SOCIAL SERVICES FOR CHILDREN, YOUTH AND FAMILIES: THE NEW YORK CITY STUDY

by

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with

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PREFACE

This is the report of a study of social service programs for children, youth and families in New York City. Funded by the Foundation for Child Development, the research was conducted in cojunction with a two-year national study funded by the Annie E. Casey Foundation and directed by Sheila B. Kamerman and Alfred J. Kahn.* Paralleling the approach employed in the national study, the project was conceived as a search for successful problem-solving and service in the context of increasing social problems and diminished support.

The authors are indebted to Barbara Blum and Jane Dustan of the Foundation for Child Development who, upon the launching of the national social services study, saw the opportunities inherent in an interrelated New York City effort and made it possible.

We are also grateful to the administrators and staff of the agencies included in the study and to the many other experts in family and children's services who participated in individual and group meetings with the research team. These respondents all shared their time, ideas, and experiences willingly, and the agency executives took a special risk in opening their programs to what would

* Sheila B. Kamerman and Alfred J. Kahn, Social Services for Children, Youth and Families in the U.S., (Greenwich, Conn: Annie E. Casey Foundation, June 1989). Also published as a Special Issue of Children and Youth Services Review, Vol. 12, Nos. 1 and 2 (1990).

ultimately become public review.

The special focus of the New York City study was community-based practice and programs for families and children at risk. Brenda G. McGowan, principal investigator, took full responsibility for the case studies and their analyses - and, thus, for the study core.** She was assisted by two doctoral students, Linda Bernstein and Karen Rosenzweig. Focusing on service delivery from the national perspective, the other two investigators, Alfred J. Kahn and Sheila B. Kamerman, devoted considerable efforts to the City's Human Resources Administration and to the Jewish Board of Child and Family Services as a special, multi-system voluntary agency. They shared in the writing of all sections of the report apart from the "core" agency reports in Part III.

The entire team of course stands behind the final report.

** The report draws as well on two studies published earlier that describe the context. See Brenda G. McGowan et al, The Continuing Crisis: New York City's Response to Families Requiring Protective and Preventive Services. (New York: Neighborhood Family Service Coalition, 1986); Brenda G. McGowan and Elaine Walsh, "Services to Children" in Charles Brecher and Raymond Horton, eds., Setting Municipal Priorities, 1990 (New York: New York University Press, 1989).

I. INTRODUCTION

This New York City study focused on family and child service programs or clusters of programs generally identified as "strong" or "promising". Designed to examine state-of-the-art practice and program organization in New York City today, the objective was to develop grounded hypotheses about directions for service program or delivery system reform. Patterns of service delivery and their organizational settings were studied intensively. The research also explored the relative merits and trade-offs inherent in organizing services on a categorical versus a holistic basis. Together, this study and the national effort[1] looked at the delivery design inherent in the relationships of these programs with the New York City Human Resources Administration (HRA), their major funding source. The national study offered the contrasting models of other jurisdictions. The case studies were completed between July 1, 1987 and June 30, 1989 but there was some factual and data updating to the end of 1989.

The report begins with a discussion of the local context and rationale for the New York City study. The

research approach and data collection methods are described in the final section of this introduction. The role of the HRA and its relationships with the local agencies constitute Part II of the report. Part III, which forms the core of the report, presents the findings from the major study sites. The report concludes with a summary of findings, an analysis of the key issues and questions posed by the research, and recommendations for reform, demonstration, research, and experimentation.

Context and Rationale for Study

Our point of departure is this: despite multiple legislative and administrative reform efforts and large public and private investments, it is generally acknowledged that services for families and children in New York City are in disarray. There are now 18 City agencies plus two Mayoral offices, each holding some responsibility for delivery of children's services - the result of periodic "reforms", "solutions", new initiatives. Traditional voluntary sector family service agencies have all but disappeared. HRA has all but abandoned its widely-heralded reorganization plan of 1985 designed to promote comprehensive service provision to families and children at risk. The child welfare system is reported by state examiners and other observers to be failing in its efforts to provide even minimal care and protection to children who are at risk in their own homes.

Responding to exposés, studies and public concern, public officials have proposed numerous solutions. In 1989 alone:

.. Special Services for Children (SSC) was renamed the Child Welfare Administration (CWA) and a series of management initiatives introduced.

.. The City Council passed legislation mandating that the Youth Bureau be reorganized as a separate City Department of Youth Services.

.. The City Comptroller's Office issued a report calling for a new Department for Children and an Executive Directorate composed of high-level officials from all public agencies with responsibility for children.[2]

.. And the Manhattan Borough President's Advisory Council on Child Welfare released a report recommending significant expansion and restructuring of child welfare services.[3]

Resource commitments have increased substantially. The City's adopted budget of $960.5 million for the Child Welfare Administration in Fiscal Year 1990 represents a 40 percent increase over the budget adopted for the agency in fiscal year 1988, and that, in turn, represented a 38 percent increase over the preceding year.[4] Yet the media exposés about child abuse and foster care scandals in the City continue and professional evaluations remain critical.

Moreover, as various agencies and institutions strive to cope, customary service boundaries have begun to shift. Family and child welfare agencies develop school-based programs and mental health clinics, while health care facilities and public schools initiate child abuse prevention and treatment programs, family support and counseling services, and teen parenting and child care

programs. The implications of such developments are yet to be discussed adequately and absorbed by the field.

Despite new funds, tighter management, and new service providers, there is widespread agreement that available services are not keeping up with demand, that many of the services offered are of questionable quality, and that the City's current record-keeping and accountability systems do not provide the data required to make an accurate assessment of public agency performance. In a 1989 assessment of the operations of the Child Welfare Administration based on a random sample of case records, the New York State Department of Social Services concluded: "...In a significant number of cases, CWA is not providing adequate and appropriate child protective and/or child welfare services for children and families who are in need of such services."[5] Similarly, a review by the State Comptroller's Office in 1988 concluded: "Neither the City nor the State has information on how many children referred to SSC or a voluntary agency subsequently received preventive services, were placed in foster care, were put up for adoption, or received no services at all. In addition, there is no information on what the outcome was for each referred child..."[6]

Criticisms such as these are not new. Child welfare services in the City have long been the subject of repeated attacks by the media, professional organizations, public officials, advocacy groups, and legal rights organizations. What has changed in recent years is that there has been a

dramatic upsurge in service demand. This is due not only to increased poverty, homelessness, and substance abuse, but also to the media attention that has heightened public alertness to child abuse. The number of children cited in reports of alleged child maltreatment rose 266 percent from 1978 to 1988; and there were a total of 59,353 reports filed in fiscal year 1989, reflecting a 27 percent increase during the preceding two years.[7] Moreover, although the number of children in foster care in the City declined steadily from 1978 to 1985, it began to increase again the following year, reaching a total of 23,957, at the end of fiscal year 1989, plus 10,924 in the new program of kinship homes. This is almost double the population requiring care in fiscal year 1986.[8] And currently predictions are that the total may exceed 50,000 by the end of 1990.

Predating the increased demand for statutory-based child welfare services - and undoubtedly contributing to it - were the cutbacks in federal funding for social programs and shifts in social policy introduced during the Reagan Administration. As a consequence, the City has had to respond to expanding service needs during a period of fiscal and political constraint. Rather than implement the recommendations of the many blue-ribbon commissions and advocacy groups that have called for the development of a neighborhood-based family service system that could provide a comprehensive range of support services to the increasing number of troubled families and children in the City, the

responsible public officials have responded to the crisis by moving - perhaps inevitably - toward increased regulation, tighter management, and more categorical targeting of services, i.e., directing services to very specific problem-defined client groups. (The neighborhood plan has never been rejected as a concept but is said to be difficult to do - or to require gradual implementation - or unavailable resources). Some benefits can be anticipated from these efforts to enhance service output and productivity while rationing the use of limited resources. But increased targeting of services has led to a proliferation of categorical programs. Although these are often effective in achieving specific, short-term objectives, they frequently result in serious fragmentation of families at risk and of the agencies that are attempting to serve them.

The national context is useful here. As noted in the Executive Summary of the national report (Appendix A), narrow targeting on child abuse and foster care is noted in many jurisdictions. In fact concern about child abuse and neglect is driving child welfare services nationally. New York City goes beyond this, adding more and more categorical "contracts" to serve unserved populations or groups, as problems explode and gaps are highlighted. Many types of cases and issues ignored elsewhere are noticed and get some attention in New York City, but the targeting and categorization that prevails here, while not as narrow as the national trend, defeats what is really needed - a

comprehensive and holistic strategy, a reliable neighborhood coverage system in all areas of need, services available before the problems become acute. Nonetheless, for present purposes, some of the "different" categorical initiatives do carry lessons for intervention strategies and, perhaps, the delivery system. These will be examined in this report.

Social ills such as teen parenthood, limited education, welfare dependency, joblessness and crime tend to cluster in poor, urban, minority communities among the population Wilson has described as the "truly disadvantaged".[9] There is also evidence that pathologies such as substance abuse, mental health problems, and child maltreatment tend to be highly concentrated in these same communities.[10] Findings such as these suggest that the social problems leading families to the attention of child welfare agencies today are multi-determined and require multi-faceted interventions. They require community and neighborhood adaptations and involvement. Several recent efforts to examine effective family service programs have reached similar conclusions.

In a systematic review of intervention with neglectful parents, Gaudin concluded that the successful programs were characterized by in-home services, supportive professional relationships, comprehensive multi-service approaches, parent groups for socialization, support, and parenting training, extended service of at least a year's duration, and use of lay parent aides to offer supplementary

support.[11] Similarly, in a review of services for disadvantaged children and families, Schorr concluded that the successful programs offer a wide range of services, are easily accessible, cross traditional bureaucratic and professional boundaries, and view the child in the context of the family and the community.[12] These are not new conclusions; they represent mainstream professional experience and deserve attention.

