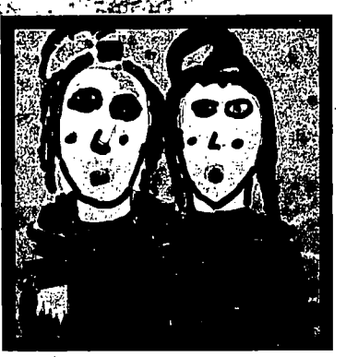

Images from THE GORGEOUS MOSAIC[sm], a work of art by the young people

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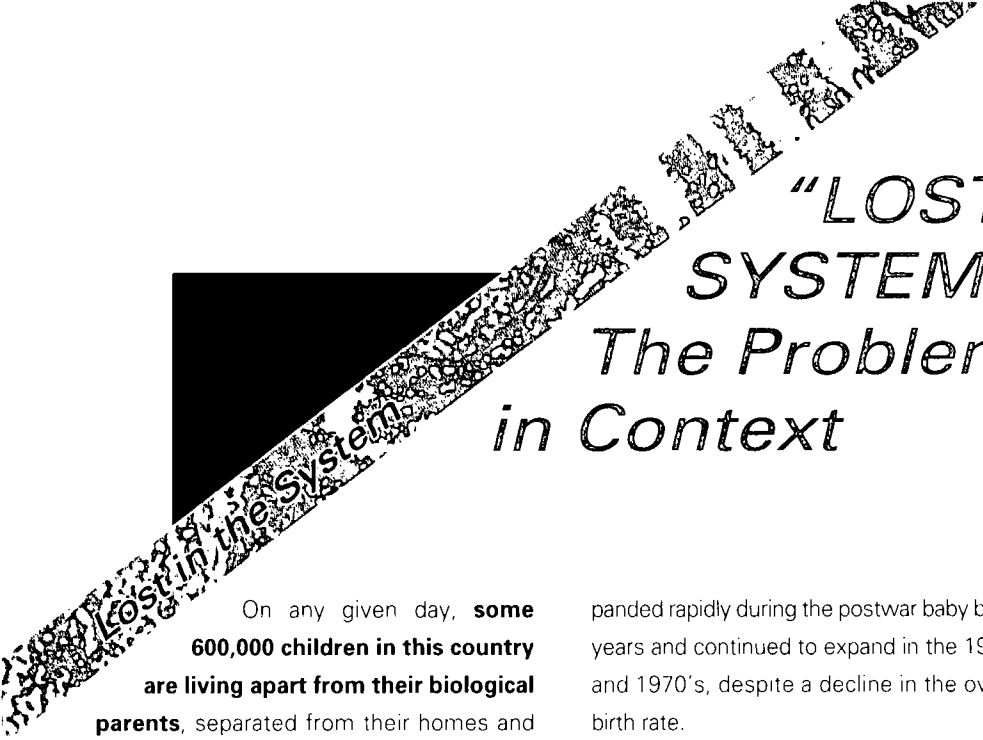


"LOST" IN THE SYSTEM
The Problem in Context

On any given day, **some 600,000 children in this country are living apart from their biological parents**, separated from their homes and families. They are in the social service system: in foster care or group homes, in juvenile justice, mental health, or special education placements.

The number of these placements has been growing in some states at the alarming rate of 20 percent per year. Over half of the children will be kept away from their homes for a year or more; three out of five will be placed in more than one setting during their stay; some will have 15 or more "homes" in their childhood; and some will never again live with any permanent family. At an early age, sometimes even in infancy, these children know the pain of conflict, crisis, separation, and loss. In many ways **they are this country's youngest homeless**, too many of them lost in a maze of programs and facilities.

A System of Substitute Care

Foster care has historical roots in the religious and charitable response of society to orphans. Modern, federal taxpayer-supported foster care was created under the Social Security Act of 1935 as a temporary last step to protect children at risk of grave and imminent harm at home. Under the law, states are obligated to assume temporary custody of children whose parents are unable or unwilling to care for them adequately. The system expanded rapidly during the postwar baby boom years and continued to expand in the 1960's and 1970's, despite a decline in the overall birth rate.

As Congress held hearings on foster care in the late 1970's, it became apparent that **the foster care system was quietly out of control**. Some children need the protection of out-of-home care, but studies dating back to the late 1950's and impassioned Congressional testimony revealed that many children are taken from their homes without sufficient reason, often because alternative responses are not believed to be feasible or available. **Once in the system, children frequently drift from placement to placement for years at a time**, having little contact with child welfare workers or their biological families and no clear planning for their future. Meanwhile, few services are provided to families in anticipation of their child's return; and in cases where return is not possible, there is little emphasis on speedy adoption.

Conventional sentiment reflects stereotyped views that troubled families do not want their children, that parents cannot change their behavior or protect their children, and that the children would be safer in another setting. But **children are not necessarily safer outside the home, and placement includes risks of its own**. It can harm a child's self esteem and identity. And a 1984 study funded by the National Center on Child Abuse and Neglect reported that for every 1,000 children in foster care, 30 were abused. The risks of physical and emotional harm need to be weighed carefully when making a decision to remove a child.

The Adoption Assistance and Child Welfare Act of 1980

In response to widespread concern about the crisis in foster care, Congress passed the Adoption Assistance and Child Welfare Act in 1980, PL96-272, which **mandated that agencies make "reasonable efforts" to prevent unnecessary placement of children outside their homes, to reunite children with their biological families, and to find permanent adoptive homes for children who cannot return home**. Agencies were mandated to make explicit and appropriate plans for services to help these children and their families, and courts were required to review each plan. A system of checks and balances was required in an effort to monitor placement practices and reinforce a national consensus that children are entitled to permanent families.

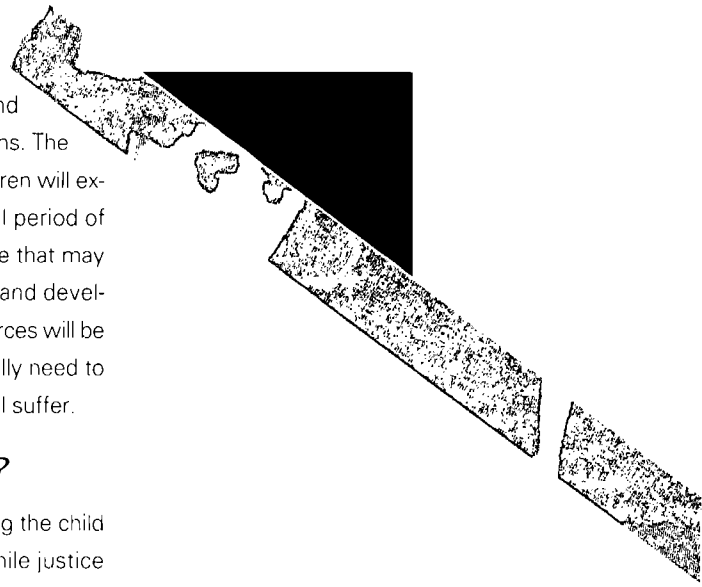
Despite this legal mandate to avoid unnecessary foster care placement, progress has been slow. There are few federal guidelines for compliance with PL96-272, and promised federal funding was not appropriated. In addition, pressure to maintain the status quo and bureaucratic inertia all too often overpower the development of new and effective programs to keep families together. States show little consistency in child welfare

policy and practice, and in many places, funding systems run counter to the goals of keeping families together. The 1980's brought increased homelessness and drug addiction, and by the end of the decade the number of children being placed in out-of-home care was increasing, in many places at a truly alarming rate.

Compounding the problem are dramatic cuts in federal support for child welfare programs in general, and misunderstanding of the child welfare system by professionals and the public alike. Some of the barriers include:

- **A continuing high turnover rate of child welfare workers** who are underpaid, poorly trained, overworked, and demoralized by the massive problems that characterize their jobs;
- **A shrinking pool of foster families**, coupled with need for placements for multi-problem children, a combination of problems that may force more children into institutional care, reversing a trend of over half a century;
- **A lack of adequate services to prepare older youths in foster care** for independent living in a world increasingly hostile to the unskilled;
- **A lack of permanent adoptive homes for older and disabled children**, as well as a paucity of effective post-placement services for adoptive families;
- **Lack of recognition of the increasingly disproportionate impact on black, Hispanic, and other minority children** of under-funded child welfare and juvenile justice systems; and,
- **Few resources to meet the increasingly complex and specialized needs of children in care**, including older children with more serious problems or infants and young children with drug-related health problems or with substance abusing mothers in the home and fathers on the street who are unable or unwilling to support the family unit.

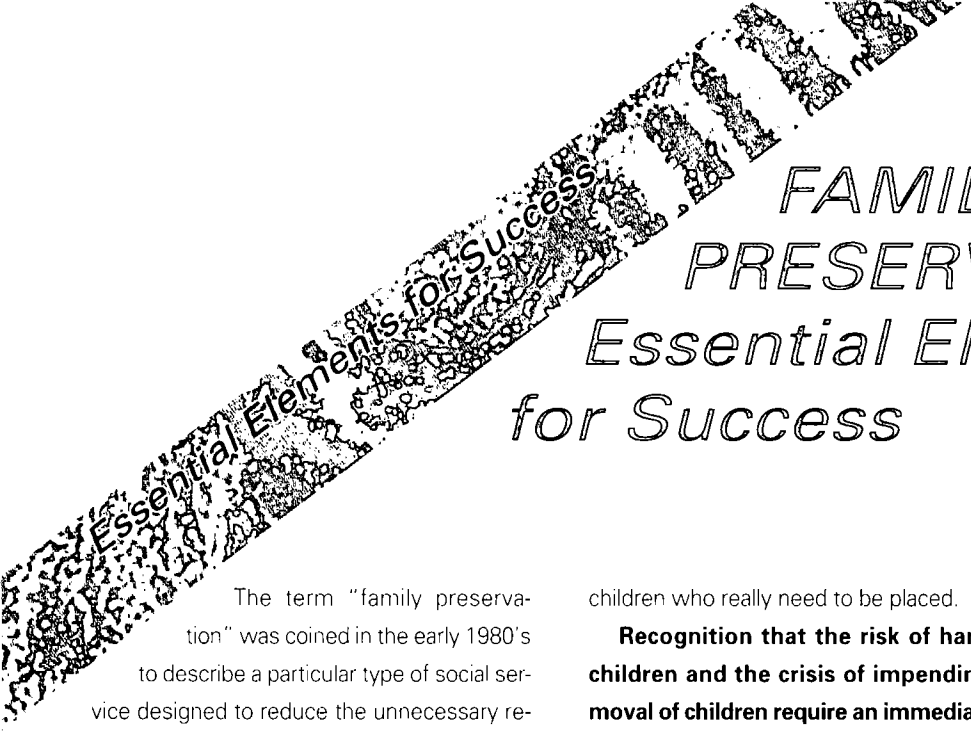
These persistent barriers to appropriate, effective care mean that many children who could remain in their families if alternative supporting services were available, instead wind up in foster care or other institutions. The tragedy is not only that these children will experience an avoidable and painful period of separation from their families, one that may permanently affect their growth and development, but also that scarce resources will be misused and the children who really need to be removed from their families will suffer.



What Can Be Done?

In the continuing crisis surrounding the child welfare, mental health, and juvenile justice systems, improvements are urgently needed. **It is easier and less expensive to provide services to strengthen and support families before they are split apart**. Intensive family preservation programs have been successful in preventing unnecessary placement of children outside the home and in keeping families in crisis together safely. And for children already in foster care, state agencies can provide a speedy return of children to their biological family or find a new, permanent family through adoption. Even a few weeks in placement is a long time for a young child; programs should respond to the child's sense of time and urgent need for stability and love.

America's first response to children and families in crisis should be to strengthen their ability to cope as a unit, build on their strengths, and preserve their bonds. Children are too precious a natural resource for our nation to disregard.



FAMILY PRESERVATION
Essential Elements for Success

The term "family preservation" was coined in the early 1980's to describe a particular type of social service designed to reduce the unnecessary removal of children from troubled families. The best known and oldest of these programs is Homebuilders, begun in 1974 in Tacoma, Washington. The founders and staff of Homebuilders established, refined, and tested the essential elements of family preservation services, which have been successfully replicated by a wide variety of agencies in many cities, counties, and states.

The agencies place great emphasis on ensuring the safety of all concerned while helping the family learn how to stay together successfully.

It is important to differentiate programs modeled after Homebuilders from other programs that sometimes call themselves family preservation services, but which include only a few of the essential elements. Based on the Homebuilders' model, the following characteristics are necessary for the success of the program:

Targeting services to families on the verge of having a child removed from his or her home and for whom no other community or preventive service is available to prevent unnecessary placement—Family preservation services supplement, rather than compete with, existing programs. Good foster care is a scarce resource. Wider use of family preservation means good foster care homes will be more available for those children who really need to be placed.

Recognition that the risk of harm to children and the crisis of impending removal of children require an immediate response—There is no waiting list for family preservation services. Families are seen as soon as possible after a referral has been made, generally within 24 hours. This quick response helps to assure the safety of those family members believed to be at risk and begins the intensive monitoring while the crisis is still going on. The theory behind this type of intervention is that a crisis can be a turning point, mobilizing individuals to change old, destructive patterns into new, more positive ways of behaving.

A thorough intake and assessment process focused on elimination of danger to all involved—Being in the home, listening to and observing family members in their everyday life, and using the therapist's extensive training in family behavior all contribute to an accurate assessment and allow the caseworker to help the family reduce the risk of harm to family members.

Availability of the family worker 24 hours a day, seven days a week—Family crises often occur outside of business hours, and family preservation workers are on 24-hour call to enable them to respond when both the family's need and opportunity to learn are the greatest. This flexibility also enhances the protective capacity of the services.

Working with families in their homes—Family preservation services are home-based and take place at times convenient to each family's schedule, on a frequent, often daily, basis. Workers in the home are less threatening and are able to gather more information with greater accuracy than in the confines of a professional office.

Small caseloads—Each family preservation worker generally sees only two families at a time and is thus able to give concentrated attention to each case.

Short-term, intensive services—Family preservation therapists limit their involvement with a family to a short period, typically four to six weeks. Since workers are available every day, around the clock, they provide as many total hours of service as a more traditional approach would provide over the course of a year or more. This intensity gives a better assurance of safety than other social services and concentrates learning and changes during a brief period of high energy when both family and worker can give their best efforts. The limited duration also reduces the chances of a family developing counter-productive dependencies on the workers.

A mixture of "hard" and "soft" services—Therapists help families address such fundamental issues as welfare benefits or home repairs while also monitoring the immediate crisis at hand. No task is too trivial — even a helping hand to clean up the kitchen can provide an opportunity to discuss parent-child communication. The contact and confidence inspired by this wide range of help

and caring provides more opportunities to teach new skills to family members as well as to help the family obtain necessary resources and services.

Treatment of each family as a unit, rather than focusing solely on the problems of an individual family member—Change in any element of family interaction affects the whole pattern, so a limited but specific change by one family member can have a far-reaching impact on the behavior of other members, particularly on those who might resist a direct approach.

Meeting the families' goals—Unlike many traditional prevention services, this program helps families to help themselves by supporting goals identified by family members and by strengthening and reinforcing the family's ability to find and use community resources. Building on the strengths of individuals as well as the family unit can produce more far-reaching and lasting change than concentrating on their weakness or pathology.

Services tailored to each family's needs—While many of these elements of family preservation are carefully adhered to in order to engage resistant families and assure family members' protection, the specific techniques and services are highly varied and depend on the unique needs of each family. Referrals to specialized providers for concurrent or follow-up services are based on the needs of individuals and families.

Focus on specific issues—Family preservation workers concentrate on the most serious issues, like safety or the specific problem that threatens to break up the family. Workers do not try to fix everything about each family. Their goal is to attain an acceptable level of stability and safety and to start the family on a solid path of improved behavior. Ideally, newly learned skills and improved self worth give the family hope and help them meet future problems as they arise.

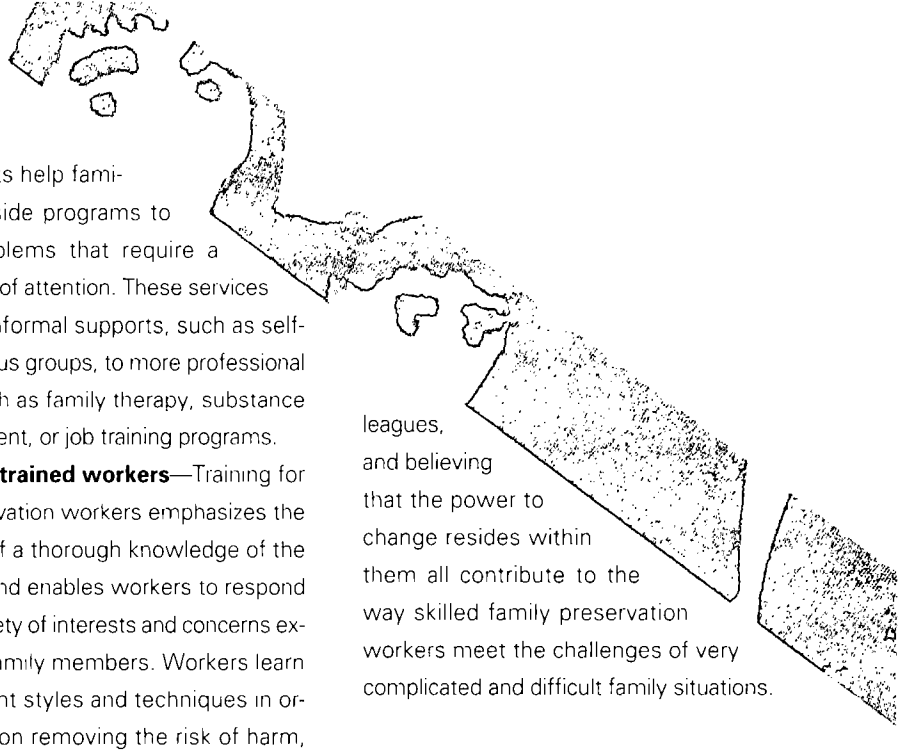
Referral to follow-up—Family preservation therapists help families find outside programs to address problems that require a longer period of attention. These services range from informal supports, such as self-help or religious groups, to more professional services, such as family therapy, substance abuse treatment, or job training programs.

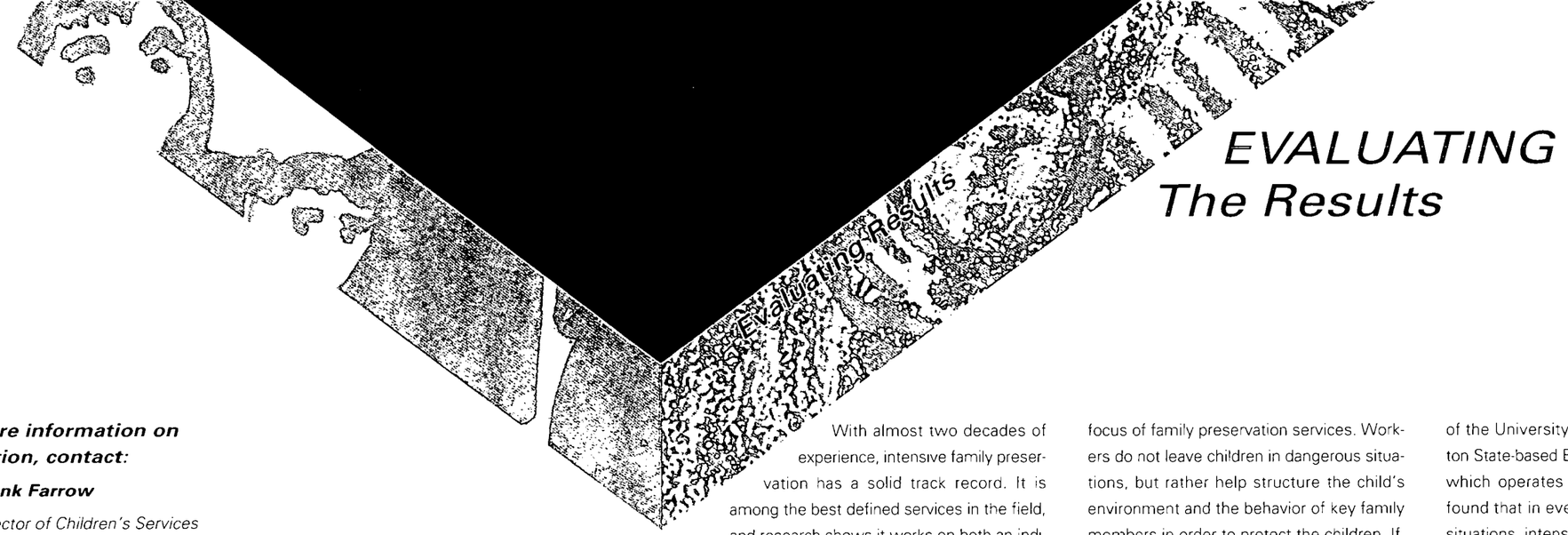
Specially trained workers—Training for family preservation workers emphasizes the importance of a thorough knowledge of the community and enables workers to respond to a wide variety of interests and concerns expressed by family members. Workers learn many different styles and techniques in order to focus on removing the risk of harm, rather than the child, from the family.

To the average person, all of this may sound more like common sense than a radical approach to caring for families and children. But this is a field inundated with reports of neglect, abuse, and youth offenses; and it is all too often locked by practice and tradition into large caseloads requiring simultaneous attention to 20 to 50 families during regular business hours and in an office setting. In such a context, where out-of-home placement is the norm, family preservation services are certainly unconventional and, in the opinion of some, truly revolutionary.

Family preservation, as exemplified by Homebuilders and similar agencies, offers a solid alternative to policy makers, social service workers, and judges who are re-examining the best use of limited resources to meet the escalating protection and treatment needs of American families in crisis. It offers a cost-efficient and practical strategy to help our most vulnerable children and families, keeping them safe and together.

Behind the characteristics are important values and beliefs about families—the central one is the belief that even troubled families can change and want to do so. Respecting families, treating them as colleagues, and believing that the power to change resides within them all contribute to the way skilled family preservation workers meet the challenges of very complicated and difficult family situations.





EVALUATING
The Results

Conclusion

The fact that family preservation is so successful in keeping families together led early on to hopes of a quick turnaround in the overall increase of foster care placements. Experts now realize the situation is much more complex. So many variables affect placement rates that it's unrealistic to introduce a program and expect definitive results in only a few years. It is particularly unrealistic to expect a program that targets one specific point on the social service continuum to bring about widespread change in statistics that relate to services to families and children in general.

Although family preservation was developed in 1974, it is only within the last three or four years that states have begun extensive programs. And no state—even those with programs available statewide—has neared the "saturation" point, that point at which services are available to all families who need them. Within the next five to 10 years, states will continue to scale-up their family preservation programs, improve their targeting efforts, and undertake more sophisticated studies of the programs' effectiveness.

For more information on evaluation, contact:

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With almost two decades of experience, intensive family preservation has a solid track record. It is among the best defined services in the field, and research shows it works on both an individual and family level, helping parents learn the skills to keep their families together safely.

Success in the social services world is difficult to measure, however, and researchers have yet to show scientific "proof" that states can successfully use family preservation to lower their overall foster care rates. Part of the problem may be lack of adequately designed evaluations to test the methodology. But it is also genuinely difficult to document the impact of an intervention when each family is different and when placement decisions are generally made by individual caseworkers. In addition, social and economic factors beyond the control of any social service can have a major impact on the numbers of children removed from their homes.

Evaluation is, therefore, a much-debated topic in the family preservation field. There are three key areas to review: 1) safety of children; 2) improved family functioning; and 3) prevention of unnecessary placement and the resulting fiscal benefits of the program. On a subjective level, client satisfaction should also be included.

Safety

Safety of all family members is the primary focus of family preservation services. Workers do not leave children in dangerous situations, but rather help structure the child's environment and the behavior of key family members in order to protect the children. If, during an intervention, a worker believes a child is still not safe, he or she will not hesitate to recommend placement, though that is rarely necessary.

Although no social service can guarantee 100 percent safety, family preservation programs have a strong safety record, precisely because of the very characteristics of the service itself: Trained caseworkers are on the scene within 24 hours of referral; there is no waiting period before services begin. Services take place in the home, where family preservation workers are able to monitor danger signals and work with parents and children to minimize the threat of violence. Workers are available daily, around the clock, to provide optimum support and protection for all family members. And workers have only two cases at a time, thus giving them the flexibility to respond to emergencies and the time to stay long enough to stabilize the household. (See ENSURING CHILDREN'S SAFETY: FIRST AND FOREMOST.)

Family Functioning

The first comprehensive evaluation of family preservation services was completed in 1989, with support from the U.S. Department of Health and Human Services. It was conducted by the Social Research Institute of the University of Utah and the Washington State-based Behavioral Science Institute, which operates Homebuilders. The study found that in even the most difficult family situations, intensive family preservation programs significantly increased parenting skills in dealing with a variety of economic, drug abuse, and social problems. In fact, when primary caretakers assessed problems both before and after delivery of family preservation services, positive improvements were reported on 26 of 28 problems affecting family functioning. The study compared these results with those obtained from studies of more traditional service methods of handling the same problems and showed that the rate of increase in competence for families in family preservation programs was four to five times higher than for those families helped with traditional approaches. Studies in New Jersey and California (see next page) also looked at family functioning and found that it had improved after families received intensive family preservation services.

Cost-effectiveness and Placement Prevention

On a per case basis, family preservation services are more cost-effective than foster care, and considerably cheaper than placement in juvenile or psychiatric institutions. In Michigan, in 1992, it cost about $4,500 per family to provide family preservation services, compared to $12,000 per child for family foster care. The average stay in foster care in

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New York State is slightly more than two years, and in 1992 the average cost per child was almost $14,000; the cost of family preservation services in the state (outside of New York City) is $3,000. In New York City, foster care costs about $20,000 per child, per year, and institutional and psychiatric care run even more. Family preservation services, including 10 months of follow-up care, cost about $8,500 per family. (See DOLLARS AND CENTS OF FAMILY PRESERVATION.)

The Targeting Conundrum—States will only save money, however, if family preservation is available on a large enough scale to reduce the numbers of children being placed outside the home and if it reaches the appropriate families. In the first decade of family preservation, most policymakers and legislators relied on qualitative and descriptive studies about the value of the services, as well as statistical evidence from across the country showing that, on average, about 80 percent of families remained together one year after the intervention was completed.

As the programs matured, there was a need for more rigorous, random-assignment evaluations. Does family preservation really reach the families for whom the services are intended—that is, those families whose children would really have been placed had family preservation not been available? If services are not reserved for these families, the case for a reduction in overall foster care numbers and an impact on social service budgets is weakened.

Several attempts to evaluate this aspect of family preservation have revealed a targeting problem in states' use of family preservation. Just as decisions to remove a child are often personal ones made by individual caseworkers, decisions to refer a family to family preservation services can be equally arbitrary. All caseworkers want the best for their clients, and if, as has been shown in some studies, they refer families with children who would not have been removed from the home, then there is no way to determine whether or not the services would actually have prevented placement if they had been properly targeted. Because of this targeting problem, as well as the small size of most of the studies to date and the varying definition of programs that all call themselves family preservation, solid proof that family preservation services can affect a state's overall placement rates is still lacking.

California and New Jersey Evaluations—Two studies of family preservation programs, in California and New Jersey, were among the first to draw attention to this problem of targeting. Both studies showed improvement in family functioning and no reduction in safety among families receiving family preservation services. However, the California study showed strong placement avoidance in both the family preservation group and a control group receiving traditional services; about 75 percent of families in both groups were still together at the eight-month follow-up period. Had the families been properly targeted and referred, the families who did not receive family preservation services should have experienced a much higher rate of placement.

In New Jersey—where placement is defined to include any stay outside the home, even with other family members and for any length of time—the preliminary report showed significant placement avoidance for up to nine months among family preservation families when compared to a control group. After nine months, the difference diminished, and, because of the small number of families involved, was no longer statistically significant. The final New Jersey report, released in early 1992, added an additional county and showed that family preservation did result in statistically significant placement avoidance over a one-year period.

Both of these evaluations had other limitations. They used small sample sizes and were based on relatively new programs. And in California, the family preservation category grouped together Homebuilder-type programs with other, quite different, home-based, intensive programs.

Illinois Study—Preliminary findings of a large evaluation of home-based programs in Illinois were released in late 1992. This evaluation studied fifty-nine agencies, but rather than a single model of family preservation services, there were almost 59 different programs involved. Placement prevention was the goal of all of the programs, and they all called themselves family preservation; the average intervention was 90 days. However, only one program was based on the Homebuilders model.

Seven of the sites were selected to be part of a random assignment study, comparing families receiving family preservation services to those receiving traditional child welfare services. Investigators found little difference in placement rates or reoccurrence of abuse and neglect between the two groups. But because the family preservation programs were so varied, it is difficult to interpret the findings. And since only eight to 10 percent of the children receiving *traditional* services were placed, the programs clearly missed their target group. This study, then, has limited relevance to the Homebuilders-type intensive family preservation program.

Tracking Foster Care in Michigan—As states are tracking families, out-of-home placements, and cost-savings, a more comprehensive—albeit complex—picture of the success of family preservation programs is emerging. Michigan has the largest statewide network of family preservation services in the country and has received a lot of attention. Their Families First initiative began in the summer of 1988, and services were available statewide by December 1992. In the four years between September 1988 and September 1992, Families First served 5,000 families, including 12,000 children. Follow-up studies one year after the intervention have consistently shown that 80 percent of the families are still together.

Changes in the growth rate of foster care in the state have come more slowly—and are, of course, influenced by economic and social factors far beyond Families First—but indicators are beginning to point in a healthy direction. For example, for the ten years before Families First began, there was an annual 9 percent increase in the foster care growth rate. In the first full year after Families First (1989) there was an increase of only 3.7 percent. Although a change of law then led to an inflated placement count in 1990 and 1991, the rate of increase was still less than before—7.6 percent in 1990 and 4.6 percent in 1991. By 1992, there was an actual decrease of 1.2 percent.In October 1992, there were 10,773 children in foster care in Michigan, compared to 10,935 in September 1991. Although officials are cautious about crediting this drop to Families First alone, they are pleased with the direction.

Michigan is promoting Families First as the lead initiative in an attempt to move the state's child welfare system from a child rescue system to a child-centered, family-focused system of care. Because family preservation is cheaper than placement, or at the very least is budget neutral, Families First has already had a budgetary impact, according to state officials.

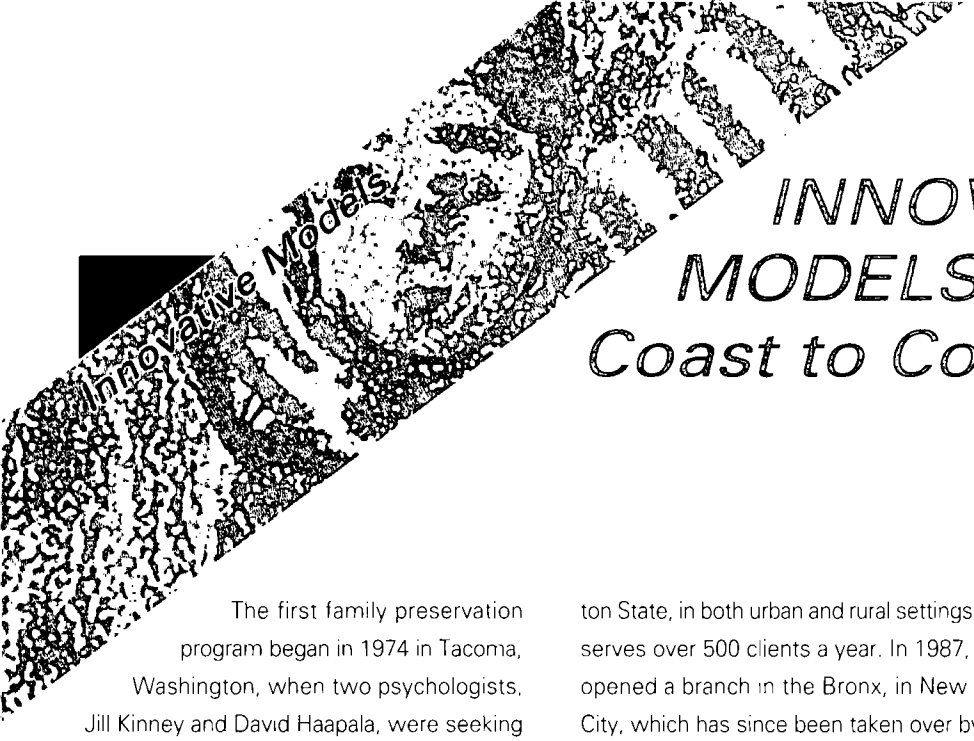
The Bottom Line—Family preservation experts have learned a great deal from the evaluations and studies that have been done to date. Recognition of the need to improve the targeting process in order to make an impact on a state's overall placement statistics has been most helpful, and new studies are being designed to identify a group of families about which there is no doubt of placement and then randomly assign them to either family preservation services or placement.

But the limitations of the studies completed to date show just how difficult it is to draw conclusions about family preservation: some have lumped together a variety of different programs under the "family preservation" rubric, and some have failed the test of using appropriate randomly assigned control groups. Interpretations are additionally complicated by small sample sizes and varying definitions of placement from state to state.

Client Satisfaction

Family preservation service providers take the opinion of clients seriously, and they are routinely polled by persons other than those who work with them. Inquiries in Washington State show that:

- 99 percent of the clients were satisfied or very satisfied with the services they received;
- 87 percent of the clients rated services helpful or very helpful; and
- 97 percent would recommend Homebuilders to a family in a situation similar to their own



INNOVATIVE MODELS Coast to Coast

The first family preservation program began in 1974 in Tacoma, Washington, when two psychologists, Jill Kinney and David Haapala, were seeking federal funds to train and support foster care families. A government official challenged them to move back a step and focus on in-home services to prevent placement, and they decided to give it a try. They had no preconceived notions of how to keep families together, but did have an idea of what children needed. To their own surprise, if not the government official's, they found that working within the family was successful. They named their program Homebuilders.

Over the years, they refined the central model of family preservation and now Homebuilders trains practitioners all over the country. More than 35 states currently offer one or more programs based on the Homebuilders model, and at least 13 have major programs. In 1991, the programs worked with more than 10,000 families.

Homebuilders emphasizes the belief that, in most cases, it is best for children to grow up with their biological families. The child, the family, and the community all benefit when problems can be solved within the context of the family, rather than through placement.

The Record So Far

Studies show that one year after services are completed, out-of-home placement is avoided in approximately 80 percent of the families, depending on the nature of the case. Homebuilders operates throughout Washington State, in both urban and rural settings, and serves over 500 clients a year. In 1987, they opened a branch in the Bronx, in New York City, which has since been taken over by the city's Child Welfare Administration. In mid-1991, New York City announced a major initiative to put Family Preservation Programs in all five boroughs by January 1994.

During the 1980s, family preservation services were extended to prevent unnecessary placement not only in foster care homes, but also group homes, juvenile justice and psychiatric facilities. Family preservation services also became a catalyst for states to experiment with coordination of services within the child welfare system and new ways of funding. The following states are examples of progress on these frontiers.

Michigan: Meeting the Need

Michigan has the largest number of family preservation programs to date and is the closest to determining at what point there are enough services to meet the needs of all families with children at risk of unnecessary placement. Wayne County (Detroit), for example, now has 85 family preservation caseworkers. Statewide there are 38 agencies operating in 44 counties and with the Native American Intertribal Council. In October 1992, Families First became available in all 83 counties. Evaluations to date have shown that an average of 80 percent of the families remain together one year after the intervention period. Michigan is also providing insight on how to work with families where substance abuse is present; more than half of the cases in Wayne County are drug-related. (See Substance Abuse.)