Indeed, findings such as these raise serious question about the viability of the categorical principles undergirding the way services in this City - or any jurisdiction - currently are conceptualized, funded, delivered, and evaluated. It remains the case, however, that public officials face strong pressures created by public sentiment as well as legislative mandates and available funding streams to concentrate resources on those children who are at most immediate risk. These same officials are also under pressure to develop programs that are at least immediately, if sometimes superficially, responsive to the demand to <u>do something</u> about the various populations that manage to capture media attention, e.g., boarder babies, nomad children, homeless youth who have "aged" out of foster care, crack-addicted mothers, and sexually abused children. These pressures inevitably lead to extreme and sometimes irrational fragmentation in the organization of services.

Thus a major question for this study was whether state-

of-the-art practice - if it can be located and analyzed - suggests that the greatest potential for improvement in social service delivery for children and families lies in strengthening and continued investment in categorical (and sub-categorical) systems or in creating what many have urged, a community social service system, focused on the family unit, and conceived in a somewhat more holistic sense. Or is the solution to be found in some combination of the two?

This study's premise at the outset, built on professional consensus and the research record, was that whereas no one program or agency can be expected to meet the full range of child and family service needs, effective systems of community service provision should demonstrate most of the following general characteristics:

.. Adequate outreach to groups at risk

.. Efficient and equitable procedures for client access and channeling to needed resources

.. Provision for a continuum of care based on client need

.. Availability of a sufficient range and diversity of services to insure appropriate and effective service provision

.. Coordination of services on a case and program level

.. Competent staff and high staff morale

.. High rates of client utilization and satisfaction

.. High productivity

.. System and program capacity for systematic planning, monitoring, and reporting

.. System and program capacity for innovation and

responsiveness to changing needs.

The study was organized to examine how the discrete programs studied are - or are not - able to achieve qualities such as these, and to operate within broader systems consistent with this outlook. The study also explored the trade-offs associated with the alternative approaches to service provision observed or implicit in the programs studied.

Research Approach

This was an exploratory study employing an approach that could loosely be termed analytic induction or development of grounded hypotheses. It was designed to build on the national study and on some of the principal investigator's prior research in this area.[13] The research process began with a review of the relevant literature on services in New York City and on issues related to service coordination, planning, and program effectiveness. At the same time the entire project team initiated a series of meetings with experts on the delivery of family and children's services in the City. Interview respondents included a group of voluntary agency executives, current and former administrators in HRA, foundation officers, researchers, and representatives of a range of professional and advocacy organizations concerned with children's services.

Our original plan was to identify specific criteria for

site selection based in part on the program models to be identified in the national study and, in part, on the characteristics of programs defined as strong and successful by acknowledged leaders in the field. However, we quickly discovered that not only are there no clear-cut program models, but also there is now little agreement about how the core or boundaries of "exemplary" child and family service programs should be defined. Some argue for comprehensive, universal services, while others underscore the effectiveness of narrowly targeted, categorical programs. Some value range and inclusiveness of services, others, service quality and intensity.

Decisions about criteria for site selection were further complicated by the fact that the different clusters of respondents with whom we met tended to emphasize different indicators of successful programming and to focus on process rather than outcome variables. To illustrate, those in the public sector generally stressed 1) performance on utilization reviews; 2) readiness to accept "difficult, hard-core" clients; and 3) willingness to develop new programs to meet categorical needs as defined by the City. In contrast, most interviewees in the voluntary sector stressed the importance of comprehensive, innovative, highly individualized services; and a number suggested that one of the criteria for a good program may be its readiness and capacity to challenge or ignore public regulations and

funding requirements that interfere with individualized service planning. They also emphasized that successful agencies usually enjoy a quality of leadership and/or level of financial security (endowment or access to private funds) that permit flexibility and independence of action. Sometimes independence of action was described as a criterion of effectiveness.

Given the lack of consensus about program models and about what constitutes a "good" program, we decided to examine a range of service programs that vary along some significant structural dimensions and are by professional and community reputation identified as "strong" or "promising". In other words, rather than trying to identify programs defined as exemplary of specific service models, we selected sites that were identified as strong or promising programs by at least two independent expert sources* and offered an opportunity to study the trade-offs associated with alternative structures and approaches to service delivery.

A "strong" or "promising" program in this sense contributes, at the level of the agency, to the system requirements highlighted by the larger study (Appendix C). These generate criteria relating to access, effective channeling, coverage, ability to deliver constructive help

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* This criterion does not apply to the programs at Brandeis High School, which was included in the study solely because it offered an opportunity to explore school-based services for children at risk from the perspective of the school site rather than the operating agency.

to the client groups served, sound professional practice (case assessment and case planning, for example), a sufficient and qualified staff, capacity for on-going help if more than brief service is needed. Again, these are "process" not "outcome" variables.

The programs studied, we would stress, are not the only ones in the City recognized in this sense as "strong" or "promising". Indeed they are not necessarily the "best." Having met the basic "strong" or "promising" criteria, what the particular sites selected offered was some diversity along the dimensions generally described as significant in delivery system planning: age; size; geographic base; auspice/ affiliation; original service mission; target population; level and source(s) of funding; organizational structure; and range of services.

There was yet another criterion. Because of the focus of the study, each of the sites selected offers a program of community-based services for families and children as part of its total service repertoire. Some define the program studied as their primary or sole service mission, others are multi-service agencies. In the sense of this study, the community-base is essential.

The final sample consisted of the following programs/agencies (in addition to HRA itself as the responsible public delivery agency and major funder).

Bronx Homebuilders Program, Behavioral Sciences Institute
Brooklyn Bureau of Community Service
Center for Family Life in Sunset Park, St. Christopher-

Ottilie
Good Shepherd Services
Jewish Board of Family and Children's Services (JBFCS)
Leake and Watts
Rheedlen Foundation
United Families of South Bronx, Edwin Gould Services for Children
Family and Children's AIDS Case Management Program, HRA
Brandeis High School Programs

The first seven sites listed, studied in greatest depth, are voluntary family and child service agencies that rely heavily on contracts with the City's Child Welfare Administration (CWA) for program funding. Some also receive funding from the Youth Bureau and the Board of Education, Department of Mental Health and/or Department of Employment.

Just as HRA was analyzed for the national study as a big-city department in a state-supervised, county-operated public agency (along with Los Angeles), so the Jewish Board of Family and Children's Services was also included in the national study as a major voluntary agency. It is a heavily publicly-funded organization that operates in a variety of service networks (education, juvenile justice, medical care and - especially - mental health) in addition to child-family-youth social services.

Although Edwin Gould Services is also a voluntary family and child service agency, the particular program studied, United Families of South Bronx, was developed as part of the Multi-Problem Family Demonstration Project of HRA's Office of Family Services, and HRA assumed a major role in service design and implementation. The Family and Children's AIDS Case Management Project is based in HRA's

Adult Services Administration. Although the Youth service programs at Brandeis High are all administered by voluntary agencies, they are funded through direct contracts with the school system and have no direct links with CWA. These latter three sites were studied because they offered an opportunity to examine programs not based in the traditional family and child welfare system.

Site visits were organized around a data collection and interview guide (Appendix B), and ordinarily involved two members of the study team. Extensive interviews were carried out with agency administrators and/or program directors and selected direct service staff. All available agency reports, statistics, and evaluations were studied, and, where permitted, a member of the study team read a few representative case records. The study team spent the equivalent of three to five days or more in each sample site, with two exceptions having to do with delayed access. In addition, a number of discussions were held with "collateral" contacts and with administrators of similar services, to test out some of our observations and tentative hypotheses.

The following questions guided the actual on-site data collection activities:

- What are the main planning instigators? To which environmental, professional, political, and/or financial pressures does the agency/program respond?

- In which system or systems, e.g., mental health,

education, social services, juvenile justice, child welfare (prevention/protection/foster care) does the agency/program base itself?

- How does the agency/program "package" enough money to operate? From what sources?

- How does the agency/program cope with public funding systems and their rules? With agency and community service networks and their patterns of interaction? Is the agency/program leader involved in larger service planning or social action initiatives?

- How does the agency/program recruit its clients? Who is referred? Who gets in? Who is refused? How are cases channelled internally and through the community service network?

- What practice theory and principles guide the various agency/program operations? How do these mesh with funding and accountability demands? With changing client service needs?

- What kinds of personnel does the agency/program recruit? What are their qualifications? How is staff morale? Are there any problems with staff recruitment, turnover and/or training? How are these addressed?

- How do the administrators and staff evaluate the results of their work? What variables account for their relative success? What are the key obstacles to effective service delivery? What are the trade-offs inherent in their service approach? What changes would they recommend?

No effort was made in this study to undertake a formal evaluation of the case-level impact of services at any of the sites. This was not the plan of the research and would not have been feasible. Where relevant we reviewed case-level assessments; several have been cited earlier. Except for the Brandeis High School site, we studied only programs which by professional consensus and process criteria are "strong" or "promising". The intent throughout was to study how these programs/agencies cope in the current service context and what lessons can be gained from their experience.

Although a first draft of the study report was completed in late 1989, the authors did not view the research as completed until the agency/program administrators had an opportunity to review the entire report, make any needed factual corrections in the sections regarding their own programs, and offer their ideas regarding alternative interpretations of the data. Early in 1990 the researchers also organized a day-long conference at which panels of experts presented their views on policy issues related to the study. This group of about 50 invited participants, all of whom had been given an opportunity to read the draft report, were encouraged to debate the issues and make recommendations for change. The research team took the suggestions offered at the meeting very seriously. We have made a concerted effort to incorporate the insights gained at the conference in this final report, which

presents our observations, tentative hypotheses, and recommendations.

Notes

[1] Sheila B. Kamerman and Alfred J. Kahn, Social Services for Children, Youth and Families in the U.S., (Greenwich, Conn: Annie E. Casey Foundation, June 1989). Also published as a Special Issue of Children and Youth Services Review, Vol. 12, Nos. 1 and 2 (1990).

[2] City of New York Office of the Comptroller, Office of Policy Management, "A Blueprint for a Department for Children," February 1989.