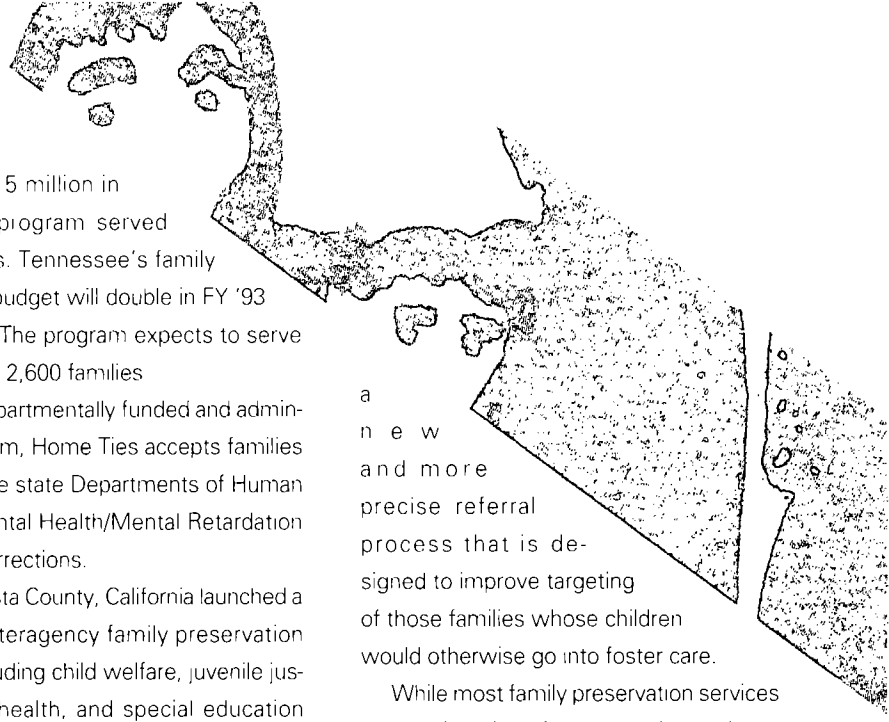
Missouri: A Springboard to Broader Reform

Missouri's family preservation initiative began in 1988, with several small programs funded by the Department of Mental Health. Since then, it has become a true interagency effort led by the Department of Social Services, including involvement of that Department's Family Services Division (child welfare) and Youth Services Division. By the end of FY 1992, Missouri's family preservation programs was serving over 900 families per year, with a budget of $3.5 million per year. The service is available in all counties of the state, with concentration in St. Louis and Kansas City.

In 1992, Missouri's state agencies began using the principles and practices of family preservation to launch broader restructuring of their children's services system. Several local communities are engaged in a partnership with state agencies to begin building a more comprehensive service system that responds to families in a timely, flexible and empowering fashion.

Iowa and Kentucky: The Funding Challenge

Iowa is also working to make family preservation services available statewide and along the way has made creative efforts to fund it.



Many states earmark funds for specific services, such as foster care or adoption, and officials at the county level have little or no flexibility on how to utilize the money. Iowa is working to "decategorize" the funding, to let counties determine how child welfare and related funds will be spent. This approach frees up money previously earmarked for placement so that it can be used for preventive and reunification programs. The goal is to make sure that family preservation is part of the continuum of services offered in Iowa and that each service, from preventive care to out-of-home placement, is well coordinated and delivered and not used inappropriately because of fiscal incentives or disincentives.

Iowa's current move toward family preservation services began in 1987, when the state legislature passed a bill establishing projects in three of the state's eight human service districts. By the end of Fiscal Year 1991, family preservation programs were established statewide with an annual budget in FY '92 of $5.2 million. In FY '91, they served 1,400 families. There is strong legislative and executive support for expansion to make the services available to all eligible families.

In Kentucky, a resourceful budget strategy and close coordination with the Juvenile Court distinguish the development of a family-based social services system. In the past, Kentucky had not filed claims for the full amount of Title IV-E funds — federal matching dollars for out-of-home placements. By changing their claiming procedures, state officials increased their federal reimbursements significantly, thus freeing other state funds to be used for preventive services for families in crisis.

Tennessee and California: Integration of Services

Home Ties, the family preservation program in Tennessee, began in October 1989, and became available statewide in 1992. With a budget of $3.5 million in FY '92, the program served 1,120 families. Tennessee's family preservation budget will double in FY '93 to $7 million. The program expects to serve approximately 2,600 families.

An interdepartmentally funded and administered program, Home Ties accepts families referred by the state Departments of Human Services, Mental Health/Mental Retardation and Youth Corrections.

Contra Costa County, California launched a pioneering interagency family preservation program, including child welfare, juvenile justice, mental health, and special education agencies as full partners. Funds came from social services, probation, and mental health programs. Family preservation thus became a starting place for broader changes in the county social services system, as staff coordinated activities through common approaches to assessment, training, and case management systems.

New York City: A Giant Step Forward

With more than 50,000 children in out-of-home care in 1991, New York City embarked on the largest family preservation program in the nation. The citywide initiative started seeing families in 1991 and will continue expanding until, by the end of 1993, it should be capable of serving approximately 7,000 families and 18,000 children a year. By the end of 1992, 15 teams of 12 workers each will be in operation, more than double the next largest concentration of workers in the country. Funding will come from a transfer of $12 million in city foster care funds, with the possible addition of up to $20 million in matching money from state and federal sources.

The City is initiating several innovative practices to make family preservation effective under what are often very difficult conditions.

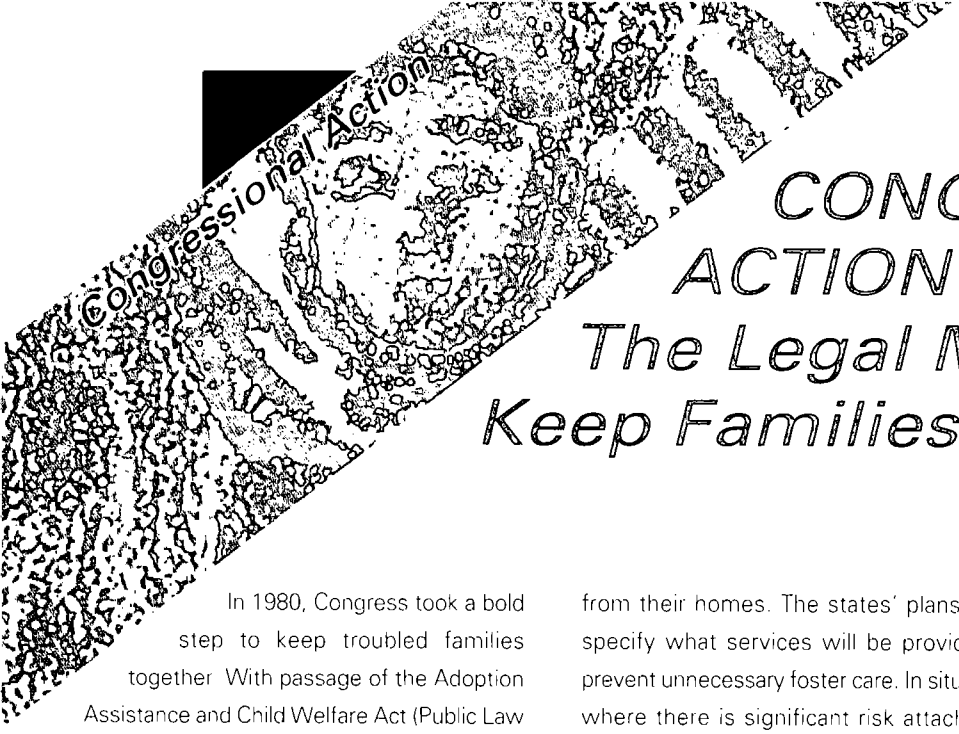
The Child Welfare Administration is testing a new and more precise referral process that is designed to improve targeting of those families whose children would otherwise go into foster care.

While most family preservation services are provided by private agencies under contract to public agencies, New York City will join Iowa, Missouri, New Mexico, and Alabama as sites where services are delivered directly by public employees. In the past, public agencies have not always been able to provide the flexibility of scheduling and low caseloads that family preservation requires.

Each site will have a community advocate who will develop and coordinate resources in the neighborhood and educate local organizations about family preservation. The sites will also have a roster of volunteer mentors, community members who will be available for up to ten months after the basic intervention is completed to help the family build links to neighborhood services.

Across the Country

Thirty-five states now have at least one family preservation program based on the Homebuilders' model. A growing number of states are working to implement family preservation services on a large scale basis. Alabama, Colorado, Connecticut, Iowa, Kentucky, Michigan, Minnesota, Missouri, New Mexico, New Jersey, New York, North Carolina, Tennessee, and Washington.



CONGRESSIONAL ACTION ...and Inaction
The Legal Mandate to Keep Families Together

In 1980, Congress took a bold step to keep troubled families together. With passage of the Adoption Assistance and Child Welfare Act (Public Law 96-272), Congress voted to shift the direction of federal funding away from foster care and toward preventive and family reunification services. Seeking to assure permanent families for children, Congress underscored three important principles with this legislation: 1) the prevention of unnecessary foster care placement; 2) the reunification of children in foster care with their natural families whenever feasible; 3) the timely adoption of children unable to return home.

In the words of Robert Schwartz, Director of the Juvenile Law Center of Philadelphia, "Congress sought to provide a balance between the very visible harm done to an abused or neglected child by someone in the family and the less visible harm done when a child is torn from his or her environment, causing the bonds between child and family to be damaged or permanently broken."

Reasonable Efforts Under the Law

To achieve these goals, PL96-272 makes federal funding to the states for child welfare services contingent upon their initiation and implementation of significant reforms. Chief among these is the requirement that states provide proof of having made "reasonable efforts" to prevent the removal of children from their homes. The states' plans must specify what services will be provided to prevent unnecessary foster care. In situations where there is significant risk attached to keeping a child in the home, the Act specifies that the child be placed as close as possible to his or her family in order to facilitate continuing contact between family members and in the "least restrictive," most family-like setting. The Act further requires that:

O a formal and systematic plan be made for services to remedy the problems that threaten the family ties of each child, outlining specific treatment services and action that will be expected of agencies and family members to make reunification possible;

O the plan be reviewed at least every six months to see that it is being followed and whether changes are necessary to improve the situation as rapidly as possible;

O within 18 months of the removal of a child, there must be a hearing to decide on the permanent placement of the child. The options include: returning the child to the home; freeing the youngster for adoption; or if necessary, placing him or her in permanent foster care. If a permanency plan cannot be developed, temporary foster care placement may be extended for a limited and specified time.

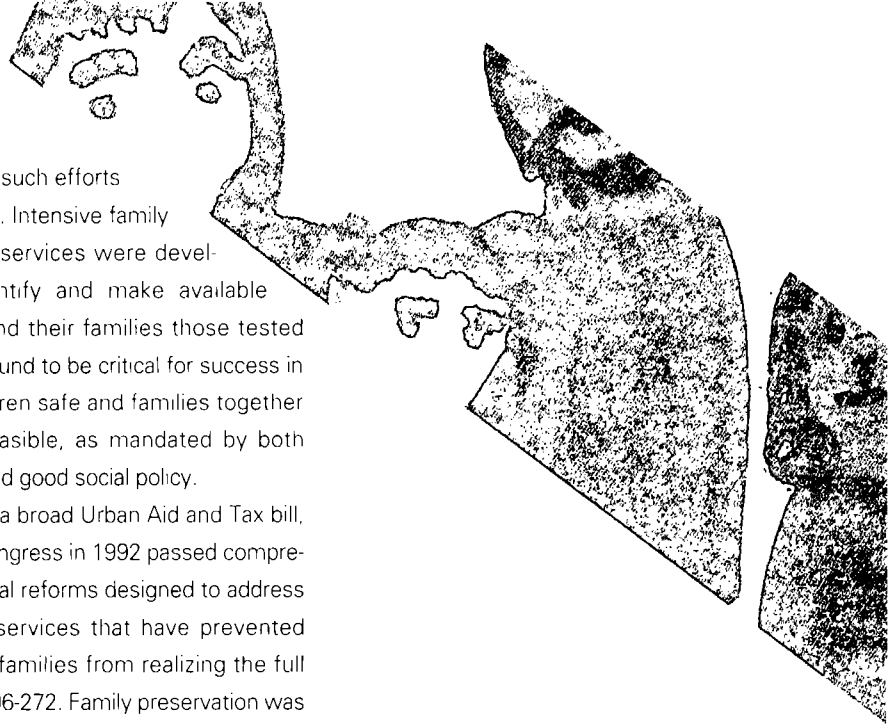
Justice Under Pressure

As bold as is the intent of the Act, and as striking its provisions, full implementation has not occurred. This is due in large part to institutional inertia, broken funding promises, and an undue allegiance to traditional methods of treatment.

In many cases, judges are either not familiar with the "reasonable efforts" requirement or, out of misguided apathy, routinely rubber stamp unsupported assertions made by a social agency. While some courts have successfully demonstrated the value of the process, procedures and forms that could actually lead to "reasonable efforts" are unfamiliar to or ignored by judges in the majority of states. Hearings are not held or, if held, are often perfunctory, taking a few minutes per case and disposing of as many as 60 or even 80 cases in a typical morning. Compounding the problem, attorneys are all too often presented with cases at the last minute, resulting in little time for adequate preparation and a lack of familiarity with their clients or the services available in the community. Some courts do not bother to appoint attorneys in spite of legal requirements to do so. Frequently, adequate funding and training for lawyers has not been provided.

CASA — A Child's Voice in Court

All too often children themselves are "lost" in an overburdened child welfare system with no one to represent them in court. An organization called CASA (Court Appointed Special Advocates) trains volunteers all over the country to speak up for abused and neglected children in court. They are effective in bridging



the gap, but so far are available in only a fraction of the needed cases.

So many levels of authority are involved in child welfare decisions that unified change has been difficult, and obstacles remain at every level. The "reasonable efforts" requirement has been variously interpreted from agency to agency, judge to judge, state to state. All too often, the fate of a child rests on the preference or prejudice of the caseworker or supervisor, on the whim of the judiciary, or the sway of a persuasive attorney. More uniform and serious attention, clear policy guidance, adequate training, and effective service alternatives in sufficient quantity are urgently needed.

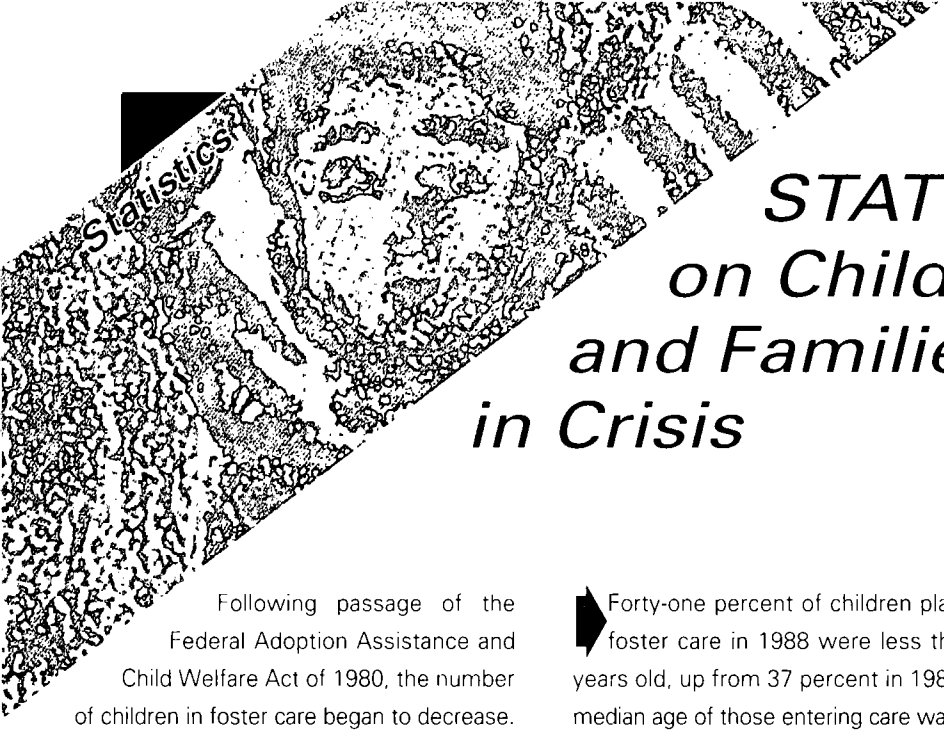
The lives of children and families are complex. Any number of departments and agencies may be involved with a single family, including education, child welfare, juvenile justice, and health. If child welfare services are to be efficient, appropriate, and effective, all service systems and levels of authority must act harmoniously. Obstacles include lack of coordination or cooperation, which results in duplication, postponement, or omission of services; and rigid funding and treatment requirements that prevent families from receiving the combination of discrete services or assistance that would help them succeed as a family.

If a greater number of children are to benefit from the law, a stronger standard for what constitutes "reasonable efforts" is also needed — one that is specifically defined, widely publicized, and consistently implemented throughout the nation. 1990 marked the 10th anniversary of PL 96-272 but the federal government has yet to issue substantive guidelines for compliance. Funding, which was promised in 1980, was cut in 1981. The law remains, but it has no teeth.

The flexibility to adapt a strong standard to the individualized circumstances of a child, a family, or a community should be preserved; the option to ignore or take lightly the duty to make such efforts should not be. Intensive family preservation services were developed to identify and make available to children and their families those tested techniques found to be critical for success in keeping children safe and families together whenever feasible, as mandated by both federal law and good social policy.

As part of a broad Urban Aid and Tax bill, the 102nd Congress in 1992 passed comprehensive federal reforms designed to address the gaps in services that have prevented children and families from realizing the full benefit of PL96-272. Family preservation was the cornerstone of these reforms, but the bill was vetoed by President Bush the day after the election.

It is expected that the Clinton Administration and the new Congress will give renewed attention to the need for expanded resources to protect children, strengthen families, and prevent the unnecessary placement of children in out-of-home care. Federal attention will also probably be given to improvements in the quality of out-of-home care and adoption assistance for children who cannot be protected at home, as well as enhancements in service delivery through staffing and service coordination.



STATISTICS on Children and Families in Crisis

Following passage of the Federal Adoption Assistance and Child Welfare Act of 1980, the number of children in foster care began to decrease. Although the decrease was in large part due to demographic changes and budgetary constraints, there was reason to hope. By the end of the Eighties, however, the tide had turned, and many states experienced dramatic increases in the numbers of children placed outside their homes.

On a single day in 1991, more than 600,000 children were in out-of-home placement, an increase of 63 percent from 1982. This includes foster care, as well as group homes, juvenile justice facilities, and psychiatric institutions. If current trends continue, that population is projected to increase to 750,000 by 1995.

The number of children in foster care rose by an estimated 52 percent between 1986 and 1991 to more than 428,000 children, in contrast to a 10 percent decline between 1980 and 1985.

Although one in five children left foster care within a month in 1988 (the latest year for which national statistics are available), reducing the length of stay remains a significant problem. In 1988, 25 percent of the children leaving foster care had spent two or more years in care. The median duration of stay in foster care was nine months, unchanged from 1986.

Forty-one percent of children placed in foster care in 1988 were less than six years old, up from 37 percent in 1985. The median age of those entering care was eight years.

Forty-eight percent of the children in foster care in 1988 experienced two to five placements; seven percent had six or more placements.

In 1988, white children represented 51 percent of the foster care population; 34 percent were African American, and 11 percent were Hispanic.

The percentage of children entering foster care because of "parental conditions/absence"—that is, conditions such as economic hardship, substance abuse, homelessness, illness, or imprisonment—rose from 17 percent in 1984 to 22 percent in 1988.

As the demand for foster homes increases, the number of available qualified foster parents is decreasing. According to the National Foster Parent Association, the number of foster homes decreased by 32 percent from 147,000 in 1984 to 100,000 in 1990.

High caseloads overburden the system's ability to provide even minimal care and services. According to the Child Welfare League of America, child protective services workers had an average caseload of 24 families in 1992; their published standard is 12 cases.

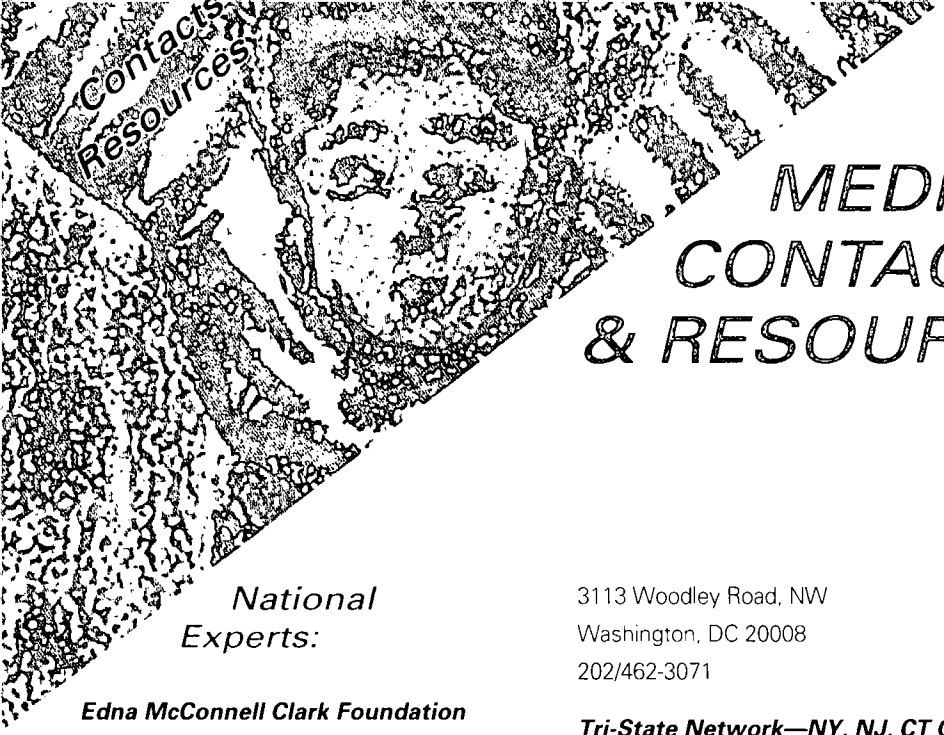
Federal reimbursements to the states under the foster care maintenance program grew from $546.2 million in 1985 to $1.8 billion in 1991. But federal funding for child welfare services that provide prevention and reunification support reached only $274 million by 1991, less than the $325 million authorized. (Even allowing for cost-of-living increases, this indicates that twice as much was spent on placement per child in 1991 as in 1985. This is likely due to an increase in the number of youths placed in more expensive group homes and institutions, as well as an increase in the number of medically fragile infants born to drug-addicted or AIDS-infected mothers.)

When federal and state funds are added together, more than $11 billion was spent on the foster care system in 1992, not including Medicaid or Social Services Block Grant funds. (This $11 billion figure also does not include government funds spent for juvenile justice or psychiatric facilities.)

From 1974, when Homebuilders services were introduced in Washington State, through 1993, when programs based on this model were operating in more than 30 states, more than 50,000 families will have received the services of this four-to-six week program.

Data from Voluntary Cooperative Information Systems/American Public Welfare Association; 1991 Green Book Committee on Ways and Means, U.S. House of Representatives; the Child Welfare League of America; the Center for the Study of Social Policy.

Keeping Families Together: Facts on Family Preservation Services



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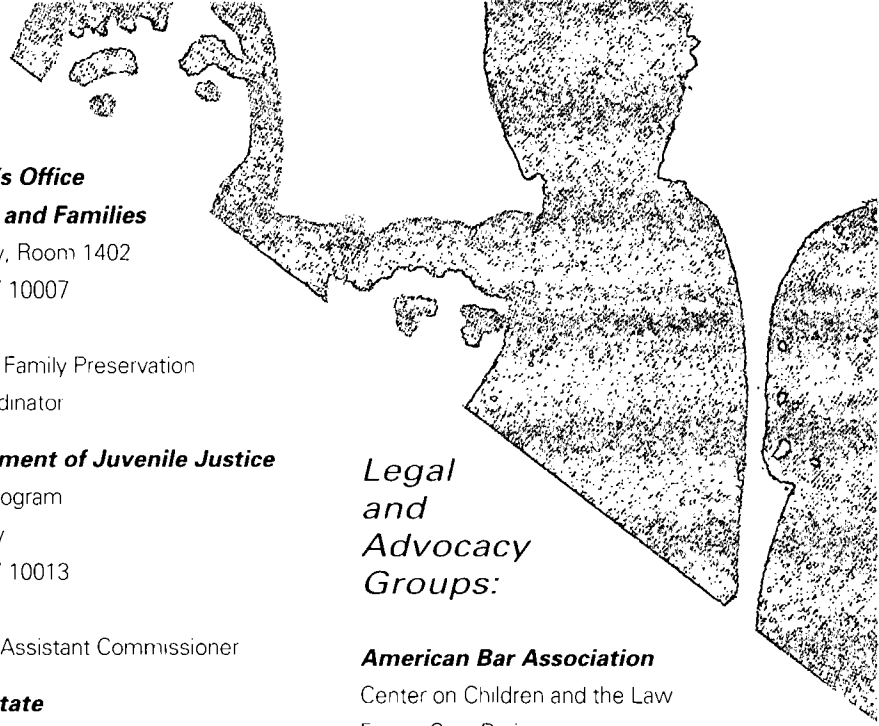

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Resource Materials:

Beyond the Best Interests of the Child, by Joseph Goldstein, Anna Freud, and Albert J. Solnit, New York: The Free Press, 1973.

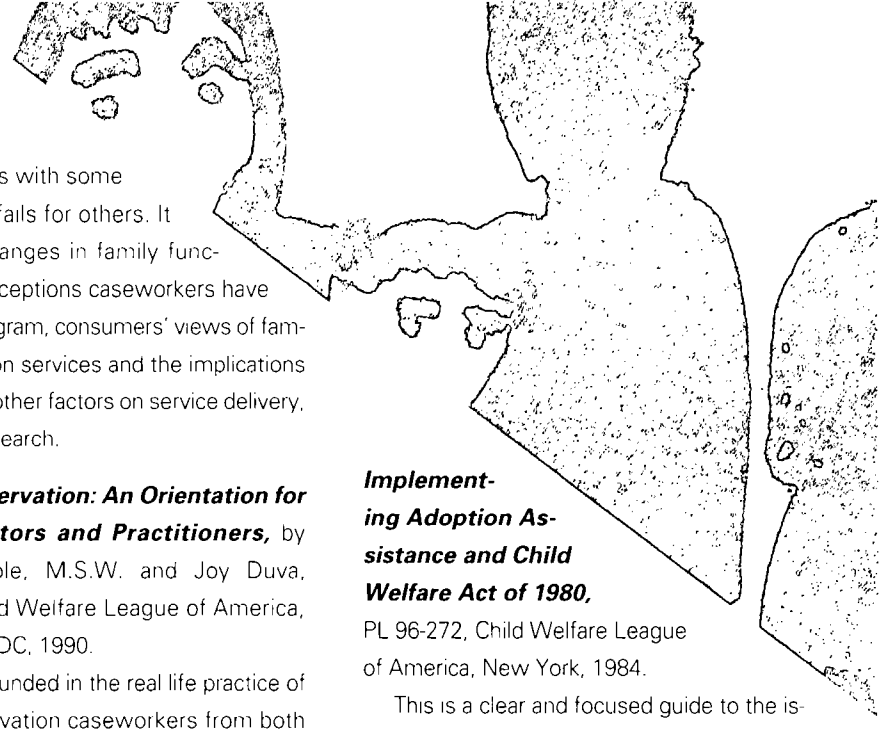
A classic description of the child care system, this book introduced the concepts of a child's sense of time, creating urgency for permanency and the notion of the "psychological parent" as the person the child looks to and considers a parent even if not a blood relative.

Beyond Rhetoric: A New American Agenda for Children and Families, Final Report of the National Commission on Children, 1111 Eighteenth Street, NW, Suite 810, Washington, DC 20036, 1991.

The Commission's blueprint for strengthening families and improving the health and well-being of America's children. Among other things, it recommends that the child welfare system be reformed in order to direct more energy and resources toward helping troubled parents and children overcome their problems and avoid the need for placement

The CASA Connection, (quarterly newsletter) National Court Appointed Special Advocate (CASA) Association, Seattle, Washington.

This and other CASA publications focus on the valuable role of trained citizen volunteers appointed by judges to assist in assuring that the needs of children are met through court hearings and agency services. Programs focus on protecting children from harm and



strengthening family ties to the biological family or to a new legal family through adoption.

Children Without Homes: An Examination of Public Responsibility to Children in Out-of-Home Care, by Jane Knitzer, Mary Lee Allen, and Brenda McGowan, Children's Defense Fund, Washington, DC, 1978.

Some say this study started the family preservation movement and pushed it to fruition. It is a readable, applicable account of the anti-family bias of a child welfare and juvenile justice system ready for changes—the best way to understand what pushed Congress to realize the need for the Adoption Assistance and Child Welfare Act of 1980.

"Development and Implementation of Family Preservation Services", a series of eight "Working Papers" developed to illuminate the key policy, program, and fiscal issues surrounding the design and implementation of family preservation services. Order from The Center for the Study of Social Policy, 1250 Eye Street, NW, Washington, DC 20005. (1986-1989).

These are thoughtful and well-written guides to several of the most important reform issues for children's services. They are invaluable resources for those wanting to understand the issues in depth.

Families First with Bill Moyers, produced by Public Affairs Television, 356 West 58th Street, New York, New York 10019, 1992; $29.95 includes postage and handling.

A moving and powerful 90-minute documentary examining family preservation efforts in three states: Kentucky, Michigan, and Missouri. Families and caseworkers tell their own stories.

Families in Crisis: The Impact of Family Preservation Services, by Mark W. Fraser, Peter J. Pecora, and David Haapala, New York: Aldine de Gruyter, 1991.

This book takes an in-depth look at Homebuilders and the factors behind why the service succeeds with some families and fails for others. It examines changes in family functions, the perceptions caseworkers have about the program, consumers' views of family preservation services and the implications of these and other factors on service delivery, policy and research.

Family Preservation: An Orientation for Administrators and Practitioners, by Elizabeth Cole, M.S.W. and Joy Duva, M.S.W., Child Welfare League of America, Washington, DC, 1990.

Solidly grounded in the real life practice of family preservation caseworkers from both public and private agencies, this handbook explains how to set up a family preservation program and provides an overview of how and why these services work.

For Children's Sake: The Promise of Family Preservation, by Joan Barthel, Edna McConnell Clark Foundation, New York, New York, 1992.

The story of family preservation: its history, practice and implications for systemic reform of social services, presented in an accessible style that will appeal to lay readers as well as those with a professional interest.

Foster Children in the Courts, edited by Mark Hardin, Foster Care Project, National Center on Children and the Law, American Bar Association, Washington, DC, 1983.

The Courts play an integral part in the life of children and families facing or experiencing placement. Leaders in the field have contributed important chapters on vital law-related issues. This can be used as a resource book for the legal side of the reforms and the practice issues.

Implementing Adoption Assistance and Child Welfare Act of 1980, PL 96-272, Child Welfare League of America, New York, 1984.

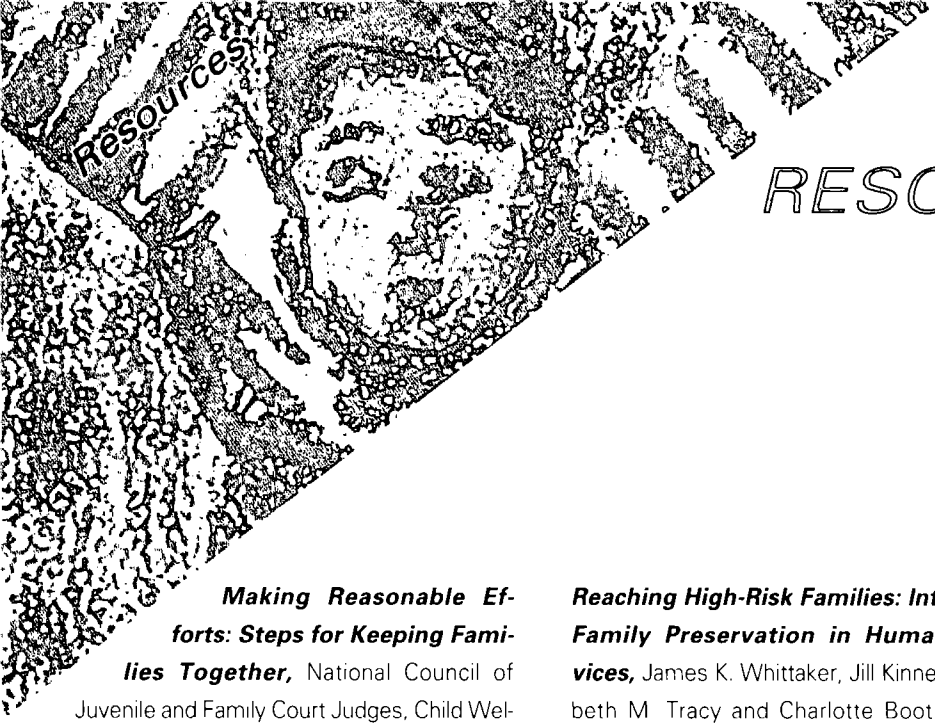
This is a clear and focused guide to the issues involved in making this important law work.

Keeping Families Together: The Homebuilders Model, by Jill Kinney, David Haapala, and Charlotte Booth, New York: Aldine de Gruyter, 1991.

In a straightforward and precise manner, this book describes the kinds of families that Homebuilders assists, the main features of its approach to crisis intervention, and its organizational structure, using many case studies for examples. It also provides background on the research base used to evaluate family preservation services.

The Legal Framework for Ending Foster Care Drift: A Guide to Evaluating and Improving State Laws, Regulations, and Court Rules, by Diane Dodson, Foster Care Project, National Legal Resource Center on Child Advocacy and Protection, American Bar Association, Washington, DC, 1985.

The federal reform articulated a wide professional and advocate consensus. States have passed new laws to apply the principles in more specific form to the practice framework of the state. Court rules have been amended and agency policies changed. Although many changes have been made since this guide was published, it provides an understanding of the issues and can guide the reader to additional sources.



RESOURCES

Making Reasonable Efforts: Steps for Keeping Families Together, National Council of Juvenile and Family Court Judges, Child Welfare League of America, Youth Law Center, National Center for Youth Law, Reno, Nevada, 1987.

A joint effort by organizations representing agency, court, and advocacy views, this booklet is an excellent guide to practice for judges, attorneys, and social workers. It is written in lay language and elucidates the importance of the "reasonable efforts" requirements of PL 96-272.

Protocol for Making Reasonable Efforts in Drug-Related Dependency Cases, National Council of Juvenile and Family Court Judges, Child Welfare League of America, Reno, Nevada, 1992.

This document is used by law enforcement, public health, medical, drug treatment, social service, and legal professionals to guide risk assessment and identify the service needs of drug-exposed children and their families. It is designed to help prevent the unnecessary separation of drug-exposed children from their families.

Reaching High-Risk Families: Intensive Family Preservation in Human Services, James K. Whittaker, Jill Kinney, Elizabeth M Tracy and Charlotte Booth, New York: Aldine de Gruyter, 1990.

Without adequately trained staff, the services that children need to be kept safely at home cannot be expanded or sustained. In this monograph, noted social work educators explore the importance of introducing family preservation services concepts into graduate schools of social work.

Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors, G. Alan Marlatt and Judith R. Gordon, New York The Guilford Press, 1985.

Marlatt and Gordon's innovative research is described in this book; it provides an analysis of the factors that lead to relapse and offers pragmatic tools to help substance abuse clients reorient their lives.

Within Our Reach: Breaking the Cycle of Disadvantage, by Lisbeth B. Schorr with Daniel Schorr, New York: Anchor Press/Doubleday, 1988.

A readable and powerful account of the major issues threatening children and poor families today, this book offers an array of programs that work. An antidote to pessimism that there are no answers and that problems are insurmountable, the book has a comprehensive section on family preservation.

When a Family Needs Help, Edna McConnell Clark Foundation, New York, 1992.

A "How-To" guide, which describes a range of services for troubled families and tells them how to locate these programs.

Where is Home? Living Through Foster Care, by E.P. Jones, New York: Four Walls, Eight Windows Press, 1990.

The autobiography of a woman who spent her childhood in foster care, shipped out of her home at age six because her new stepmother simply didn't want her there. With extraordinary perseverance, Jones managed to survive the foster care system. Her story is a rare look at out-of-home placement from the child's point of view.

Wounded Innocents: The Real Victims of the War Against Child Abuse, by Richard Wexler, Buffalo: Prometheus Press, 1990.

An indictment of the child protective system, so inundated by trivial or misguided placements that caseworkers have no time for the children who need the most help—those who have been severely abused. Wexler argues that our solutions to the problem of child abuse have actually made it worse by forcing some children to live with strangers, allowing others to suffer needlessly because there are no safe placements for them.

QUICK FACTS About Family Preservation Services

Quick Facts

WHAT'S IN THIS PACKET

1. What are family preservation services?

Family preservation services are four-to- six week programs of intensive counseling and support delivered in the homes of families with children at imminent risk of being placed in foster care or in juvenile or psychiatric institutions. A specially trained family preservation worker, who is on call 24 hours a day, seven days a week, provides a mix of counseling and help with practical problems that respond to each family's unique situation. The goal is to remove the risk of harm to the child instead of removing the child from the home. (See FAMILY PRESERVATION—ESSENTIAL ELEMENTS FOR SUCCESS.)

2. Why are family preservation services needed?

Every child has a right to a permanent and loving family, but in 1991 there were some 600,000 children in this country who had been removed from their families. Many of these children could have remained at home safely if their families had received timely and effective services to keep them together. In addition, there are insufficient foster families to meet the current need, costs are high, children are often separated from their siblings once they get into the system, and they experience multiple placements that make normal emotional and educational development difficult. (See "LOST" IN THE SYSTEM and STATISTICS ON CHILDREN AND FAMILIES IN CRISIS.)

3. Is all foster care or out-of-home placement bad?

No. In some cases of severe abuse or where parents have abandoned their children, an alternative home is necessary, and some children have treatment needs that are too severe to be met in a family setting. However, children are too often removed from their homes even when family preservation services are available and would allow the family to stay together.

4. Does family preservation work?

Studies show that not only do family preservation services keep families together, but they have an impressive safety record. Therapists are specially trained to assess and minimize risk, and their effectiveness is bolstered by the fact that they respond quickly in the first place and often see a family daily during the intervention. In addition, studies show that families who have participated in the programs improve in family functioning (See EVALUATING THE RESULTS.)

5. How can you make a difference in just four to six weeks?

Although many families have multiple problems, in most cases, family preservation is not trying to "cure" all of these problems. What it can do is teach new skills, help to identify behaviors that family members want to change and how to change them, and help solve some of the practical problems that may seem so overpowering, the family has given up hope. Because the worker usually sees only two families at a time, each family can receive as much professional help in six weeks as they would get in a year and a half of traditionally paced treatment. When family members are motivated by the desire to keep their children, they often are capable of amazing changes in a short time.

6. How expensive is it?

Family preservation services are less expensive than foster care or other placement. Costs vary widely from state to state. Based on all of the families served nationwide, the median cost of family preservation services is just under $4,500 per family, while the median cost of foster care placement is $17,500 per child. The cost of placing a child in an institutional setting can run as high as $100,000 per year. (See DOLLARS AND CENTS OF FAMILY PRESERVATION.)

7. Is it easy?

No And family preservation programs don't aspire to build perfect families. But even parents in trouble love their children and are able to learn new skills to help their families work. Goals are limited and realistic—determined by each family. With good training and pro-

grams designed especially to address multiple needs of families in crisis, family preservation services illustrate that keeping children safe and keeping families together need not be in conflict.

8. Can families with substance abuse problems be helped?

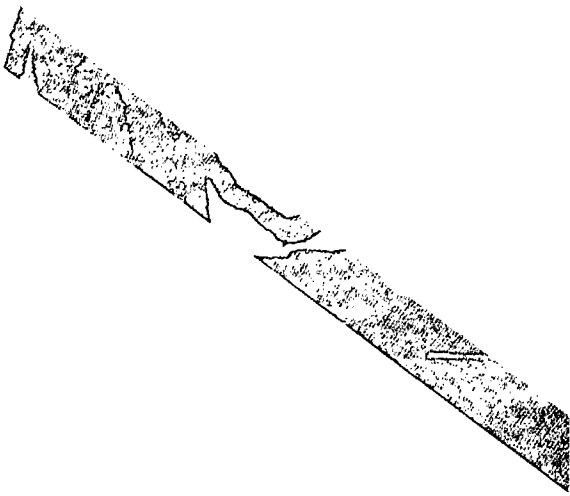
Alcohol and illegal drug abuse are present in many of the high-risk neighborhoods where children are removed from their homes. However, family preservation programs have had success in working with families even when a parent has an addiction problem. Keys to success include the degree of the addiction, the availability of treatment programs, whether there are other responsible relatives or adults around, and the availability of housing and relocation assistance. In addition, new ways to help substance-abusing people are being developed. (See THE THREAT POSED BY SUBSTANCE ABUSE.)

9. When did family preservation services begin?

The first program was called "Homebuilders" and began in Tacoma, Washington, in 1974. There are programs based on the Homebuilders' model in 35 states, which by the end of 1992 will have served approximately 34,000 families. The programs are known by various names and operated by many different nonprofit agencies and governmental units in the social service, mental health, and juvenile justice fields. (See INNOVATIVE MODELS: COAST TO COAST.)

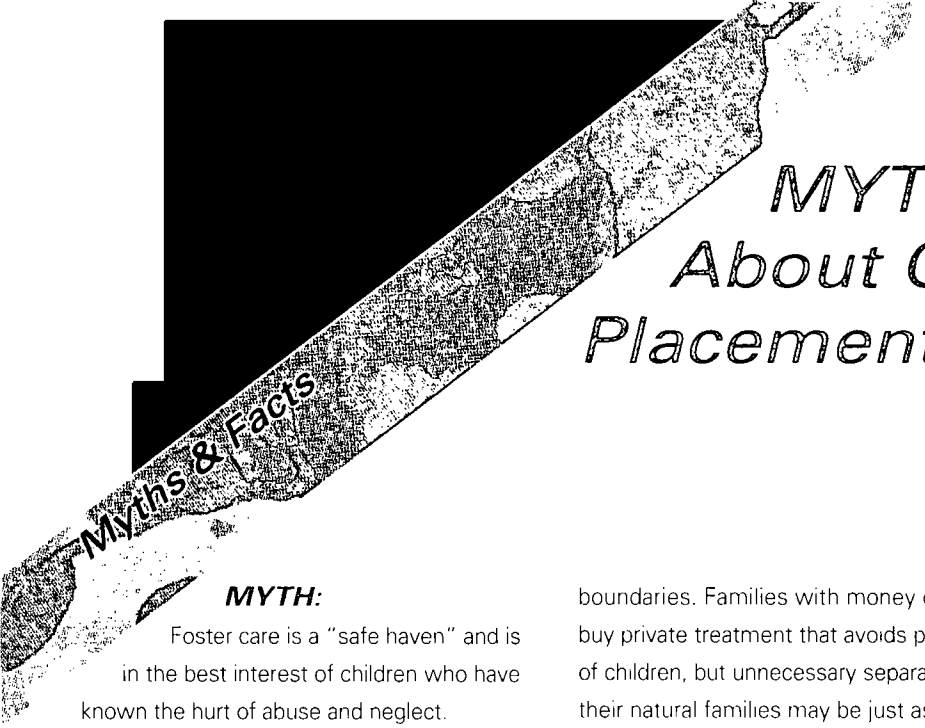
10. What is the Adoption Assistance and Child Welfare Act of 1980?

This act, also known as PL96-272, was a bold attempt by Congress to shift federal funding away from foster care and toward preventive and family reunification services. The law requires that states make "reasonable efforts" to prevent children from being removed from their homes. Implementation, however, has been elusive, since it would require such a dramatic shift from past practice and reliance on placement. Moreover, there are few guidelines for compliance; promised federal funding for needed services never materialized; and federal enforcement and monitoring has been limited and generally ineffective. In 1992, Congress is considering new child welfare reform legislation that would offer expanded resources for preventive programs such as family preservation. (See CONGRESSIONAL ACTION—AND INACTION.)



11. Can family preservation services be used in other situations?

Family preservation services started in the child welfare system in foster care reform. It soon became clear that these services could help families with children at risk of placement in psychiatric and juvenile justice facilities. Now the services are also being used to make reunification of families after placement more successful. Adoptive and foster families find these services can help them weather crises of adjustment. There is a very real possibility that in the future the values and principles of family preservation may inspire new ways to help with problems as diverse as teenage pregnancy, domestic violence, and the resettlement of homeless families.



MYTHS & FACTS About Out-of-Home Placement

MYTH:

Foster care is a "safe haven" and is in the best interest of children who have known the hurt of abuse and neglect.

FACT:

In some cases, for example where children have been abandoned, are at risk of grave physical harm, or have treatment needs that can't be met in their own family, placement outside of their home is necessary. But tearing a child away from his or her family, even a seriously troubled family, is not necessarily a "solution." Statistics show that 30 out of every 1,000 children in care are abused while there. In addition, most children are placed for reasons of "neglect," often driven by poverty. Siblings are frequently split up; more than half the children in foster care remain for one year or more; and three out of five are moved to two or more settings. With more troubled kids, insufficient availability of foster families, as well as inadequate financial support and training for those foster families that do exist, the devastating norm for foster children is multiple moves, extended stays, and no stable permanent family ties.

MYTH:

Foster care is principally a problem of poor and minority families.

FACT:

While the majority of those in foster care are poor, and while African-American children's stay in out-of-home placement is longer than the national median, problems leading to neglect and abuse cases know no race or class boundaries. Families with money can often buy private treatment that avoids placement of children, but unnecessary separation from their natural families may be just as serious. Until the mid-1980s, the majority of children in foster care were white. By the end of the decade, the balance had shifted and minority children now make up slightly more than half of the foster care total.

MYTH:

Children removed from their homes and placed in foster care are often very young, typically five years of age or younger.

FACT:

This is one case where the myth is partly true. Since the mid-1980s and the emergence of crack cocaine, infants under one year have been the fastest growing group in foster care placements. (New York City alone had a 400 percent increase in the proportion of children under one during the 1980s.) At the same time, nearly 60 percent of the children in care are age six or older, and a growing number of placements — one third — are for troubled teenagers.

MYTH:

Most of the children who are in foster care are placed because of severe physical or sexual abuse at home.

FACT:

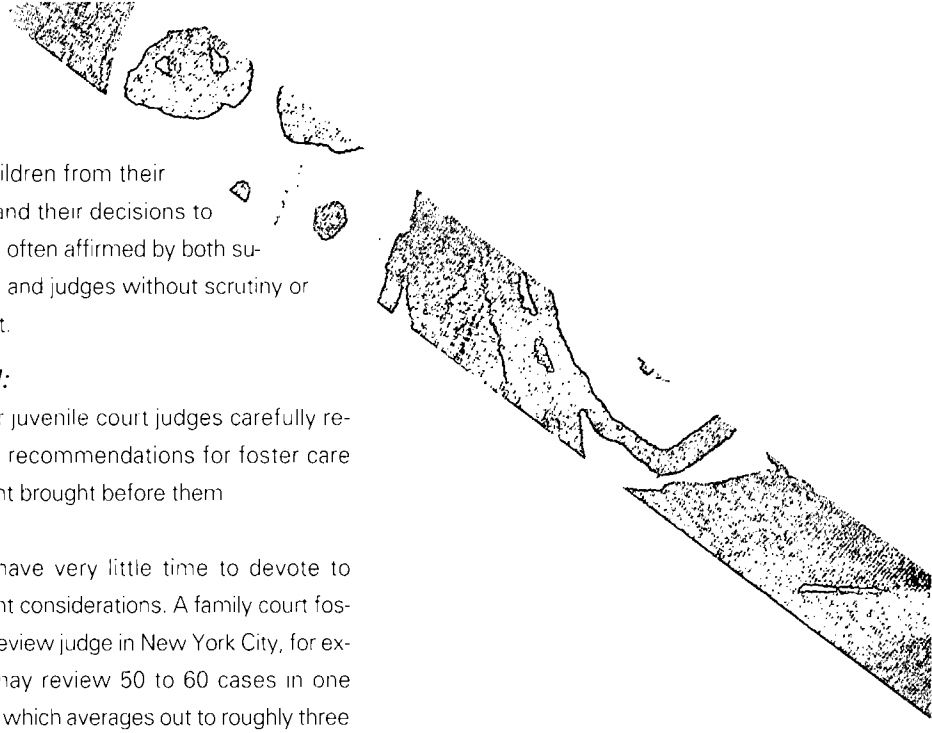
Although abuse and neglect cases are lumped together in the social service lexicon, they are different problems. More than half of the cases in which children are removed involve not abuse but neglect, rarely life-threatening, ranging from poor judgment in supervision to an inability to provide necessities like housing. Only about 10 percent of the cases involve serious sexual abuse and/or severe physical injury. What is called "abuse" by caseworkers covers a wide spectrum, from excessive discipline to errors of judgment or propriety that may reflect a group's cultural norms but violate the standards of child protection experts or legislators. At the extreme end are the few cases of intentional, serious harm, the horror that galvanizes public and media attention and is often generalized beyond its actual scope; these are the cases where placement is clearly necessary.

MYTH:

Child abuse is on the rise.

FACT:

Although reports of child abuse have increased dramatically in recent years, there is little hard evidence to prove that its actual incidence is on the rise. The growing number of reports may result from increased public awareness; from legal requirements that professionals working with children must report suspected cases of abuse and neglect; and from popular mechanisms such as 800 numbers, hotlines, and abuse and neglect state registers. The increase in reports may indicate an increased need on the part of troubled families for services, but this doesn't mean that the only viable response should be to remove the children from their homes.



MYTH:

Parents whose children are removed from home do not want their children, do not deserve their children, and cannot or will not change their behavior.

FACT:

Experts working in the field report that the problems confronting troubled families are more extreme versions of similar problems confronting any family. Troubled families often lack the resources that most families take for granted, and many are poor. Experts agree that given enough financial, physical, and emotional stress, everyone has the potential to abuse a child. Most parents want their children and want to be good parents. With proper help, many families on whom we have too easily given up can succeed. It is unlikely, however, that they can do so without active and timely intervention and without services that are effective and responsive to their needs.

MYTH:

With family preservation services, foster care will no longer be needed

FACT:

Good foster care is a scarce resource. Wider use of family preservation services means good foster care homes will be more readily available for those children who really need to be placed.

MYTH:

Child protective caseworkers are usually mature, well-trained professionals, but have little authority to protect children or are hampered by the system

FACT:

Child protective services caseworker is an entry-level position requiring minimal education. While on-the-job training is improving, it is widely regarded as inadequate. Caseloads are usually high, pay scales low, and morale poor; high turnover results in inexperienced caseworkers. Despite these inadequacies, child protective workers have wide authority to remove children from their homes, and their decisions to do so are often affirmed by both supervisors and judges without scrutiny or comment.

MYTH:

Family or juvenile court judges carefully review the recommendations for foster care placement brought before them

FACT:

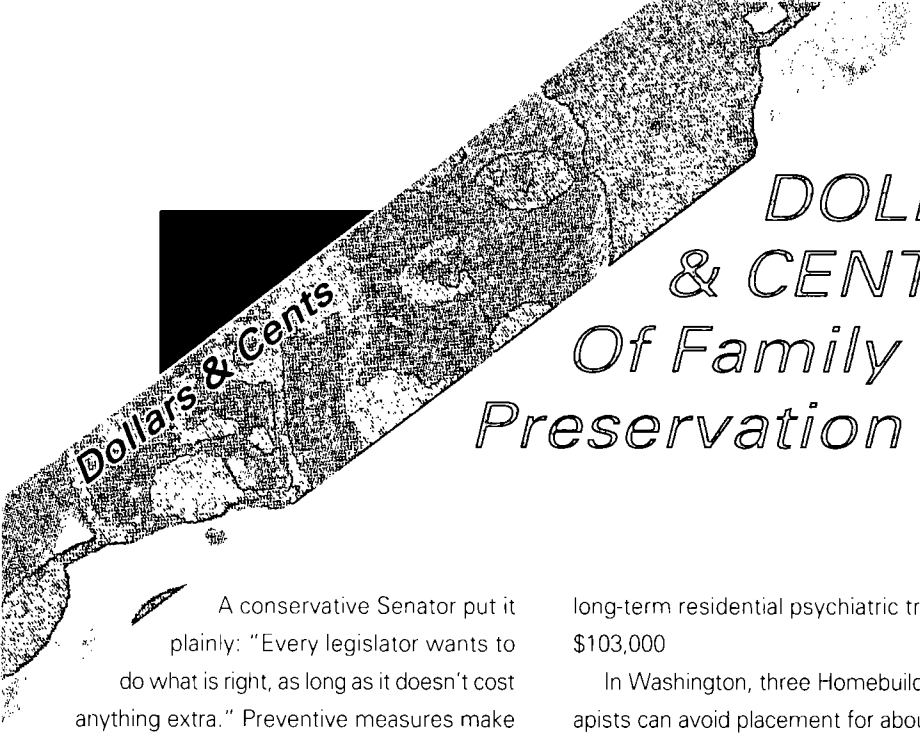
Judges have very little time to devote to placement considerations. A family court foster care review judge in New York City, for example, may review 50 to 60 cases in one morning, which averages out to roughly three minutes per case. Society badly needs more judges, more training and support for them; judges need more time and the commitment to inquire into the reasonableness of efforts made to protect children at home before a placement is approved.