[3] Manhattan Borough President's Advisory Council on Child Welfare, "Failed Promises, Child Welfare in New York City: A Look at the Past, A Vision for the Future," July 1989.

[4] City of New York, Human Resources Administration, "Consolidated Services Plan FY1988-FY1990, Adopted Budget FY1988," n.d.

[5] State of New York Department of Social Services, "An Assessment of the Operations of the Child Welfare Administration of the Human Resources Administration of New York City," May 1989, p.2.

[6] State of New York Office of the New York State Comptroller, State Deputy Comptroller for the City of New York, "New York City's Foster Care Program Under the Child Welfare Reform Act: Issues of Enforcement and Compliance," Report 29-88, May 26, 1988, p. 12.

[7] City of New York, Office of Operations, The Mayor's Management Report, 1978-1989 editions.

[8] HRA/Child Welfare Administration, "Foster Care Overview Fiscal Year 1989," n.d.; and City of New York, Office of Operations, The Mayor's Management Report, September 1989, p. 512.

[9] William Julius Wilson, The Truly Disadvantaged. (Chicago: University of Chicago Press, 1987); See also, Errol R. Ricketts and Isabel V. Sawhill, "Defining and Measuring the Underclass," Journal of Policy Analysis and Measurement, 7:2 (Winter 1988), pp.316-325.

[10] See United States Congress, Office of Technology Assessment, Children's Mental Health: Problems and Services - A Background Paper, OTA-BP-H-33 (Washington, D.C.: U.S.Government Printing Office, 1986), p.8; and Deborah Daro, Confronting Child Abuse: Research for Effective Program Design. (New York: Free Press, 1988), pp. 63-66.

[11] James M. Gaudin, Jr., "Treatment of Families Who Neglect Their Children," in Elam W. Nunnally et al., Mental Illness, Delinquencies, Addictions, and Neglect. (Newbury Park, CA: Sage Publications, 1988), pp. 170-171.

[12] Elizabeth B. Schorr with Daniel Schorr, Within Our Reach. (New York: Anchor Press, Doubleday, 1988), p.256.

[13] See, for example, Brenda G. McGowan et al, The Continuing Crisis: New York City's Response to Families Requiring Protective and Preventive Services. (New York: Neighborhood Family Service Coalition, 1986); Brenda G. McGowan and Elaine Walsh, "Services to Children" in Charles Brecher and Raymond Horton, eds., Setting Municipal Priorities, 1990 (New York: New York University Press, 1989); "Helping Puerto Rican Families at Risk: Responsive Use of Time, Space and Relationship" in Carolyn Jacobs and Dorcas D. Bowles, eds., Ethnicity and Race: Critical Concepts in Social Work (Silver Spring, MD: NASW, 1988); and "Family-Based Services and Public Policy" in James K. Whittaker et al, eds., Reaching High-Risk Families: Intensive Family Preservation in Human Services (Hawthorne, N.Y.: Aldine de Gruyter, 1989).

II. THE NEW YORK CITY PUBLIC-PRIVATE NON-SYSTEM

The Child Welfare Administration in the Context of Children's Services

It is useful to begin by locating the Child Welfare Administration (CWA) of New York City's Human Resources Administration (HRA) - the focus of this discussion - in the context of the City's public programs for meeting child and youth needs. The recent McGowan and Walsh analysis yields an overview of agencies and their expenditures.[1] Many of the agencies which serve children/youth cannot, by the nature of their operations, separate out a child/youth component.

Two things about these expenditures must be understood. First, a large proportion of the relevant revenue comes from state and federal governments, and thus carries various statutory mandates and administrative/ regulatory constraints. Second, a large component of each of the service budgets is in fact expended through contacts with the voluntary non-profit and for-profit sectors.

What follows reports expenditures during New York City's 1987 fiscal year:

Table 1:

Public Child and Youth Agencies and their Expenditures
(in millions of dollars)

Special Services for Children (HRA)*	$668
Agency for Child Development (HRA)	238
Office of Family Services (HRA)	NA**
Crisis Intervention Services (HRA)	NA
Health and Hospitals Corporation	262
Mental Health, Mental Retardation, and Alcoholism Services	190
Health	91
Juvenile Justice	66
Employment (adolescent services)	54
Youth Bureau***	27
After-school and sports at Board of Education	22.4
Housing Authority	10
Parks and Recreation	9.2
Cultural Affairs	5.5
Community Development Agency	4
Corrections	NA
Mayor's Office of Adolescent Pregnancy and Parenting Services	NA
Mayor's Office of Youth Services	NA
Police	NA
Probation	NA
Total	$1,642.1

Here, as in the national study, we find New York to be expending very large sums for its child and youth services, not surprising given its population and their problems, as well as the high poverty rates. Indeed, New York City may be the per capita expenditure leader for child welfare among

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* Now, Child Welfare Administration (CWA).

** "NA" signifies that the child component of the program cannot be differentiated.

*** Now, the Department of Youth Services.

the big cities and big states.[2] This does not mean that even more money may not be needed, nor that the money is currently being deployed in the most effective and efficient fashion possible. We shall in fact raise some question about this.

For present purposes, the CWA is in focus - child welfare - as covering child protection, foster care, related service and treatment. HRA's Agency for Child Development (ACD) is the child care agency (covering group day care, family day care, Head Start) enormously important for the children of the City generally and for those here of interest - but not the study focus.[3] The City's Youth Bureau spent its 1989 budget of $30.7 million through 582 agency contracts. Its rationale is anti-delinquency programming and related planning. Most of its programs are recreational, vocational, educational counseling and cultural services. There are several transitional shelters for runaway or homeless youth. None of this is systematically planned in relation to the child welfare program to be discussed.

Many of the 703 mental health/retardation/ alcoholism services represented by the relevant budget item above, do affect the children and families here discussed, but there is no data system which permits one to analyze the interplays. Even more important, these services do not themselves constitute a coherent delivery system. Nor do they have a patterned relationship of defined roles and

mutual reinforcement with CWA and the service agencies it funds. There are instances of superb team work and many more of ships that unknowingly pass in the night.

The interplay of CWA with the health programs is less intensive, with exceptions such as the "boarder babies" to be mentioned. Most of the other relationships involve mutual cooperation on referral or access around special projects or problems, but the court tie is, as specified and elaborated in the national report, central to child protection and foster care. Apart from ongoing, serious operational problems - which of late have been improved by some agreements - there remain central issues about roles, particularly as to whether the court per se has or should have a treatment responsibility.[4] The Community Development Agency, the City-funded holdover from the poverty war, provides an infrastructure for employment, training, access, and advocacy services in the poorest areas and is not integrated into a social service delivery system. The two "Mayor's Offices ..." and the Department of Youth Services have overlapping or poorly inter-related coordination and planning functions, while CWA is in fact the largest service component "planned" within the HRA in its interactions with State and federal mandates and requirements.

None of this adds up to a very hopeful context for systematic service delivery planning or even for program coordination. McGowan and Walsh sum up a picture of: the absence of comprehensive, long term planning; ad hoc problem

"solving"; blue ribbon commissions whose findings are seldom absorbed or - if implemented at all - are not fully implemented; an inevitable pattern of "fire fighting" that leads to partial, categorical solutions; poor operational coordination; heavy reliance on large numbers of agencies, many very small, of varied levels of competence and efficiency as dictated by patronage and interest-group politics; private agencies facing constant uncertainty about obtaining needed funds and meeting the many different requirements associated with categorical programs.[5]

The Child Welfare Administration in the Human Resources Administration

Under a variety of rubrics, over the years, and through a series of reorganizations, the HRA superagency, created in 1966, has encompassed income maintenance and food programs as well as those employment services relating to assistance clients, child support, day care and Head Start programs, some services for adults, home care services, services for the homeless, and child welfare. What was long known as Special Services for Children - now the Child Welfare Administration - includes child protection, foster care and adoptions, and an ambitious social services contracting program known as "preventive services", in the sense of prevention of placement - but hardly limited to that. The most recent agency-wide reorganization rearranged these as four major program units, and some secondary ones, giving

special emphasis to a new grouping ("Opportunities Initiative Administration") to function along the lines of the 1988 Federal Family Support ("welfare reform") legislation, bringing together child support enforcement, employment services and the ACD child care programs. The other major units, in addition to CWA, are the Income and Medical Assistance Administration and the Adult Services Administration. Other units are responsible for food programs, the community development program, and management support. The Office of Family Services, once conceived as the vehicle for creating a city-wide, neighborhood-based, integrated delivery system is now located in the Opportunities Initiative Administration, targeting on special projects to prevent homelessness and delivering home care services (and a variety of small projects which would belong in any effort at creating an integrated delivery system).

The City's complex social and housing problems, its high poverty rates, its large numbers of single-parent families - and all that follows from its role as a "receiving station" for large numbers of poor legal and undocumented immigrants - has faced the HRA with extraordinarily complex challenges in recent years. Its Special Services for Children (now CWA) responded to cases which periodically caused public outrage and concern with efforts to restructure, a series of changes in leadership, and staff expansions. Various commissions, task forces and

studies offered proposals, many calling for a degree of decentralization to so-called "neighborhoods" and creation of a more comprehensive family service system - which was said not to be practical, or at least not immediately so.

The HRA administration concentrated during 1987-89 on major strengthening of management, substantial expansion of the child protection field staff, the inauguration of a training academy for protective workers, and some expansion of innovative service and case coordination projects. It also expanded direct care where contract agencies could not take on hospital-stalled "boarder baby" cases and similarly unserved children of other ages.

New York City's resources and traditions are such that its HRA cannot announce a targeted and minimalist mission, in the sense of some other jurisdictions. It is expected in its services to protect, to treat, to prevent - even to enhance family development. The City's patterns of coping have produced both serious major gaps and problems and some outstanding agencies. It does not at present offer a coherent and convincing big city exemplar of child and family social services, however. Much of its energy and large-scale resources are dedicated to a crisis-management regime in a volatile political environment.

If an observer had to describe the implicit plan for child and family social services it is this, all except the final element operating within HRA itself:

- A city-operated Child Protection System (CPS)

including ongoing, community supervision of some families (in the local vocabulary, the latter is called a city-run preventive service!).

- A city-operated foster care access system.
- A largely city-funded but privately operated foster care service system (foster homes and group care).
- A small city-operated direct service foster care program (for "boarder babies" and similar cases that the private agencies do not serve).
- A large and mostly publicly-funded direct service program in non-profit agencies (called prevention), serving both the CPS effort and voluntary cases and cases which come through other channels.
- Some other, related child and youth services, federally, state, city, and privately funded through other human service systems.

Size, complexity, private agency prerogatives and tradition made it difficult for the City to mobilize its social services during the early 1980s, despite large expenditure, and there were the inevitable exposés, critiques, and "improvements". Task forces offered designs and attacked failures to implement proposals for decentralization and neighborhood-based family services. The current operational design has emerged incrementally as the result of a series of case tragedies, recent agency planning and management reform, and categorical targeting in response to problems of high public concern.

We shall not here refer to foster care except to note that it is guided by a 1979 New York State Child Welfare Reform Act along the lines of the later, federal Adoption Assistance and Child Welfare Act of 1980, P.L. 96-272. A public staff is responsible for access (Office of Placement), but 90 percent of the children in care at the time of our study were placed with 60 contracted voluntary agencies. The remainder, the most difficult to place children, were the responsibility of an Office of Direct Child Care Services. The latter load is growing since the voluntary sector cannot meet some needs.

Following a State directive of October, 1986 that builds on a 1984 Supreme Court decision, the City is now also certifying eligible kinship homes as foster boarding homes. This new legislative mandate has presented many problems. The City's overall foster care load declined from 23,700 to 16,787 children between 1978 and 1985, then climbed to almost 21,000 at the end of 1988 (about where Los Angeles was); but it had more than doubled to over 44,000 by the end of 1989 as relative care was formalized as foster care! On December 31, 1989, there were 19,663 children in kinship foster homes in the City. This group, which represented about 44 percent of the total population in care at that time, now constitutes the largest single category of children in care.[6] The staffing needs precipitated by this rapid development are rather staggering, as are the fiscal

consequences, especially in a period of budgetary constraint.

The general foster home recruitment problems being experienced almost everywhere in big cities nationally obtain in New York as well, but are compounded here by lack of sufficient staff to monitor the foster placements once homes are recruited. The recent resolution by consent decree of a long-standing dispute about foster care in agencies under religious auspices may or may not be another factor in coming years.

Foster homes, institutional care, subsidized adoptions and related costs inevitably consume the bulk of the CWA budget, some 73 percent for the current 1990 fiscal year. The cost of support for daily living and tuition always exceeds the expenditure for community based services and treatment, but analysts inevitably ask whether the proportions are nonetheless in sensible balance. Although public assistance expenditures ("welfare") for the families in the child and family social service networks are not included in the calculations, their inadequacy and erosion under inflation occasion many of the pressures reflected in the social service caseloads.

In the present context, the CPS program "design" is of interest. In 1980 the City processed some 18,000 abuse complaints; in the last fiscal year this number, including "repeats", was over 59,000, involving almost 95,000 children. Currently, the state central register receives

the calls, and sends a telex to the appropriate borough office to begin the process of clearance and evaluation. The City is divided into five "boroughs" delivering services, and each borough is subdivided into "zones", based on population and reported incidents of abuse and neglect. Manhattan has four "zones" for coverage and - except for a special zone for hospitals, hotels, sex abuse cases - each zone office has 10 units, to which cases are assigned on a rotation basis.* The processing is familiar - computer clearances, supervisory guidance to the investigating worker, rapid field visits if there is the possibility of an endangered child. Then there are the reports prepared by investigators and the distinctions between the "indicated" or validated and the "unfounded" cases (61 percent of the investigations in fiscal 1989, many of which are believed to actually have serious problems, even though, technically, the allegation in the complaint cannot be sustained). Of the "indicated", some go to court for placement, some are retained for court-ordered supervision in HRA (at last report, 7,000 cases in the supervision units), and some are referred to the contracted preventive services.

The P/D units (protective/diagnostic) within CPS are set up to investigate abuse allegations and to be responsible for assessment and case supervision until the case is "settled". Staff are in constant turnover; the rate

* The zone system has added considerably to CPS operational efficiency. The zones remain too large to support a community-oriented service philosophy, however.

was 60 percent at one point but has improved of late. Few of the field workers have more preparation for this work than college education and the brief orientation at HRA's in-service training Academy, as well as slightly lower caseloads for a training period of a few months. Supervisors guide the investigation work closely; some are better qualified than others. A special staff carries out much of the court liaison work, a recent major improvement, intended to save field staff time; and there is a large staff of HRA attorneys and special consultants. Overwhelming loads, a series of public scandals about specific cases, and some confusion about case processing and accountability, including the loss of cases within the system, yielded in the course of 1989 increased funding and a larger and stronger management cadre, better provision for unit supervision, and considerable policy clarification. Protective services staff was increased substantially by replacements and new hires to over 1,000. Caseloads were substantially reduced to meet accepted norms. Response time to reports is now claimed to be excellent.

The City also has been coping with problems of the quality and size of the "Family Service" units in CPS doing ongoing community supervision of endangered children by court order. Average loads are now for the first time said to be reasonable and are headed to 18. However, the Department is not yet satisfied with the operations in the qualitative or management control sense and there are

charges from outside that the alleged improvements are not yet apparent in some parts of the system.

To this point we have described a not unfamiliar targeted and limited operation, struggling to gain control and raise quality and with frequent difficulties. What makes the New York HRA picture almost unique, however, is another component, some 129 contracted service programs, covering almost 15,000 families during fiscal year 1989. These are the agencies to which the P/D units refer the "voluntary" cases (where there is no placement order or court-ordered supervision by the HRA's own Family Services units), as well as some cases under supervision. The Family Service units make referrals, too.

The roster of programs under this "prevention" service (to prevent placement) includes some of the leading children's clinics and family agencies in the country, drug and alcohol treatment programs, adolescent programs, parenting programs and numerous family support centers and experimental efforts. Several are among the agencies/ programs reported in the next section. Many of these are based in highly professional social agencies and medical facilities, but there are also simple, even primitive and struggling, one-service grass roots and neighborhood agencies and programs concentrated on various ethnic-racial-religious groupings. It is also of some significance that some of the "preventive" contracts are highly targeted, reflecting response at one time or another to a publicly

noticed problem or special tensions and pressures in the service system. Thus, some are for status offenders ("PINS") diverted from the Family Court. Others are for children of incarcerated mothers or children with serious physical handicaps. The issue is to ensure access, not the knowledge that the particular case category actually requires its own treatment program, apart from other child and family cases.

Also within this overall rubric, Homebuilders has launched a small demonstration program in the Bronx, and CWA has contracted with two voluntary agencies to develop small family preservation components. Despite these initiatives and an additional Homebuilders-type program funded by the Department of Juvenile Justice for delinquents in Brooklyn, the City, at the time of our study, had made no significant investment in intensive home-based, family preservation services of the sort described in the national study for Washington, Maryland, Florida, Massachusetts, or Minnesota (See Appendix A). However, there has more recently been evidence of interest in accelerated development.

Nobody involved would claim that this overall CWA pattern now offers or can become an attractive model for big-city social services. While the contract agencies are publicly financed, they have their own doorways and can have their cases certified as eligible for city reimbursement. It has taken some time for the City to assert some priority rights. The P/D units and the Family Service units still

feed only a minority of the cases (45 percent of the new cases in fiscal year 1989) that get to the preventive contract agencies for which HRA "pays". On the one hand, City priorities may not be followed; on the other hand, the large numbers of self-referrals and the referred "voluntary" cases mean that the City is serving/treating a far broader range of situations with specialized services than most communities do, including many voluntary, chronic, and "early intervention" cases, or serious abuse/neglect cases which do not come to the notice of the mandated CPS reporting system. New York case categories receiving service cover a wider range of need than is addressed in many jurisdictions.

Apart from the priority issue (some of the private contract agencies close intake when P/D units need services), there has been a problem of response time in taking up HRA referrals of serious situations, recently mitigated somewhat by agreement. There are still troubling problems related to the clients "lost" in the referral process because the P/D units may not follow through closely enough and the agencies may not reach out or are unduly selective or slow. Reporting is poor in some parts of the system and efficacy of services unclear, despite an annual contract audit; fiscal audit apart, there is no HRA monitoring system.

This brief description of New York HRA's children's program and of the lack of a fully integrated city-wide

child welfare operation does not pretend to offer sufficient data for a new evaluation. It is urgent to note, however, that recent efforts to strengthen management, add staff, clarify procedures, train staff, and enrich preventive services do not seem to have calmed media, state, and public criticism any more than did the successive reports and reorganizations of earlier periods. Particularly over the past two years, public disclosure of department failings or alleged inadequacies in several tragic case situations, and a series of critical reports from State agencies, advocacy groups, internal task forces, and others have pointed to the complexity of the HRA task and the difficulty of achieving a better level of coping.

Critics have continuously complained about poor implementation of P.L. 96-272 or the parallel State legislation, noting especially inadequate resources and poor management. The City has countered with reference to the complexity of its social problems, its progress, and the need for more resources. It also has invested in management resources and capacity. Some of the results are obviously positive, but these shifts have also created strong pressures for deprofessionalization, both because most of the new managers are not members of the social work profession and because some of them equate caseload coverage statistics with staffing adequacy. Investigations are routinized and monitored step by step. Forms and reports proliferate. The elements in the process - not their

quality - are counted and inventoried. The job, in short, has been redesigned for relatively poorly trained college graduates who learn on the job; and - in a self-fulfilling prophecy - no one else can be recruited. The discretion and initiative of the professional now has no place in the line jobs in CPS and foster care. And, in any case, the City has not been willing to raise salaries so as to achieve equity for fully-qualified social work staff.