MYTH:

Family preservation services, which are intensive and based in the family's home, are more expensive than foster care or other placement options.

FACT:

The quoted costs of placing a child in foster or institutional care vary widely, depending on the type of care needed and how the figures are computed. But in almost all cases, family preservation services, which last only four to six weeks, are more cost-efficient than out-of-home care. Data using the state's own figures in Washington for a range of care shows that Homebuilders' intensive, home-based services, at $2,800 per family are cheaper in every instance than the alternative cost for a typical stay in out-of-home care, with the savings ranging from $1,700 to $100,000 per child, per year, depending on the type of placement. (See DOLLARS AND CENTS OF FAMILY PRESERVATION.)



DOLLARS & CENTS Of Family Preservation

A conservative Senator put it plainly: "Every legislator wants to do what is right, as long as it doesn't cost anything extra." Preventive measures make sense for children and families, but in this era of fiscal concern, the first question that both politicians and the public are likely to ask is, "What will it cost? Aren't intensive family services more expensive than traditional social work, even more expensive than foster care?"

The fact is that no quality services are cheap, but out-of-home placement services are especially costly. **The median cost of supporting one child in family foster care for one year is $17,500.** According to recent estimates, **the annual cost of care in an institutional setting ranges, across the country, from $10,000 to $100,000 or more per child.** In contrast, **the median cost of family preservation services is $4,500 per family and $3,000 per child.**

Fiscally Responsible Services

On a cost per case basis, **family preservation services are almost always more cost-effective than keeping a child in foster care.** In 1991, Homebuilders costs averaged $2,800 per child in Washington state. The average annual cost of a foster family placement was $4,500 per child; the average cost of a group placement, $22,400; the average cost of an episode of acute psychiatric hospitalization, $45,000; and the average cost of long-term residential psychiatric treatment, $103,000

In Washington, three Homebuilders' therapists can avoid placement for about 55 children in the course of a year. The three therapists cost Homebuilders $157,000, a sum which could be entirely recaptured if the state avoided only 35 foster care or seven group home placements.

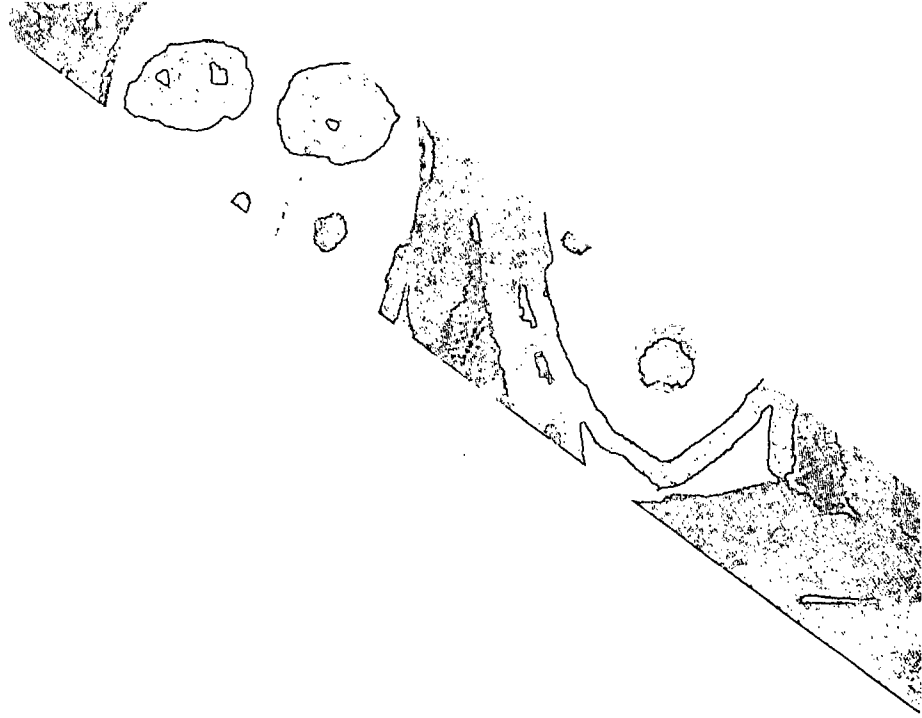
In Michigan's Families First program, it cost an average of $4,500 per family in 1991 to provide family preservation services, compared to the state's cost of $10,000 per child for family foster care and $42,000 per child for institutional care.

Roadblocks and Solutions

It is clear that, in both human and financial terms, family preservation programs make good sense. Unfortunately, the predominant patterns of current public child welfare funding encourage large caseloads and create incentives for out-of-home placements, whether necessary or not They also perpetuate both the fragmentation and rigid delivery patterns that cause many services to be inaccessible or unacceptable to the children and families that need them the most. Many states, for example, reimburse foster care providers on a per diem basis, a practice that may actually encourage prolonged stays in foster care. And categorical state funding—arrangements in which funds are earmarked for specific services—often limit the flexibility of local agencies in providing new or needed services.

Encouraged by the federal law and feeling the crunch of budgetary restrictions, some states are developing a variety of creative funding mechanisms to better serve families. For example:

- Michigan, New York, and Connecticut are among the states that have allowed funds previously designated for out-of-home care to be used for family preservation services;
- Tennessee has mandated joint funding of family preservation services by the social service, mental health, and juvenile justice systems;
- Kentucky uses Medicaid funding to pay for family preservation services delivered through community mental health centers;
- Colorado pays for direct services through legislative authorization, but training and administrative costs are jointly supported by a private, nonprofit trust and the state Departments of Mental Health and Social Services.



ENSURING CHILDREN'S SAFETY
First & Foremost

Safety of all family members is the primary consideration of family preservation workers. Contrary to popular wisdom, abused or neglected children in troubled families do not necessarily have to be removed from their homes in order to be safe from harm. Similarly, in families with a violent or mentally unstable teenager, the safety of siblings, parents, and the community is the key factor.

Removing a child from his or her family is an extreme action that should be a last resort when no other measures can be taken to keep a child at home safely. **Family preservation programs do not advocate leaving the child in a dangerous situation; rather, the goal is to modify the home environment or behavior of key family members so that it is at least as safe for the child to remain in the household as to be removed.** The programs are structured to remove the risk from the family, rather than remove the child.

Central to family preservation programs is the belief that children are always harmed to some degree when they are removed from their families. While no child should remain in jeopardy in the family, both physical and emotional factors must be weighed in removing a child from home. The decision should be informed, reasonable, serious, and careful. Effective and aggressive services in the home should be considered first.

In-Home, Intensive Service for Families

The family preservation caseworker's ability to ensure a child's safety is dependent on reducing the risk in the home to a level where placement is not required or prudent by community standards. This commitment determines the unique combination of services needed by each family to keep its children safe.

Family preservation therapists meet with families as soon as possible after a referral is made, usually within 24 hours. There is no waiting list. **Meeting in the family's home, the therapist obtains a wide range of information and sees the family in action, enabling him or her to assess the situation thoroughly and accurately.**

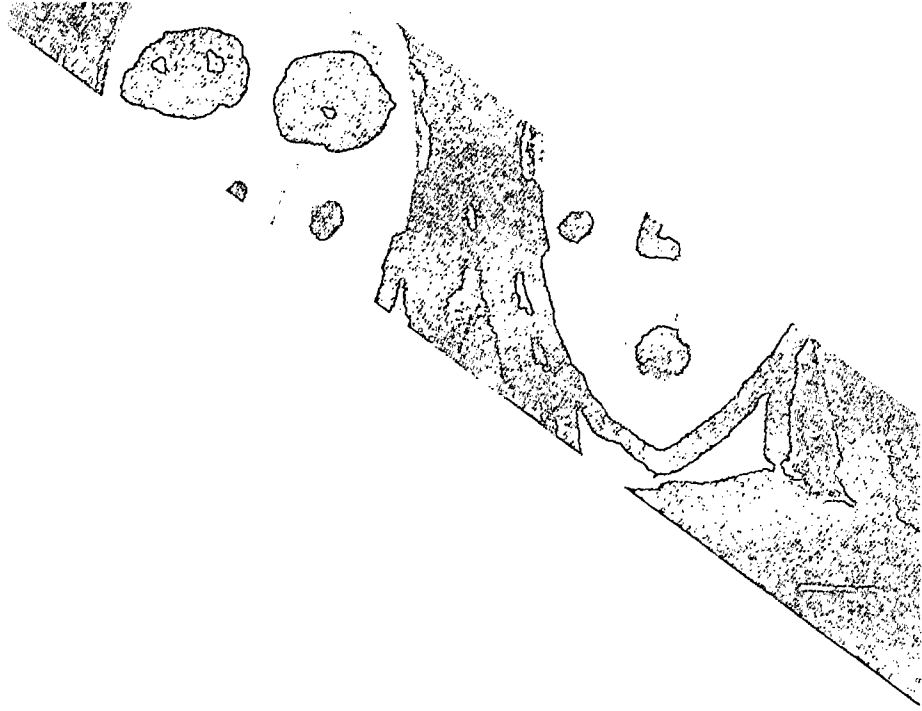
Family preservation workers are specially trained to be alert to the potential for violence in each family. Their intake process and initial activities are carefully designed to minimize threats; they learn to understand the sources of anger, and develop skills and techniques to teach clients alternatives to violence, focusing especially on breaking cycles of escalating violence that all too often can end in tragedy.

Workers carry very few cases at a time—usually two—and they are available to families 24 hours a day, seven days a week. **This flexibility allows caseworkers to respond to an emergency when it happens and stay as long as necessary to stabilize the household.** They can return to the home on a daily basis to monitor behavior and teach new skills. At the same time, the intensity of intervention is sustained for only four to six weeks, enough time for the immediate crisis to subside and to give the family an opportunity to practice the new behaviors and techniques they are learning. Throughout the intervention, the commitment to minimizing harmful risks is central to the design of the program, training of the staff, and administrative practices of the agencies.

Early in the intervention, therapists often work with family members separately, in order to judge the situation and defuse immediate fears or pressure. If tension builds to a boiling point, all family members have home phone numbers of both their worker and the worker's supervisor along with other ways to contact staff for an emergency visit or advice. Family preservation workers see clients frequently enough to anticipate problems and find they can often use emergencies to therapeutic advantage. **If a worker determines that harm cannot be prevented, he or she does not hesitate to recommend removal of an adult or child to assure family safety.**

Follow-up Services

Often, after the crisis has been averted by intensive family preservation services, the family needs and wants more help. The worker often helps the family identify and begin other programs that can reinforce the gains already made and help the family get better at fulfilling their responsibilities. This may be as sim-

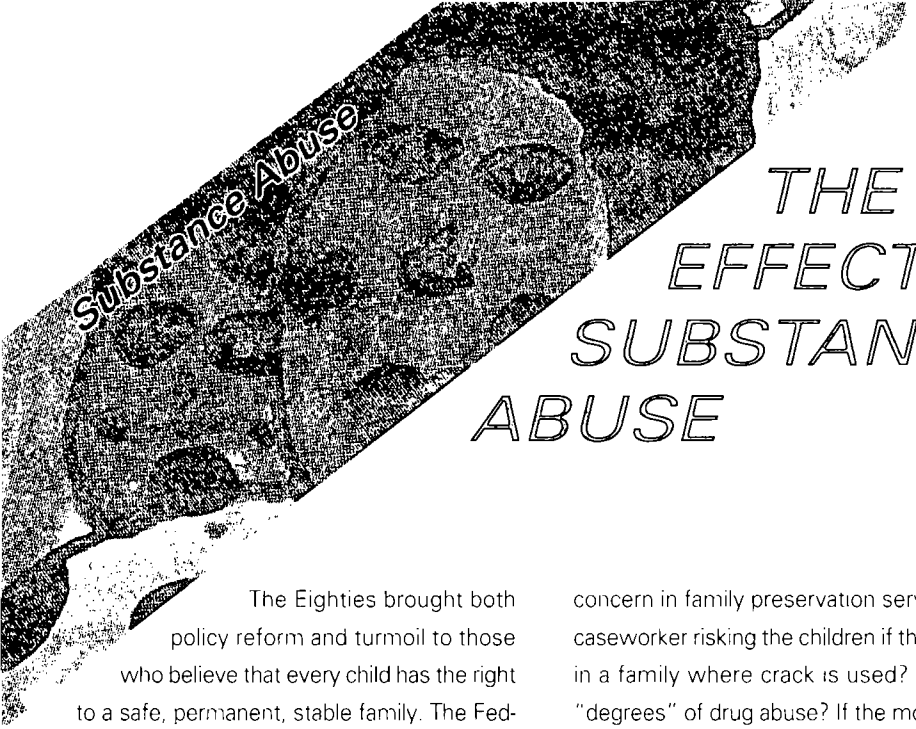


ple as reviving active participation in a religious group or reestablishing supportive contact with a parent or sibling. It may involve several professionally run services, such as weekly counseling, substance abuse treatment, a return to school, or job training. Helping families to set their own goals and express their needs for additional services is a part of the family preservation intervention.

Physical and Emotional Protection

Family preservation is based on the recognition that in many cases out-of-home care hurts children. Intervention seeks to protect children and heal families by keeping them whole. Family preservation reinforces tenacity, commitment, healthy interdependence, and duty. At the same time, effective programs discourage dependency and despair, while helping the family to deal with problematic issues.

The track record of these vanguard family preservation programs is impressive. The ultimate test is the absence of serious injury during a Homebuilder-type intervention. The record is so good that professionals who decide the fate of families can have a very high level of confidence in programs designed according to these guidelines. As a treatment approach, this means that a family can be kept together while the children are as safe as (and in some cases, safer than) they would have been had they been removed from their home and family. As an important bonus, the financial cost to society is lower, and the opportunity to address the dangerous or destructive behaviors among family members is improved.



THE EFFECT OF SUBSTANCE ABUSE

The Eighties brought both policy reform and turmoil to those who believe that every child has the right to a safe, permanent, stable family. The Federal Adoption Assistance and Child Welfare Act of 1980 and a decrease in the number of children in foster care in the early 1980's gave rise to optimism. By the end of the Eighties, however, the tide had turned, and more children than ever were in care outside their homes.

Many attribute the increase to drug abuse, particularly crack cocaine, and its effect on the family. A front-page *New York Times* article in August 1989, reported that in the wake of the crack epidemic, children were taking over parenting roles, that pregnant women were endangering their own lives and those of their fetuses to get the drug, and that female substance abusers in some areas outnumbered male users for the first time. Similar stories have appeared on the front page of dozens of newspapers across the country and on network television news shows.

The crack epidemic hits hardest in the high-risk neighborhoods that are in need of family preservation services — communities already beset by poverty, unemployment, and alcohol abuse.

Problems related to drug abuse triggered heated debate over whether family preservation programs should accept substance abusing families at all, since crack in particular was seen as so unpredictable in its effect on behavior, and the safety of children is a primary concern in family preservation services. Is a caseworker risking the children if they are left in a family where crack is used? Are there "degrees" of drug abuse? If the mother says no to treatment, should the case be terminated? And if she says yes to treatment, what about the long waiting lists and the lack of child care in treatment facilities? The questions are tough ones, but experts point out the importance of assessing each family individually, taking into account the number of responsible adults present, and the extent and type of substance abuse. Family preservation programs do not refuse to take families simply because of substance abuse problems, and most would instead make this individual assessment.

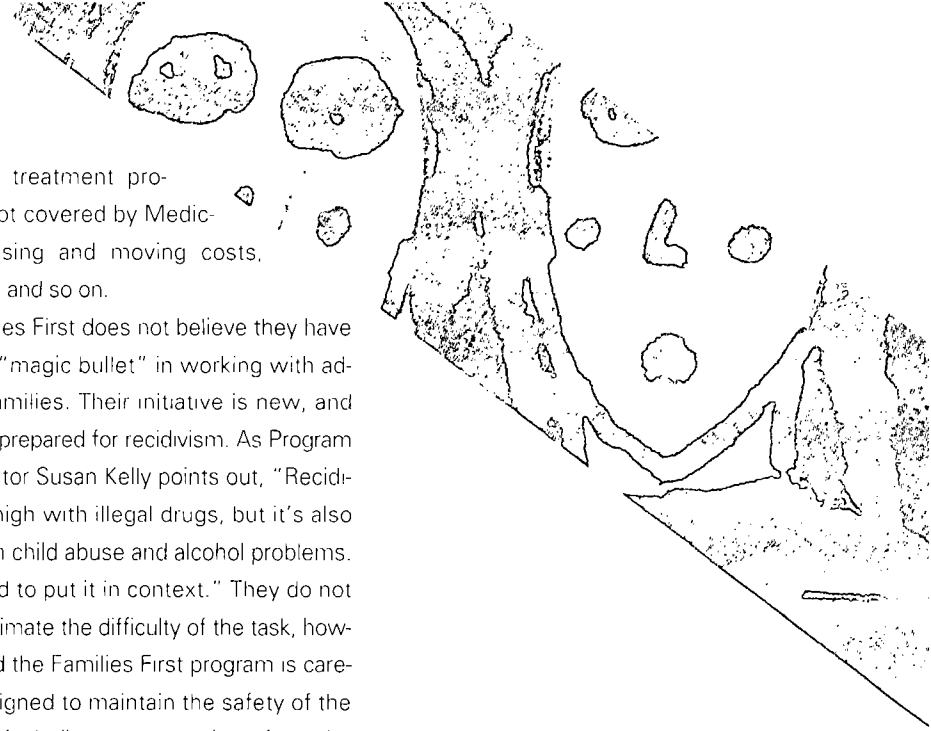
Family preservation workers do not provide drug treatment per se; they help connect families to ongoing drug programs. **The formula with drug-addicted clients is the basic family preservation formula: structuring for safety, asking clients what they think they need, finding the triggers that lead to drug or alcohol use, teaching ways to defuse crises.** Family preservation advocates don't claim that every addicted person can be helped, but neither do they say that the addict must stop at once, or that a relapse is irredeemable.