The picture confronting the new Mayor and the new Human Resources Administrator is not encouraging. Recently, a new state audit, a local Health Department report, and a report of an HRA fatality review board have elaborated charges to the effect that:

- In significant numbers of cases reviewed, "there was no evidence of attempts to secure and review records of previous reports of child abuse or maltreatment".
- Despite attempts to initiate emerging investigations within the required time period in the overwhelming majority of cases, in some cases attempted contacts were unsuccessful and in others risk assessment was inadequate. Sometimes there was inadequate assessment of risk to other children in the home.
- In some cases, not all children in the home were interviewed or observed.
- In some cases, not all adults who were subject to the allegations were seen.
- In some cases there was no determination of

allegations (or of some allegations) in the reports.

- Some cases were closed in a fashion that did not meet service standards.
- There was inadequate feedback to the State central register data base.
- Some of the rules about face to face contact were not followed in some cases.
- There were a variety of failings with regard to permanency planning requirements.
- Families for whom there was a court-ordered supervision requirement "were not seen in a timely manner".
- Some case records could not be located in a timely fashion for review.
- There were significant delays in the picking up of cases in preventive services as in court-ordered supervision within HRA, and there was practically no evidence of "input" into case planning by the child protective workers assigned to monitor the case plan.[7]
- "Dozens of infants and toddlers" in the City's Direct Service foster care program in eleven city-run group homes, are "living in understaffed, overcrowded group homes that routinely fail to meet city Health Department standards and violate state regulations", according to local Health Department inspection reports.[8]

- The major role of substance abuse in child fatality cases requires new policies and laws for CPS processing of drug abusing parents, more drug-treatment resources, improved medical resources and procedures to meet the needs of the children involved, better drug-prevention education, especially with women.
- There is need for interagency review and stronger case management in coping with the divided agency systems required to respond to serious child protective situations sometimes leading to fatalities.
- There is important improvement needed in the State central registry and its procedures in so far as these contribute to case service failures in very serious cases.
- Internally, the Child Welfare Administration needs to tighten case transfer procedures, strengthen family supervision or monitoring, and to clarify (administratively and in the development of manuals and training) a variety of uncertain policies and procedures.[9]

One could cite similar findings and criticisms in dozens of reports throughout the country. The City is able to respond, as it sometimes does, with claims of unfair review, poor sampling, and a tendency of critics to accent

the negative. After all, the critiques deal with "some" cases, specific percents (usually the minority), and do not fully accredit the obvious progress in coverage, caseload sizes, procedural compliance, improved response time and the rest. Yet each case failure means an endangered child, so the criticism is harsh and sustained. HRA, while reporting other improvements it intends to make and its own more general recommendations (with regard to drugs, for example) also challenges the State to take over the operation and do better.

For this study's review of service delivery options, the New York City HRA "case" offers yet another insight. The presence in the community of a rich diversity of voluntary agencies and multi-system treatment resources does not decrease the need for a strong CPS system. That essential core must be attended to in all the possible delivery designs.

The central point is that the New York City delivery "model", implicitly at least, features: a public access system concentrating on CPS and foster care and with modest in-house direct service capacity, feeding into an elaborate, large and diverse, publicly-funded, perhaps multi-system, service "pool". We use the word "pool" because the voluntary agencies are of many types, some outstanding and some weak. Some are more subject to HRA influence than others. Political inhibitions limit the City's ability to drop programs - and make its purchase priorities difficult

to rationalize. There is overlap and there are gaps. This is not a network. Moreover, there is little, if any, comprehensive and effective joint planning and coordination with other social services in such agencies as the courts, the mental health agency, the youth department and so forth. The overhead costs of so complex a system and so many small voluntary contract agencies and the City's required investment in a monitoring, coordination, and contracting capacity are enormous.

Only the achievement of a stronger public/private planning system and stronger public leadership of the whole could turn this into an efficient and effective delivery network. The immediate problems in the way are political; the difficult conceptual issues are never fully faced as a result. In the meantime, HRA is concentrating where it can and must: on improving the CPS and foster care components, infrastructure, and linkages. We look in the next section at some agencies and programs upon which those who plan for the future might build - while noting as well that a full solution also demands attention to the city-wide design for service delivery.

Notes

[1] Brenda G. McGowan and Elaine Walsh, "Services to Children" in Charles Brecher and Raymond Horton, eds., Setting Municipal Priorities, 1990 (New York: New York University Press, 1989).

[2] Sheila B. Kamerman and Alfred J. Kahn, Social Services for Children, Youth and Families in the U.S., (Greenwich, Conn: Annie E. Casey Foundation, June 1989), p. 314.

[3] For some perspectives on child care in New York City see Alfred J. Kahn and Sheila B. Kamerman, Child Care: Facing the Hard Choices (Dover, MA: Auburn House, 1987).

[4] Citizen's Committee for Children "To Form a More Perfect Union for Juvenile Justice: Mental Health Services and the Family Court" (New York: 1988).

[5] McGowan and Walsh, op. cit.

[6] State of New York Department of Social Services, "Quarterly Summary of Characteristics of Children in Foster Care", District Report, February 2, 1990.

[7] State of New York Department of Social Services, "An Assessment of the Operations of the Child Welfare Administration of the Human Resources Administration of New York City," May 1989.

[8] The New York Times, May 20, 1989, pp. 1, 5.

[9] "1988 Report of the Child Fatality Review Panel" (New York: Human Resources Administration, April, 1989).

III. THE AGENCIES

This section presents the study findings regarding each of the ten study sites. As discussed earlier, the agencies or programs included in the study were selected because they differ along some significant structural dimensions and are generally identified as "strong" or "promising". (The one exception is Brandeis High School, which was included because it offered the opportunity to explore an array of school-based services operated by community agencies from the perspective of the school system rather than the sponsoring agency.)

As will be noted, in some of the settings, the research focused on a specific service program; in others, the study encompassed the entire range of agency services. The effort throughout was to understand how practice and program options are shaped by a range of structural and professional variables, not to evaluate specific services.

Because program age and history are clearly major determinants of service structure and orientation, the study sites described in this section are presented in order of their original establishment. For reasons which will be

obvious from the text, an exception is made for JBFCS. For purposes of comparison, some of the salient structural characteristics of each of these sites are presented in Table 1 below. (Please note that the table is designed to convey a general picture of each sample site. The specific funding sources and services identified are not necessarily all-inclusive.)

Table 1.
Comparison of Sample Sites by Selected Variables

Agency	Date Established	Location of Central Office	Auspice/ Affiliation	Major Public Funding Sources[2]	Approximate Annual Budget[3]	Target Population(s)	Range of Services Provided
Leake and Watts	1831	Yonkers	Independent	CWA OMH ACD	$18.5m ('89)	Children in need of placement throughtout city; children and families with special needs in Bronx	preventive residential treatment group home care day care foster care
Brooklyn Bureau of Community Service	1866[1] (1978)	Brooklyn	Independent	CWA OVR DMH OMRDD DSS	$10m ('90)	Disadvantaged children and families and disabled adults in Brooklyn	preventive homemaker day care work training and placement
Jewish Board of Family and Children's Services	1874[1] (1978)	Manhattan	UJA/ Federation of Jewish Philanthropies	CWA DMH OMH BOE OMRDD Medicaid	$37 m ('88)	City residents with mental health needs (Special emphasis on Jewish community); youth in need of residential treatment; children and families at risk in selected communities	preventive mental health counseling residential treatment court services group home care child development day treatment employee counseling family life education

Agency	Date Established	Location of Central Office	Auspice/ Affiliation	Major Public Funding Sources[2]	Approximate Annual Budget[3]	Target Population(s)	Range of Services Provided
Good Shepherd Services	1947	Manhattan	Sisters of Good Shepherd	CWA BOE DYS DOL DOH CDA	$8.5m ('90)	Children and families in South Brooklyn; Children in need of placement throughout City	preventive residential treatment diagnostic centers day treatment drop-out prevention literacy training youth development housing for battered women
Rheedlen Foundation	1970	Manhattan	Independent	CWA DYS BOE	$2.7m ('90)	Children aged 6-17 at risk of truancy and/or placement in Manhattan Valley Clinton and South Central Harlem	preventive drop-out prevention youth development host homes
Center for Family Life	1978	Brooklyn	St. Christopher-Ottalie	CWA DYS DOE	$1.5m ('89)	Children and families in Sunset Park	preventive foster care after-school child care youth services youth development employment advocacy clinic

Agency	Date Established	Location of Central Office	Auspice/ Affiliation	Major Public Funding Sources[2]	Approximate Annual Budget[3]	Target Population(s)	Range of Services Provided
Brandeis High School Programs	Varies (Most in mid-1980s)	Manhattan	Board of Education, 6 Community Based Organizations	BOE	N.A.	Students at risk of dropping-out at Brandeis High School	counseling medical clinic sex education mediation tutoring youth development
United Families of South Bronx	1986	Bronx	Edwin Gould Services for Children	DSS	$375,000 ('88)	Multi-problem families in in rem HPD buildings in South Bronx	counseling advocacy youth socialization Interagency council
Home-builders	1987	Bronx	Behavioral Sciences Institute	CWA	$400,000 ('88)	Children and youth at risk of placement in Northwest Bronx	preventive (short-term, intensive)
AIDS Case Management Project	1988	Bronx	HRA, Division of AIDS Services	City Tax Levy Funds DOH	N.A.	Families in which 1 or more members is AIDS-infected	counseling medical assistance income maintenance

[1] Year in parenthesis refers to year agency was incorporated in current form.

[2] Key:
ACD = Agency for Child Development
BOE = Board of Education
CDA = Community Development Agency
CWA = Child Welfare Administration
DMH = Department of Mental Health
DOE = Department of Employment
DOH = Department of Health
DOL = Department of Labor
DSS = Department of Social Services
DYS = Department of Youth Services
OMH = Office of Mental Health
OMRDD = Office of Mental Retardation and Developmental Disabilities
OVR = Office of Vocational Rehabilitation

[3] Year in parenthesis refers to budget year for which annual budget is reported.

Leake and Watts

Leake and Watts is a large, voluntary, multi-service child welfare agency established in 1831 as an orphanage for boys on the current site of the Episcopal Cathedral of St. John the Divine. The orphanage began to admit girls in 1850 and moved to its current location in Yonkers in 1891. This campus, which now houses the agency's central administrative offices, residential treatment center and two schools, was designed by Frederick Law Olmstead and conveys a lovely rural atmosphere. However, it is situated right on the border of the Bronx, giving residents and staff easy access to City subway lines.

The agency functioned as a relatively traditional child care agency until 1976 when it began to develop community-based programs to supplement its residential programs. It currently defines its mission as providing innovative services to address the unmet needs of families and children. Within this broad framework, the Board has decided to concentrate on serving children in the Bronx (although children from other areas are accepted in the residential programs) and to maintain the agency's base in the child welfare system. Therefore, although the agency accepts some mental health funding and serves clients with clear mental health needs, it remains identified with its child welfare tradition and is attempting to adapt clinical technologies to the needs of low-income, minority youth,

rather than to shift client populations.

The agency has an endowment of approximately $14 million and a projected annual budget of $18.5 for fiscal year 1989. Most of the agency's funding is provided by public child welfare contracts, but the agency also receives some mental health and day care funds. Income from the endowment and gifts, although sizable, accounted for only 13 percent of the agency's budget in 1985.

One of the core objectives underlying the agency's recent efforts to initiate new programs is to develop continua of care for different clusters of children whose service needs inevitably change over time as they age, family circumstances change, and they become more or less disturbed or more or less sick and incapacitated. The intent is to ensure that the type of care provided shifts with the needs of the youngster, not with the availability of various categorical funding grants. In this context, the executive director said that he envisions the agency's residential center as the hub of the wheel, with other services moving out from the residence - rather than viewing the residence as an adjunct to a range of community-based family services. He attributes this mindset to the agency's origins and his own professional history in residential care, and suggests that if one were to design an entirely new service system, it would be logical to begin with community-based services.

At the time of our site visit the agency's service

programs included the following:

- Residential treatment center, composed of 10 cottages caring for some 90 youth aged 12-21. (Two of the cottages are designed for youth presenting severe emotional and behavioral difficulties and are used to avoid hospitalization.)

- Two on-campus special education schools serving youth from the residence as well as day students from the City and from Yonkers who demonstrate severe educational handicaps or behavioral problems. (All youth in residence who can attend schools in the community are encouraged to do so.)

- Five group homes (three in the Bronx and two in Queens) serving 50 emotionally disturbed adolescents.

- A foster home and adoption department serving over 400 children in care. This includes a special foster home project for children with AIDS, the first such program in the City.

- Four day care centers in the Bronx, including one that has an after-school component, serving a total of over 350 children a month.

- East Bronx Family Service Center, providing community-based preventive and PINS diversion services to over 100 families a month. (See discussion below.)

This simple listing of agency programs - although impressive - does not convey the careful links that have been developed to ensure continuity of services for clients. For example, when the agency began to accept adolescents

with more severe psychiatric disabilities, an affiliation was worked out with Bronx Children's Psychiatric Hospital to insure that the youngsters in the special therapeutic cottages and in the Bronx group homes could be hospitalized there, if necessary, and to assure the hospital that there would be a place available when hospital patients from Leake and Watts were ready for discharge. A similar affiliation has since been worked out with Creedmore Hospital to cover the youth in the group homes in Queens. In a parallel development, links have been established between the East Bronx Family Service Center and one of the agency's day care centers to facilitate referrals and case consultation; and, building on the agency's experience with the AIDS foster home project, the Center opened an intensive family counseling project for parents with AIDS in April 1988. In addition, there are plans to open an agency-operated boarding home for children with AIDS who cannot remain in regular foster homes; and the director thinks the agency will eventually have to open a group residence with easy access to a hospital to ensure appropriate care for these children as their medical needs increase.

The program listing above also fails to convey the agency's ongoing program development activities. To illustrate, since the time of our site visit, Leake and Watts has opened a residence for nine homeless teen-age mothers and their babies in the Bronx. Designed to encourage mother-child bonding and to help the young mothers

develop independent living and parenting skills and to enable them to complete their education and/or obtain a job, the program is targeted to young women who have been discharged or rejected by other agencies. During the site visit the director noted that several other program ideas were also under active consideration. These include a community center in the Bronx, a residence for youth moving into independent living, and apartments for formerly drug-addicted parents and their children who have been in care in order to provide intensive services during the early phase of family reunification.

Leake and Watts' executive director is obviously the prime mover behind many of the agency's planning initiatives, saying that he decided long ago that the lives of many of the children in the child welfare system are so bad that agencies cannot afford not to take risks in extending the boundaries of their services. Therefore, he presses himself to examine unmet needs and to push the agency forward rather than resting on the fact that they may be doing a good job now. To keep informed about changing needs and funding opportunities, he participates regularly in many State and community planning bodies and keeps in regular contact with public agency officials. An obvious advantage he has in trying to initiate new services at Leake and Watts is a sizeable endowment and an active, involved, powerful board. However, the board sometimes opposes new programs because it is very concerned about maintaining the

agency's traditions and conserving the endowment; and repeated experience has taught that new public grants always cost the agency money because they seldom cover start-up or overhead costs. To encourage active board support for new programming initiatives, the director tries to present new proposals in the context of the agency's history and mission and to set up joint board-staff committees to work on each new project. This approach is usually effective, but to conserve the endowment, the board has set a five percent cap on the amount of endowment income that can be spent on operating costs in any one year, e.g., $650,000 in 1989. This seems to be a viable arrangement because it enables the director to move the agency into some new projects without overspending and provides an incentive for additional fund-raising for any special projects.

In addition to its program development activities, Leake and Watts is engaged in ongoing efforts to improve its current services. At the time of the site visit the agency was moving from a decentralized to a centralized intake system because of concerns about levels of service in some divisions, and it was introducing a management information system in which all workers will have their own computers in order to ease record-keeping and free more time for direct work with clients. (The board raised $800,000 for the latter project.) In addition, a group of foster parents and workers was just completing a two-year training project with staff from Dr. Salvator Minuchin's Family Studies Institute

in order to help them develop service teams that could work more effectively with parents of children in foster care; and the agency was trying to work out arrangements for similar training for other staff members. Also, the agency's medical director, who recently developed a standards review committee for the residential treatment center and successfully introduced some behavioral modification techniques to cottage staff, was working on plans to train staff in some of the other programs in use of these approaches. These efforts collectively reflect a dynamic response to changing client needs and service demands as well as a thoughtful effort to move staff away from the agency's traditional psychodynamic orientation without confronting workers' belief systems directly.

Unlike most of the other programs or agencies studied, Leake and Watts does not have any serious difficulties with staff recruitment and retention. The director has no clear explanation for this difference. One factor may be the availability of endowment funds to supplement salaries as needed. For example, a small differential is paid to social workers and child care staff working in the specialized programs with more disturbed youngsters. Also, salaries are negotiated on an individual basis so an increase may be given to retain a strong person who threatens to leave for a higher outside salary. Because of the relatively low turn-over among staff, the agency has a seasoned clinical staff that is able to offer high quality supervision, and it

provides a number of specialized advanced training opportunities. Also, the board allocates $30,000 annually from the endowment for a tuition aid program to assist workers who want to pursue masters degrees. Finally, the location of the main institution is a big advantage, particularly for recruiting child care staff, because public transportation is readily available and Yonkers has a high unemployment rate.

In reflecting on administrative and planning issues confronting the agency today, the director commented that in addition to discovering meaningful interventions to help with the serious types of problems youngsters are now presenting in both the residential and community-based programs, he thinks their biggest struggle is finding an appropriate balance between centralization and decentralization. He believes the agency must try to provide a network of integrated services, which requires some degree of centralized planning and coordination. On the other hand, he thinks that decentralization of decision-making at the program director level helps to enhance staff morale and performance. Therefore, he constantly has to weigh the relative advantages of moving further in one direction or the other. For example, although the agency recently moved to centralized intake, each program director is expected to develop his or her own budget based on a zero-based budgeting system. The challenge of discovering an appropriate balance, he added, is clearly complicated by

the current pattern of highly categorical public funding, which seems designed to sabotage efforts to create coordinated services.

East Bronx Family Service Center

The East Bronx Family Service Center, the agency program outside the main institution visited by a member of the study team, illustrates some of the issues related to program integration. Established in 1979 to serve families at risk in Community Board #9, the Center is located in a small new building in a local shopping center and open four nights a week. The program, which is funded by preventive service contracts from CWA and a PINS diversion contract, served 114 families with 272 children when visited.

In many ways this program resembles some of the small, independent preventive service agencies. The Center has a strong family focus and provides what the program director said could be described as "concrete mental health services", involving more outreach and concrete help than is customary in mental health programs. In addition to offering a range of individual, family and group counseling services, the social workers engage in extensive outreach and advocacy, provide some tutoring, recreational and other support services, work collaboratively with the schools and other service organizations, and offer information and referral services. The staff also processes applications for camp scholarships and the Fresh Air Fund summer program

and provides some consultation to three day care centers administered by Leake and Watts in the local area.

About 60 percent of the clients are Hispanic, 40 percent black, and 85 percent live in single parent households. Although the clients present a wide range of service needs, school problems are very common and housing is usually a concern. Substance abuse problems are becoming more frequent as are cases in which the grandmother is the primary caretaker because the children's mother is a drug user. About 15-20 percent of the preventive service cases are currently active with CWA's protective services. Approximately 30 percent of these families are self-referred, 30-35 percent referred by the schools, and 20 percent referred by CWA. The only cases refused are those in which a potential client is acutely suicidal or presents intensive psychiatric problems. The average duration of services is 10-11 months, but about one-fourth of the cases are very short-term - 4 months or less - and the others tend to remain active for about 15 months.