Homebuilders, which developed the original family preservation model in Washington State, is now experimenting with a new approach to relapse prevention. "I went along with the old medical model - that addiction was a disease and you had to abstain," says Jill Kinney, one of the founders of Homebuilders, "but the more we got into the data the more my assumptions were just shattered. So much of the traditional treatment is designed for the white middle-class male. It's based on confrontation: 'You're nothing but a stupid addict, you need to get your act together!' But the mothers we see need something to make them feel hopeful, to help them feel they can get some control over their lives." Working with a handful of specialists, Kinney is exploring the use of exercise, nutrition, guided-imagery, and self-perception as vehicles for gaining control over addictions.

Kinney cites the work of Alan Marlatt, director of the Addictive Behaviors Research Center at the University of Washington, who sees relapse as a normal part of the recovery process. The worst problem, say Kinney and Marlatt, is not the relapse itself, but giving up after a relapse. They have adapted techniques for family preservation which teach clients how to recognize cues that lead to the urge for drugs or alcohol and how to cope until the urge subsides. Using these techniques, clients can learn from a relapse instead of feeling they have failed at conquering their addiction.

The Challenge in Michigan

Of the various family preservation programs in the country, **Michigan's Families First program is working most extensively with**



drug-involved families. Launched in 1988, the program now has 85 family preservation caseworkers in Wayne County (Detroit) alone and is available statewide.

Families First has tried to approach addiction in the same way that they work with other serious crises affecting families. In Wayne County, they found that 57.5 percent of their families had substance abuse problems. Seventy percent of these families were still together safely six months after family preservation services were concluded.

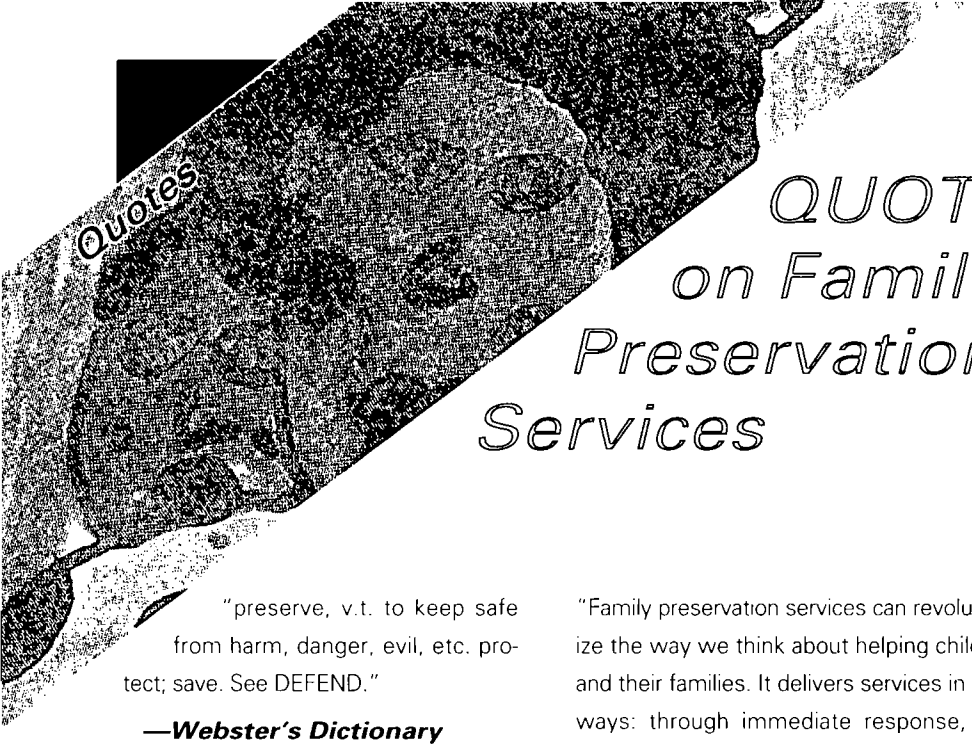
Programs in Michigan have several advantages that many other states do not. First, **there is some access to drug treatment programs.** In many states, demand for treatment slots far exceeds supply, and for women the problem is compounded by a lack of child care as an integral part of treatment. Women who can get into a treatment program are all too often forced to place their children in foster care, certainly the cruelest of Catch 22's. Treatment options in Detroit are not ideal, but the city does have the Eleonore Hutzel Recovery Center, which includes preschool programs in both its residence and day facilities, as well as parent and child development education as part of its treatment.

Detroit also has housing available for low-income families. The quality of those homes varies widely, but families who request a move are able to get away from the block where their dealer lives, for example, and still remain within the area where family and social support networks exist.

A third factor in Michigan's success rate is **a responsive public assistance program, and "flexible money," as Families First calls it.** Caseworkers have immediate access to more emergency funds for each family than most other states allow. The amount depends on the family's needs; some require nothing, others have received up to $1500. The money is used for items such as car parts so parents can drive to treatment programs, fees for treatment programs not covered by Medicaid, housing and moving costs, furniture, and so on.

Families First does not believe they have found a "magic bullet" in working with addicted families. Their initiative is new, and they are prepared for recidivism. As Program Coordinator Susan Kelly points out, "Recidivism *is* high with illegal drugs, but it's also high with child abuse and alcohol problems. You need to put it in context." They do not underestimate the difficulty of the task, however, and the Families First program is carefully designed to maintain the safety of the children, including removing them from the home, if necessary.

Among the serious problems facing families in the 1990's, drug addiction may be the worst. But with the expansion of innovative programs such as family preservation, effective approaches to this problem are beginning to emerge.



QUOTES on Family Preservation Services

"preserve, v.t. to keep safe from harm, danger, evil, etc. protect; save. See DEFEND."

—Webster's Dictionary

"America is arriving at a point in history where we don't have a child to waste. If America is to thrive, if America is to compete, we can not afford to waste the feedstock of that success, the future generations. That is what we are doing today; we are losing an inordinate number of children. There is a chance for more than just rescue. There is a chance for preserving families as a unit; not a dysfunctional unit, but a unit that can receive some help and get answers to some of their problems in order to bring them back into the fold."

—Congressman George Miller

Former Chair, House Select Committee on Children, Youth and Families

"How is it possible to convince a child of his own worth after removing him from a family which is said to be unworthy, but with whom he identifies?"

—Maya Angelou

Author

"Family preservation services can revolutionize the way we think about helping children and their families. It delivers services in new ways: through immediate response, and short-term, intensive work aimed at meeting goals set by the family. When you add on the holistic nature of family preservation—help with transportation as well as counselling, for example, housekeeping along with anger management—the potential is awesome. Could this be the successful and replicable example of the integration of services that has been so elusive?"

—Peter Forsythe

Former Director, Program for Children, Edna McConnell Clark Foundation

"When a family is in turmoil, they don't want you once a week on Wednesdays, they want you when they are feeling the pain."

—Jill Kinney

Executive Director, Homebuilders, Federal Way, Washington

"We find it's the concrete things that put families in crisis: lack of housing, lack of a working refrigerator, lack of transportation, or money to pay the utility bills. When parents are depressed, overwhelmed, and have self-esteem problems, sometimes it's the children who suffer."

—Susan Kelly

Program Coordinator, Families First, Michigan

"The thing that helps kids fundamentally is stability, to be with the people who care about them and to not worry from day to day that they're going to be moved. That's why it's important that we try to keep kids at home, not for the sake of the adults, but for the kids."

—Ann Coyne

Professor, University of Nebraska, School of Social Work

"We don't really know what the truth is in these families. It varies from person to person and from day to day... These decisions are enormously difficult and we will never, ever, master them perfectly."

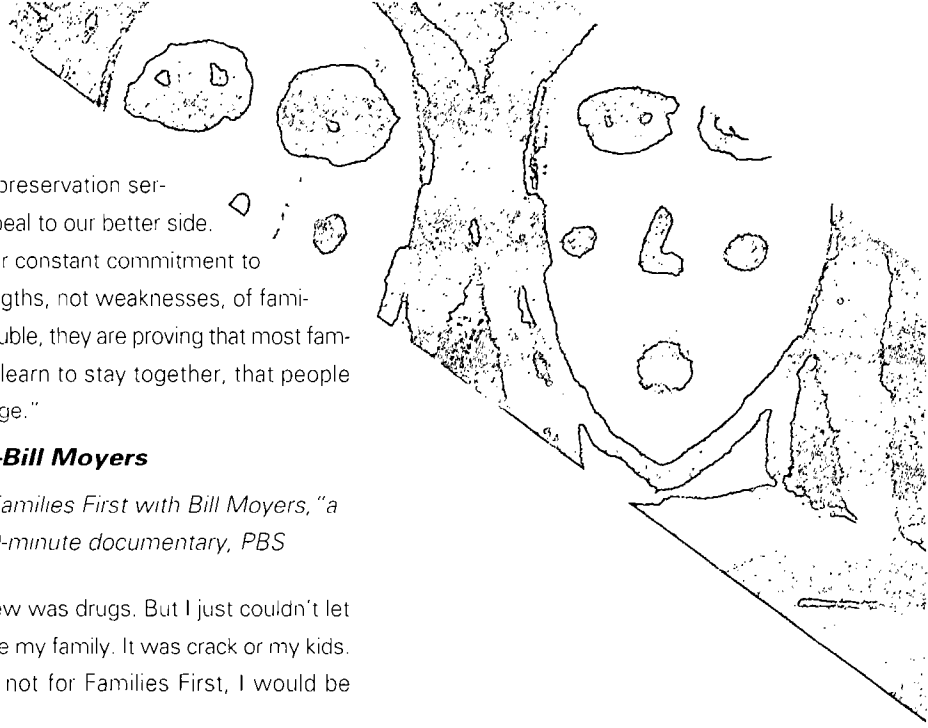
—David Haapala

Executive Director, Homebuilders, Federal Way, Washington

"For too long, government has said: 'We can help that child, give him to us.' And to the family we said: 'We'll get back to you.' Family preservation is the best treatment available for the child and the family. It should be available to every family that is willing to work together to solve problems and safely keep their children home."

—William Purcell

Majority Leader, House of Representatives, State of Tennessee



"The family provides a lot of love—the kind you can only get from Mom and Dad. Sharon might have another home without any bugs, but it wouldn't replace that love."

—Families First caseworker

Michigan

"...Programs that succeed in helping the children and families who live in the shadows are intensive, comprehensive, flexible, and staffed by professionals with the time and skills to establish solid relationships with their clients. Intensive medical care for fragile newborns or aged patients who are barely clinging to life, costly though it may be, encounters no general resistance. Intensive care for fragile families requires similar support."

—Lisbeth B. Schorr, PhD

Within Our Reach: Breaking the Cycle of Disadvantage, Doubleday, 1988.

"No civilized society would treat its children like we treat ours and then say that children are our best resource."

—Ira Schwartz

Center for Youth Policy, University of Michigan

"At a minimum, a commitment to institutionalize family preservation—to making it an entitlement for at-risk families—would yield a system less reliant on placement, less reactive and more affirmatively committed to families as the context for securing the safety and welfare of vulnerable children."

—Doug Nelson

President, Annie E. Casey Foundation

"Family preservation services appeal to our better side. With their constant commitment to the strengths, not weaknesses, of families in trouble, they are proving that most families can learn to stay together, that people can change."

—Bill Moyers

"Families First with Bill Moyers," a 90-minute documentary, PBS

"All I knew was drugs. But I just couldn't let them take my family. It was crack or my kids. If it was not for Families First, I would be dead."

—Families First client

Michigan

CASE STUDY
The Austin Family*
Brooklyn, New York

Michael Austin of Brooklyn, New York, was kicked out of school and into the courtroom for assaulting one of his peers When threatened by a gang to either fight or be beaten up himself, Michael fought. At 13, he had committed his third offense. Michael's family had a long history of problems — one brother was in a youth detention facility, another was in prison at Rikers Island. His mother had given up hope of helping her youngest son avoid a similar fate.

After spending several weeks in a group home, Michael was referred to the Family Ties program, an intensive, home-based service run by the New York City Department of Juvenile Justice. In making the referral, the judge warned Michael that this was his last chance to avoid long-term placement in an upstate youth facility.

The social worker assigned to the Austin family's case began by meeting with Michael and his mother to hear their concerns and explain what the program was about. Both were eager to work with the caseworker, although they held different opinions about the nature of the problems.

"Michael thought he could handle himself on the street," the caseworker recalls. "He didn't feel that he had a problem controlling his anger or responding to peer pressure, although his mother thought those issues were getting him in trouble. She felt that his friends saw him as a leader and she wanted me to teach him positive things that he could also pass on to them."

The caseworker had almost daily contact with Michael and his mother. They set goals and began to work on specific skills including anger management, peer pressure reversal, and better family communication.

Michael and his caseworker frequently met alone in the afternoon at a nearby fast food restaurant. They called it "McDonald's therapy." The atmosphere made it easier for Michael to talk about what was happening at home or with his friends, to follow-up on a previous conversation, or discuss the behavior modification assignments he'd been given the day before.

During their time together, the caseworker used opportune moments to help Michael learn how to stand up to peer pressure and control his anger. Together they came up with a list of ways to avoid negative influences, including a method to reverse peer pressure by evaluating a situation for trouble, anticipating the possible consequences of getting involved, and deciding what action to take.

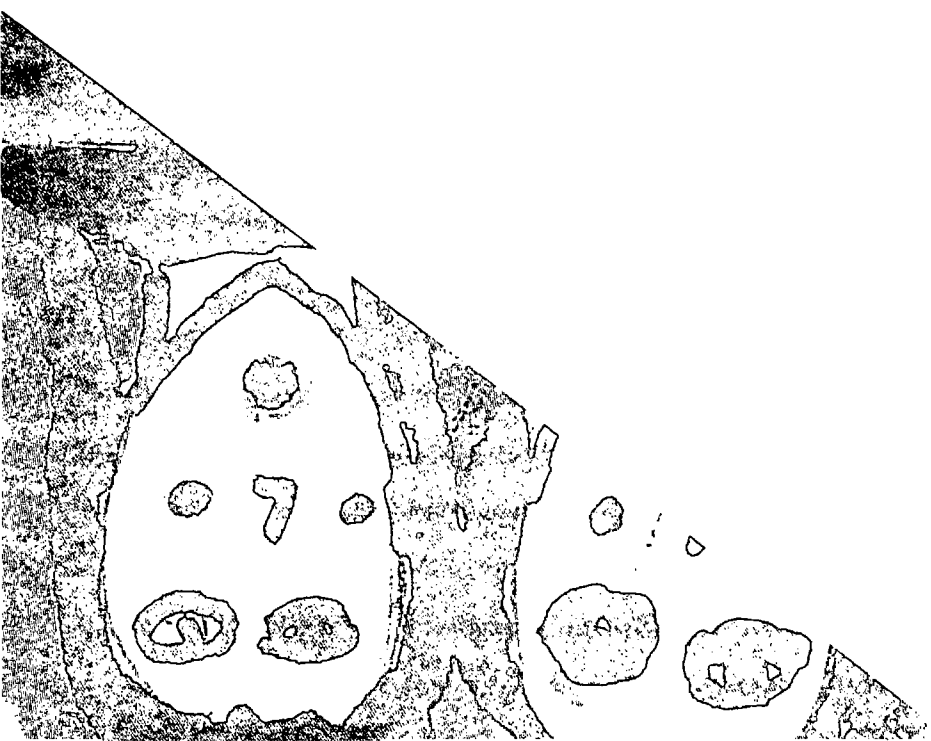
Michael developed useful terms that incorporated street slang —"chill out" or "gotta go do something for my mother" — that his friends could relate to. He worked on ways of easing tense situations with humor, or checking out the scene and asking, "Is this trouble?" before getting more involved.

With her third son in trouble, Michael's mother was depressed and frustrated, feeling she had failed as a parent. The caseworker emphasized that she should not assume sole responsibility for the boys' actions and that the dynamics of her relationship with Michael could improve. He suggested different approaches to disciplining and communicating with Michael and taught her parenting skills such as setting up a Behavior Modification Chart on which good behavior was awarded positive points and negative behavior was penalized by subtracting points. Michael learned to work towards a weekly reward that varied from a later curfew to a higher allowance, based upon the number of points accrued each week.

After five weeks both Michael and his mother had made great strides. Michael returned to school, and when the case was reviewed, the judge determined that probation, not placement, was in order. Before concluding his intervention with the family, the caseworker got Michael involved with the Citykids Foundation, a program designed to empower kids and build positive peer relations. He also referred both Michael and his mother to a new counselor who continued to work with them on a less intensive basis to keep in sight the goals they established in the Family Ties program.

*Names have been changed to protect the family's privacy.

New York City's Department of Juvenile Justice (DJJ) Family Ties program provides intensive, home-based assistance to juvenile offenders and their families. The program has worked with 167 families since it began in late 1988, avoiding placement in approximately 70 percent of its cases. For information on Family Ties, contact Dan Weiller at the Department of Juvenile Justice, 365 Broadway, New York, NY 10013; 212/925-7779.



CASE STUDY
The Brown Family*
Buffalo, New York

At age 11, Sam Brown burned down his neighbor's garage and was sent away to a residential youth facility in upstate New York. Two years later he returned home. The adjustment wasn't easy. Sam was fighting with his two younger brothers constantly and their mother was having a difficult time handling them. Sam's dad worked at night and was reluctant to discipline the children, fearing he would lose his temper. With all three boys home from school for summer vacation, tensions in the house mounted. One afternoon, while playing outside, Sam and his nine-year-old brother, Frank, got into a violent battle. When Sam began choking Frank, a neighbor called the police. Sam, accompanied by his mother, was taken by the police to the psychiatric emergency room of the Erie County Medical Center.