Although the PINS diversion project is technically distinct from the preventive service program and has its own staff, it has similar objectives and seems to function quite similarly in practice. One difference the program administrators note is that it is almost impossible to recommend and arrange placement for the PINS cases, even when this is obviously indicated; and there are few resources available to maintain the youngsters in the

community. For this reason, a primary therapeutic task with parents of PINS clients is often to help them gain the control required to set appropriate limits for their children. However, the agency often enters the family too late to have sufficient impact.

Although the program administrators are obviously frustrated by the regulatory structures governing their work (e.g., the State's decision to disallow tutoring expenses as a form of preventive services, even though tutoring may be critical in a particular case), and by the scarcity of community resources available to their clients, they are generally quite happy about the quality and range of services offered at the center and about their success in avoiding placement for their clients. Only 1-3 percent of the cases each year have resulted in child placement. Both the director and his assistant carry a few cases on a regular basis in order maintain their clinical skills and stay in touch with the types of problems their workers are confronting in the field. This direct involvement with clients also seems to create a sense of enthusiasm and curiosity about clinical issues that is not always apparent among service administrators.

The program director noted that there are clear trade-offs inherent in operating the center as part of Leake and Watts. The main disadvantage is that due to agency size and structure, decision-making processes tend to be very prolonged so it is impossible to move quickly on any

initiative that requires board approval. On the positive side, the center is allowed to function quite autonomously, which is important, and it has access to funds and to specialized training resources that would not be available if this were an independent agency. The training opportunities are important in enabling the center to maintain a high level of professionalism among staff and in creating career development opportunities for workers. Access to some extra funding gives the center a small degree of independence from public funding sources that is critical. For example, the center director decided not to use Youth Bureau funds because the paperwork demands are excessive for the amount of money involved and waste valuable staff time. Also, he has been able to be somewhat selective about which CWA contracts the center would accept, thus preserving the integrity of the program.

Observations, Lessons, Questions

Leake and Watts offers an interesting example of a well-established voluntary agency changing service emphases over time in response to perceived community need and available resources. Unlike many other such agencies that have elected to diversify by offering a range of relatively independent services organized in response to available funding streams, Leake and Watts has attempted to develop integrated service networks around its core institutional program. This expansion into community-based service

provision suggests a major shift in orientation for a children's institution, but it is very consistent with current thinking regarding the need for a continuum of services for children at risk; and it reflects the widespread skepticism among leaders in the voluntary sector about the City's capacity to develop and administer coordinated child welfare services.

Leake and Watts' decision to open the foster home program for children with AIDS, as well as some of its other current programming initiatives, demonstrate the important innovative role that can be assumed by voluntary agencies with the leadership and resources required to function independently. The executive's description of the agency's internal program development processes and the interrelationship of these processes with developments in the public sector embodies in many ways the best of both voluntary agency independence and responsiveness to public need.

Not surprisingly, the key factors contributing to the success of this agency in adapting to changing needs while retaining its commitment to its original mission seem to be executive leadership, active board involvement, and a healthy endowment. Unfortunately, few other child and family service agencies are as well-endowed as Leake and Watts. But endowment alone cannot produce an effective and responsive voluntary agency. And there is no reason that other, smaller agencies cannot enjoy the quality of

executive and board leadership exhibited at Leake and Watts. The question that must be addressed is how to ensure that these agencies can obtain the minimum financial stability required to encourage service innovation.

The struggle identified by the executive director regarding the appropriate balance between centralization and decentralization in a large, multi-service agency is clearly an issue that deserves further exploration. Another issue posed by recent developments at Leake and Watts is the relationship between programming initiatives and existing services and the way in which development of new programs may serve as an impetus to change in established programs. Finally, it is interesting to note Leake and Watts apparent effort to broaden clinicians' practice orientation and service repertoire. This may be a necessary component of meaningful program change; yet it is frequently overlooked by administrators preoccupied with obtaining needed fiscal and community support.

Brooklyn Bureau of Community Service

The Brooklyn Bureau of Community Service (BBCS) is a large, voluntary multi-function agency in Brooklyn, serving families and their children, as well as adults with physical, emotional, and cognitive disabilities. The successor to the Brooklyn Children's Aid Society, founded in 1866, and the Brooklyn Bureau of Charities, founded in 1878, the agency has roots in both the family service and child welfare traditions. It is the oldest non-profit, non-sectarian social service agency in Brooklyn and has historically offered a fairly unique mix of foster care, family support, and adult rehabilitative services.

The Bureau enjoys strong executive leadership and a tradition of active board involvement. A number of Brooklyn's leading citizens are members of the board, including some for whom commitment to the Agency has become almost a family tradition. The board members devote extensive time and energy to ensuring the continued success and financial stability of the agency. In addition to raising substantial voluntary contributions annually, the board is actively involved in setting policy and program directions for the Bureau and in advocating implementation of its public policy agenda.

The agency's mission, which reflects the Bureau's origins as well as its current program priorities, is described as follows:

> To serve families and disabled men and women seeking opportunities to be more productive, thus contributing to a healthier community. Services are offered that foster development leading to economic and social independence, and that help establish stable, nurturing families in which children may develop to their fullest potential.

Despite the sense of continuity conveyed by this statement, BBCS has made a number of shifts in program emphasis in recent years, reflecting its response to changing community needs and resources. To illustrate, its traditional family service division was licensed as a mental health clinic in the late 1970's so that the agency could provide more comprehensive services to the families in that program, but an insufficient number of clients were eligible for Medicaid funding to support continuation of the program. The Bureau's foster home program, which served a high proportion of severely disabled children who had been "boarder babies" at King's County Hospital, was closed in 1983 because the agency was incurring large deficits in serving this population and there was an excess capacity citywide in foster home programs at the time. In 1988 the agency discontinued operation of its Camp Shelter Island for the Aged and Handicapped because the program, while valuable, was not central to its mission and utilized resources needed for core services. During this same period, the agency started to use the private resources formerly expended on these programs to expand its community-based services for families at risk and homemaker services and to initiate a pre-vocational program for adult clients

with psychiatric disabilities.

The Bureau's annual budget (just over $10 million in fiscal year 1990) has increased substantially in recent years. It is supported about 70 percent by public funds, but the remainder is contributed by income from the agency's relatively modest endowment of approximately $4 million and annual fund-raising efforts. The budget is divided almost equally between BBCS's two major program divisions: programs for disabled adults and programs for families and children. The two divisions are operated quite separately, except at the top administrative and board levels.

This study focused solely on the Bureau's programs for families and children. However, it is important to note that these services represent only one aspect of the agency's work. BBCS has a long and successful record of providing vocational evaluation, job training and job placement services for Brooklyn residents with a wide range of cognitive, emotional and physical disabilities.

At the time of our site visit, the division for families and children included three CWA-funded "preventive" service programs (again, "preventive" in the special sense of preventing placement), a school-based child abuse prevention program, and a homemaker service program. Since we completed the study, the agency has added two new components to this division: social work consultation services to seven day care centers in East New York; and "Family Partners," a small, intensive family preservation

program modeled on the Homebuilders program. Also, it is now initiating a new program funded by the Office of Family Services for multi-problem families relocating from shelters and hotels to permanent housing in Brooklyn.

Preventive Service Programs: The agency perceives its participation in the New York State Preventive Services Demonstration Project, authorized by Chapter 911 of the Laws of 1973, as a significant event in its history. BBCS was one of the seven voluntary agencies in the City selected to participate in the project initially. In designing the demonstration program, the Bureau relied heavily on its experience in serving multi-problem families in its foster care and family services programs. During the demonstration project phase, BBCS served preventive service cases from the entire borough. With the implementation in 1981 of the Child Welfare Reform Act of 1979, the preventive service staff was expanded, and the Bureau established a branch office in Bedford-Stuyvesant. In 1984 the agency started another preventive program in the East New York Section of Brooklyn; and in 1985 it expanded its service capacity in the Bedford-Stuyvesant area through CWA's "PEG" (Programs to Eliminate the Gap) initiative designed to increase the number of indicated child abuse and neglect cases receiving preventive services.

Thus when we made the site visit, the agency had three preventive service programs funded by CWA, each administered separately but ultimately accountable to the director of

programs for families and children. At that time the original program in Bedford-Stuyvesant was funded to serve 140 families with 12 social workers, the East New York program was funded to serve 54 families with 4 social workers, and the PEG initiative was expected to serve 48 families with 4 social workers. (The East New York program has since been expanded to serve 78 families at any one time with a staff of 6 workers.)

Although CWA funds the preventive service programs, the executive director notes that the agency was able to expand its services so substantially only by reallocating some of its private financial resources as well. It should be noted in this context that when developing its preventive services, the Bureau decided to target communities of greatest need as reflected in common social indicators, e.g. number of children entering foster care, reports of child abuse and neglect, teen pregnancy, and school drop-out rates, quality of housing stock. This decision has, of course, had significant implications in terms of demands on program staff and resources. It also illustrates the extent to which agency, rather than CWA, initiative shapes the overall configuration of child welfare services. Additions are not generally governed by a network plan.

About one-quarter of the agency's preventive cases are served in BBCS's central office, a large building that it owns in downtown Brooklyn. However, the preventive service programs are based in two satellite offices, and most

preventive clients are served there. The office visited in Bedford-Stuyvesant is new, spacious, and attractively decorated. Since this office and the one in East New York are located in what are commonly viewed as dangerous neighborhoods, workers are often reluctant to make home visits alone, especially after dark. To address this problem, the agency provides a car and a driver to escort workers on some of their home visits. Also, the offices are open two to three evenings a week to accommodate families who find evening hours more convenient.