The hospital called in a caseworker from the Home Based Crisis Intervention Program at Buffalo General Hospital, which works with kids ages 5-18. The program caseworker, trained in psychiatric nursing, drove Sam and his mother, Anne, home and returned the next morning to begin working with the family.

Over a six-week period the caseworker spent almost every other day with the family and was able to closely observe their behavior. His first discovery was that Sam was not always the instigator of the fights with his brothers. Frank, the middle son, often started a brawl and then complained to his mother that Sam was to blame. While Sam was away, Frank had assumed the role of "number one son" and was upset about relinquishing this status to his older brother. The caseworker made Anne aware that Frank was frequently baiting Sam and that she needed to direct her discipline toward all three boys and not just her oldest son.

The caseworker counseled Anne at home and during frequent phone conversations. They worked on building her confidence in her parenting skills and her ability to take charge when a fight broke out between her sons. "Anne had good parenting skills," the caseworker recalls. "What she needed was a lot of reassurance that she could handle them."

With the help of the caseworker, Anne and her husband, Raymond, devised behavioral charts to identify a few things that they wanted their sons to do, such as going to bed on time and getting along better. Each week, the boys were rewarded with stars and points for what they'd accomplished, or punished with an early bedtime or no TV when they did not follow family rules. Sometimes the caseworker would treat the boys to dinner or a day in the park for doing well. Eventually the worker was able to transfer this responsibility to the parents, especially Raymond, who was encouraged to spend more quality time with his sons.

The caseworker concentrated on helping both parents to build their self esteem. Anne frequently called about problems at home. "She'd panic if the boys kept fighting or refused to listen to her," the caseworker said. "I'd give her reassurance that it was o.k. for her to do certain things to discipline the kids, such as separating them from each other until things cooled down."

Anne had been managing the boys on her own and needed more of her husband's support, but his own lack of confidence had kept him uninvolved. "Raymond had a negative image of himself. I think I was probably one of the first people who really listened to what he had to say. He cared a lot about his family; he just needed to know that he was needed and that he and his wife had to work together."

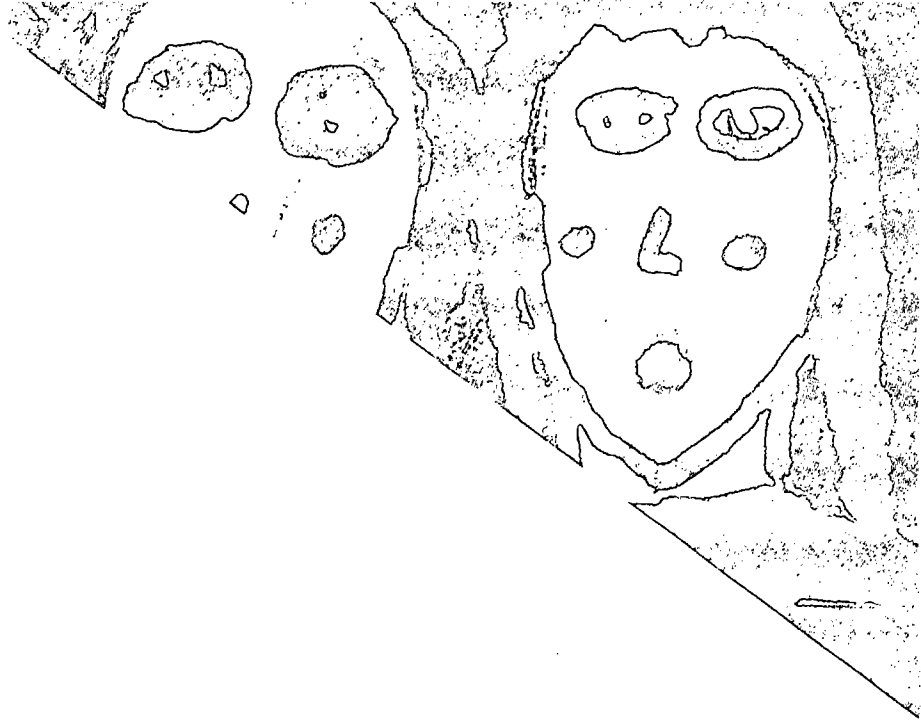
The younger boys responded well to the behavioral charts. Sam still had a difficult time controlling his temper and getting along, but he worked hard and showed some improvement. When school reopened, tensions at home eased and several months after counseling ended, the family was still together and doing well. Arrangements were made with other agencies to coordinate additional social services that the family still needed, such as a special education program for Sam, welfare benefits, and supplemental employment assistance.

"When I began this case, I had some doubts as to whether I was going to be successful," the counselor recalls. "Sam was acting out and fighting a lot. I came close to bringing him back to the hospital a few times. By working with Anne, Raymond, and the boys as a family, we managed to bring every-

one together. What became critical to Sam's progress was giving him the message that he wasn't going to be sent away again, no matter what he did. He may have tested them by behaving badly; he just wanted to be sure they really wanted him around."

*Names have been changed to protect the family's privacy.

The Home Based Crisis Intervention Program in Buffalo, launched in May, 1988, works with families of children, ages 5 through 18, who are at risk of psychiatric hospitalization. To date, 182 families have been served and 178 children at risk of being hospitalized have remained at home. Coordinated by Susan S. Krasner, the Home Based Crisis Intervention Program is located at Buffalo General Hospital's Community Mental Health Center, 80 Goodrich Street, Buffalo, NY 14203; 716/845-1508.



CASE STUDY
The Evans Family*
Henderson, North Carolina

Michael, a 16-year-old on probation for breaking and entering, had turned himself in for a probation violation. Things were going badly at home, and he said he wanted to be sent to a state training facility. He had been expelled from school the year before and had not bothered to return in September. Described as withdrawn, sullen, and insolent, Michael was repeating seventh grade for the third time.

Michael's family lived in a small trailer in rural North Carolina. Michael had a half-brother who was in prison, a 14-year-old sister, and two brothers, ages 13 and 11. His father, who had recently suffered a stroke, was an unemployed painter. The family lived on what his mother earned as a waitress at a nearby truck stop. The family had made numerous moves in the past several years and had previously been assisted by the social service and mental health agencies in a neighboring county.

At the time of referral, Michael was living in respite care, a temporary living arrangement to provide families in crisis with a few days of rest and relief. The case was referred to the Family Preservation Program in Henderson, North Carolina, and a therapist visited Michael's parents and described the intensive, in-home service. The family acknowledged that Michael's behavior was beyond their control and agreed to participate in the program if Michael was willing.

The worker then met with Michael, who appeared friendly and talkative. He expressed reservations about the program, fearing that the worker would be blind to his side of the situation. The worker suggested a deal, and Michael agreed to tell the worker if he thought she was ignoring his point of view. Michael thus accepted responsibility for his own treatment.

On the first family visit, the worker met with Michael and his parents in their home for over four hours. They discussed the problems confronting the family, as well as what each person wanted to get out of the treatment. His parents said Michael was out of control, that he was verbally and physically belligerent, that he kept running away from home, and that he refused to go to school. For his part, Michael wanted his parents to stop their verbal and physical assaults on him. His father had a history of alcohol dependence, and there was some evidence of spousal abuse. His mother thought that everyone blamed her for Michael's behavior and for the stress within the marriage. It was clear that the parent-child relationship had completely collapsed.

Despite initial skepticism that the program could help, the family was willing to try to work through their problems. The caseworker listened to each person's point of view, attempting to validate the experience of each family member rather than assign blame or level criticism. She encouraged the parents to establish a clear family structure and set limits for all the children, not just Michael. Michael needed help in expressing his needs and feelings, and the parents needed to come to grips with the roles alcohol and physical violence played in the family. An overriding issue for everyone in the family was the need for respect and the realization that it had to be earned individually.

The following weekend Michael and his parents got into a violent argument, and Michael ran away. The family called the family preservation 24-hour emergency hotline for assistance. Michael eventually returned home of his own volition, but the episode gave the caseworker a chance to talk with Michael about his level of commitment to treatment and discuss the normal fear of change that attends any positive intervention.

For the first two weeks, the worker saw the family every day. In session after session, many lasting several hours in the evening, the family and the worker talked, argued, discussed, and examined their needs, expectations, and demands, working through many of their initial, misdirected reactions.

After the first two weeks, the worker saw the family every other day and began to connect them with other services in the community. Underlying these referrals, however, was the worker's continuing effort to empower the family to help themselves once the intervention was completed.

With encouragement, Michael enrolled in an extended night school program. He began attending classes from 5 to 9 p.m. every day, learning subjects at a variety of levels that allowed him to work at his own pace. Suddenly

he realized he would be able to earn his diploma in two or three years, rather than five or six. He was elated. At the same time, Michael learned enough skills in one of his classes to find a part-time job in a local department store, and that job soon turned into a full-time position.

The family had made more substantive changes, too. Everyone was better able to deal with anger, and Michael's mother and father were assuming more active roles as parents. Everyone's self esteem had improved, and the family remained together.

*Names have been changed to protect the family's privacy.

The Family Preservation Program in North Carolina began in 1985 and receives more than half their referrals from Juvenile Court. The program estimates that 75 percent of their families remain intact following intervention. The program is directed by Alex Fonvielle at 303 South Garnett Street, Henderson, North Carolina 27536. It is a part of the Area Mental Health, Developmental Disability, and Substance Abuse Program of Vance, Warren, Granville, and Franklin Counties. The telephone number is 919/492-9191.

CASE STUDY
The Johnson Family*
Detroit, Michigan

Marilyn Johnson freely admitted her addiction to crack. It was not hard to believe: at 98 pounds, the 31-year old mother of four was selling her food stamps to support her habit. The authorities suspected that drug trafficking was occurring in her home, and these suspicions were aggravated by the burly man monitoring admittance to her two-story house and the hovering presence of numbers of men and women on the premises. Marilyn's younger children were unkempt. Her 13-year old daughter hadn't attended school for six months, engaged in physical brawls with Marilyn, and ran in the streets with her boyfriend, a drug "roller." Marilyn was told by the police that she had 24 hours to rid her home of drug traffic, and the Children's Protective Services threatened to remove her children.

The case was referred to Families First of the Ennis Center for Children, a new program in Detroit specializing in the treatment of high-risk families. When the Families First worker visited Marilyn the day the referral was made, Marilyn was obviously high, but insisted that she wanted help in keeping her family together.

Prior to her drug addiction, Marilyn had lived a conventional, comfortable life. She was married, worked as a restaurant manager, and owned a house and car. Her drug use began when her husband urged her to try heroin, and it became a daily habit. As her addiction progressed, she turned to crack, her marriage foundered, she lost her job and was forced to sell her home, furniture, appliances, clothing, and car to support her drug habit. She became the pawn of dealers who beat her and demanded that she sell drugs from her home. When Families First arrived, she had been using crack for two years and was illegally "squatting" in a house with broken windows, falling plaster, and bullet holes in the walls. Listening to her story, the caseworker offered understanding and compassion, carefully avoiding judgement or criticism.

When the worker explained to Marilyn that the goal of the Families First intervention was to try to keep families safe and together, Marilyn made a commitment to work with the program. She identified three goals for the intervention: to find new housing, to obtain drug treatment, and to rebuild a relationship with her 13-year-old daughter. The worker helped to alter supervision arrangements so that she was satisfied that the children would be protected without being removed from the home.

The caseworker encouraged Marilyn to take the initiative in looking for housing; the worker provided such support services as realtor lists and transportation. While driving around looking for housing, they talked. The caseworker actively reinforced Marilyn's determination and motivation and encouraged the positive steps she was taking to regain control of her life. The Families First worker often spent all day, every day, with Marilyn, helping in the search for a new house and securing emergency food and clothing. Because Marilyn had no money or means of transportation, the worker's provision of these concrete needs was an important part of the intervention process.

It was impossible for Marilyn to enroll in a drug treatment program until housing and furniture were secured, so the caseworker devised alternatives to help Marilyn refrain from using drugs until her treatment could begin. They worked out several emergency tactics, such as a crisis card with substitute activities, the use of "self-talk," and the 24-hour availability of her caseworker by phone. On a few occasions, when Marilyn relapsed and smoked crack, she was very upset and called her Families First worker to discuss it. Another ongoing concern was the continued drug trafficking in her home. It was difficult for Marilyn to admit the risk to her children posed by the drug sales, but eventually she acknowledged the need to detach herself from her drug-involved friends and environment, as well as from her husband and male friends who remained on drugs.

Dealing with Marilyn's problems was extremely frustrating for the family preservation caseworker, but she drew on the support and encouragement of the Families First program staff. As her supervisor pointed out, "In this past year, our statistics show that approximately 55 percent of our referrals have had substance abuse as the referral problem and approximately 82 percent of those cases

have been related to crack."

By the end of the six-week intervention, with the help of emergency funds from the state, Marilyn had moved to a four-bedroom house, complete with furniture, appliances, and utilities. She enrolled in a women's drug treatment facility specializing in the needs of women and their families, including a program for pre-school children to attend along with their mothers. Six months after the program's conclusion, Marilyn's improved sense of self worth was reflected in her appearance. She has gained weight, dresses fashionably, and uses makeup. Her relationships with her children, especially her 13-year-old daughter, improved dramatically after counseling, and her daughter now attends school every day. Marilyn attends Narcotics Anonymous meetings daily, has learned money- management skills, and is looking forward to working with Vocational Rehabilitation Services and securing a job.

*Names have been changed to protect the family's privacy.

From October 1989 to February 1992, the Ennis Center for Children program worked with 279 high-risk families, and succeeded in diverting children from out-of-home placement in approximately 91 percent of the cases. Ennis is directed by Robert Ennis; the director of the Families First program is David McNally. The Center is located at 20100 Greenfield Road, Detroit, MI 48235; 313/342-2699.

CASE STUDY
The Robinson Family*
Cumberland, New Jersey

Sandra Robinson had plenty of reasons for drinking. She was unemployed and in ill health. Only one of her three children was living at home with her, and now her 14-year old daughter, Charlotte, was in jeopardy of being placed in foster care. Charlotte felt hopeless and frustrated with her mother's drinking binges and neglect and admitted to teachers that she had considered suicide. Her brother Shawn, 15, was in reform school and her brother Jason, 17, lived with his uncle.

When this case was referred to Family Preservation Services, Sandra had to weigh her deep mistrust of caseworkers and social service agencies against her realization that her only hope of keeping Charlotte at home was to work with the agency. While denying she had a drinking problem, Sandra was willing to try anything to keep Charlotte.

Sandra's troubled life history began with a lifelong struggle with asthma, including several lung operations, which continued to circumscribe her activities. She did not go beyond the ninth grade in school and married at the age of 18, only to divorce her husband after seven years and three children. She had held two jobs in her life, one briefly as a secretary in a doctor's office and the other in a glass factory, where she was laid off. She was arrested once for drug dealing with a previous boyfriend and was on welfare.

Charlotte was a warm, affectionate, sensitive teenager who wanted desperately to be part of a family, but was so angry with her mother's self-destructive drinking that she requested a foster home placement. She had only progressed as far as the fifth grade in school and refused to obey her mother or to help out at home. She felt her mother's drinking was ruining their lives, and pleaded with her to get help. Sandra, however, had always denied she had a problem and claimed Charlotte was just trying to run her life.

The family preservation caseworker was confronted with two family members who were at an impasse. The caseworker began by educating Charlotte about alcoholism, enabling her to understand, accept, and eventually to help her mother with her condition. The worker also provided Charlotte with several tools to cope with the very real frustrations of her situation, including Alateen meetings, which they attended together. Other tools included teaching Charlotte active listening skills to improve her interactions with her mother and the use of diaries and charts to record and eventually control her anger and emotions. Charlotte blossomed with the caseworker's interest and involvement in her activities, an involvement she later modeled to Sandra.

As the caseworker reached out to Sandra, her task was complicated by two major obstacles: Sandra's continuing mistrust of caseworkers and denial of her drinking problem. It took three weeks for the caseworker to win Sandra's trust. She participated in such concrete services as driving Sandra to visit her son in the reformatory and finally became a source of strength to Sandra, someone Sandra could trust to accept her unconditionally.

Then a crisis arose which the caseworker used to facilitate this relationship. Sandra was evicted from her apartment because she owed $5,000 in back rent to her landlord. This crisis forced Sandra to acknowledge her drinking problem, which lay behind her inability to pay their rent and food expenses. Sandra confessed that she had used the money for alcohol, that she was losing control over her life; she asked the caseworker for help.

The caseworker accompanied Sandra to an alcohol screening and then helped her to enroll in therapy at a drug treatment center, as well as to attend Alcoholics Anonymous meetings at a local church. Beyond these steps, however, they worked out a plan to support Sandra's decision to stop drinking. They set up budgets, applied for rental assistance, and looked for a new apartment. Through intensive problem-solving discussions and negotiations, which included Charlotte, Sandra gradually learned to rely on herself to find successful solutions to her problems.

Since both Sandra and Charlotte had expressed frustration with their family interactions, the caseworker helped them individually and together to improve their communication skills. They established a "family day" for joint activities and agreed on a framework of natural consequences as an approach to discipline. Sandra's parenting skills were enhanced by her increased pres-

ence in Charlotte's activities, ranging from softball games to doctors' appointments. There is no longer imminent risk of foster placement.

*Names have been changed to protect the family's privacy

Family Preservation Services started their program of short-term family crisis intervention in 1987. By the end of 1991, they had seen 159 families, and of those families, approximately 82 percent have remained intact. The program, directed by Betty Welsh, is located at the Cumberland County Guidance Center, R.D. #1, Carmel Road, P.O. Box 808, Millville, New Jersey, 08332; 609/825-6810.