The population served in these programs must meet the eligibility requirements established for all publicly funded preventive services and reside in the appropriate catchment area. The agency must refuse 50-60 calls a month about potential clients who do not meet these eligibility criteria or who present problems that BBCS is not equipped to serve, largely related to hard drug use or psychiatric problems. Although the programs were run at less than full capacity for several years due to shortages in staffing, they ordinarily receive referrals in excess of contracted capacity.

The typical client in the preventive programs is described as a young, black single mother with 3-4 children who receives AFDC and lives in over-crowded, substandard housing. She usually has limited education and no job skills, demonstrates difficulty handling interpersonal relationships, and may be the victim of domestic violence or

have problems with substance abuse. Evidence or risk of child neglect is common as are inadequate parenting skills. Frequent presenting problems include housing concerns, school performance or behavior problems, family violence and need for advocacy help with income maintenance authorities. Most clients are self-referred or referred by other clients, schools, hospitals, and other agencies in the community. CWA accounted for about one-fourth of the referrals in 1987, but this proportion had increased to about one-third by 1989. In the annual client survey, parents often respond when asked what they wanted from the Bureau, "someone to talk to" or "help with my emotional problems", in addition to help with concrete problems.

The clinical orientation of the programs has been developed on the basis of the agency's experience in family services, foster care, and the preventive service demonstration project. Staff provide comprehensive services, responding to concrete as well as emotional and relationship issues. The emphasis is on understanding the client (generally the parent) psychodynamically, relieving stressors, and developing ego strengths.

The parent is usually the focus of treatment. Children are seldom seen individually by their mothers' workers because "in the agency's experience, the very needy, lonely women to whom it is providing service often find it difficult to share their workers with their children." Although the workers have always been free to work with the

family as a unit, in the past they seldom choose to use this approach; in recent years, as the agency began to invest in increased training for family practice, there has been a concomitant increase in family treatment. Also a number of groups have been organized around such issues as women's health, safety of children, and adolescent concerns. Workers serve a maximum of 12-14 families at a time, and the average duration of treatment is 10-16 months.

Agency administrators see the availability of flexible funds for special needs as one of the strengths of the preventive service program. Through this, workers are able to assist clients with the payment of overdue bills, purchase furniture or household goods necessary for family life (e.g. beds), and relieve other immediate stresses. However, the provision of direct cash assistance to clients is instituted cautiously because of agency experience suggesting that inappropriate use can interfere with the therapeutic relationship. Workers are expected to teach clients what other resources are available, how to ask for help, and how to use resources efficiently. The relief budget is heavily subsidized by the Bureau's private funds.

Both staff and administrators are proud of their capacity to provide the integrated counseling and concrete services required to engage families normally viewed as very hard to serve, and of their success in reducing child maltreatment and preventing inappropriate foster care placements. They express frustration around three major

issues: 1) Absence of needed resources in the larger community (e.g. housing) often limits the progress that client families can make. 2) In those cases that do come through CWA, lack of appropriate client preparation prior to referral by CWA workers often leaves families reluctant to accept help because they feel angry and stigmatized. 3) The broad and extensive nature of the clients' problems often leads workers to feel that their work is incomplete or inadequate when families decide to terminate as soon as some of their presenting problems have been ameliorated rather than working on more of the long-term issues.

In addition, program administrators share the concern of others in the field about the problems experienced in recent years with staff recruitment and retention in direct service positions. Although BBCS's front-line supervisors in preventive service programs have an average of 20 years post-masters experience, the average length of employment for MSW workers in preventive programs had dropped by 1988 from 2-3 years to 18 months or less. This turnover among beginning-level workers has a negative impact on the quality and continuity of services that this or any agency can provide and creates great stress for supervisory staff who must constantly train new workers. The Bureau has attempted to address these staffing problems by enriching its staff development program, providing generous assistance to workers who wish to pursue further education, and supplementing the preventive service salaries authorized by

the City with its own funding. Yet the staffing needs persist; in fact, the agency has actively recruited social workers from Great Britain, to supplement the staff. The program director suggests that some of the factors contributing to the staff recruitment and retention problem are that workers are fearful of working in the communities where the preventive programs are located, receive limited professional satisfaction and societal recognition for the work they do, see few opportunities within the field for advancement or work enhancement, and are offered higher salaries and better working conditions in other fields of practice. These issues are obviously not unique to BBCS and deserve discussion in a broader policy context.

Homemaker Service Program: The Bureau is one of the City's few providers of homemaker service. This large program serves families throughout Brooklyn and is funded through a contract with HRA's Office of Family Services (OFS). It served over 700 children and adults in fiscal year 1988 with a staff of four social workers and about 100 homemakers. Designed to prevent family breakup due to serious illness or hardship or parental incapacity to provide adequate care, the program provides trained homemakers who remain in designated homes for specified periods of time to provide stability, help parents manage children, teach nutrition and home management, and offer encouragement and support.

Because of the City's administrative structure and

funding guidelines, this program is operated quite separately from the agency's preventive service programs. In fact, if one of the preventive cases requires homemaker assistance, BBCS must refer this family to OFS who may or may not refer the case back to the agency's homemaker program. OFS makes the determination about approval of the request for service and number of hours to be allocated to a particular case. The case workers at BBCS are responsible for conducting intakes, developing the service plans, visiting the homes monthly, and supervising and training the homemakers. They try to assess family needs on an ongoing basis and to make referrals and advocate for clients as needed, but they do not have any case management responsibility because the families ordinarily have a preventive service worker from BBCS or some other agency. Moreover, they carry high caseloads (mean = 33-35 cases) as required by City contract so the time that can be devoted to any individual case is limited.

Clients and staff seem quite satisfied with the homemaker program, and the agency has no difficulty recruiting social workers or homemakers for this service. However, there are a number of structural difficulties documented repeatedly that concern agency administration because they limit the important contribution that homemaker services can make to work with families at risk. Perhaps most serious are the Citywide cap on funding for homemaker service and the lack of emphasis on quality control. Other

issues include the complicated approval process, the lack of reimbursement to contract agencies for overhead costs, and the payment of homemakers as hourly workers rather than as full salaried employees. A concern highlighted clearly by the programs at BBCS is the lack of integration between preventive and homemaker service programs.

Islands of Safety: This is a small school-based child abuse prevention program initiated in response to a recommendation of the Mayor's Task Force on Child Abuse in 1982. The agency has put considerable effort into obtaining private support to make expansion possible. The program now has three social workers stationed in 4 elementary schools in the Ocean Hill-Brownsville and East New York areas of Brooklyn. The workers are teaching school administrators and teachers to recognize potential indicators of child abuse and to assist them in reporting to the State Child Abuse Hotline and in working with the child and family during the investigatory process. They also give presentations to community groups and social agencies to educate them about indicators of child abuse and reporting requirements. In addition, the workers meet with the children in every class to educate them about their right not to be abused and how to take greater responsibility for their own behavior, and they conduct group sessions for parents about patterns of child development and non-violent methods of discipline. Although the primary emphasis is on these latter educational functions, the workers may also

work with individual cases or make referrals for service, if help is needed during and/or after a child protective investigation. Finally, crisis intervention counseling is provided to children and families when risk of abuse or neglect is identified.

This program, which serves approximately 2500 children and parents, is funded by private foundations, CWA, and a grant from the New York State Children and Family Trust Fund. Located in neighborhoods in which economic and social stress place children at high risk of abuse, it is the only program at BBCS that can be defined as serving a truly preventive function for families and children, despite the State's use of the word "preventive" to describe the more narrowly targeted placement prevention programs. Although situated in the same geographical area as the agency's so-called preventive service programs, it is staffed quite separately.

Observations, Lessons, Questions

Brooklyn Bureau of Community Service illustrates the evolution of a major voluntary agency with a mission to provide child and family services and an equally strong commitment to disabled adults. Many shifts in program direction and emphases must be made over time as such an agency attempts to carry out its established mission in the context of changing community needs and funding opportunities. The Bureau has maintained a clear focus on

the provision of high quality, professional services to low income client populations with special needs that may inhibit their capacity to function independently. Its child and family service programs, which are concentrated in areas of great need, directly reflect this service orientation, as do its employment programs for adults with severe handicaps and disabilities. Despite the obvious value of these services, funding limitations restrict the Bureau's capacity to serve all families in need in its target communities and to integrate its various service options.

The regulations governing the categorical funds now available from various public sources tend to define in large measure the type, range and extent of services available from voluntary agencies such as BBCS, as well as others in the study. This development raises troubling questions about the capacity of the voluntary sector to function independently or to exercise what has been traditionally been valued as a unique potential for leadership and innovation in the delivery of social services. The negative impact of public funding constraints is very evident, for example, in the seemingly irrational, City-imposed split in administration of preventive and homemaker services at BBCS. Similarly, the sharp division between the agency's employment and family services reflects the dysfunctional effect that public funding can have on service delivery. The Bureau has an unusual combination of expertise related to the provision of work training services

for disabled adults and counseling services for disadvantaged families. Yet because of grant restrictions and relatively limited private funds, the agency has been hindered in its capacity to share the resources of these programs and/or to link the services, despite the potential overlap between the client populations.

Another troubling issue posed by the experience at BBCS relates to the staff recruitment and retention problem in preventive services. Although many other preventive programs are experiencing similar difficulties, the problem is especially noteworthy here because the agency administrators have been creative in developing various initiatives designed to address staffing needs and have refused to compromise on staff quality. One factor that may distinguish the Bureau is that its services are located in areas perceived as more dangerous than many of the other programs. This, of course, is a price that must be paid for attempting to serve families most in need; but it seems clear that the City must give programs located in such high-risk areas more help in addressing the safety concerns of their workers (e.g., salary differentials, additional funding to pay for escort service and/or treatment teams, lower caseloads, etc.).

It also seems important to examine the other variables that may contribute to staff turnover. To illustrate, in addition to the factors identified by the program director, preventive service workers in very high risk communities may

feel somewhat more isolated from other agency staff; and they have fewer opportunities to work with clients who are not at imminent risk than professional workers in agencies that serve more "optional" preventive cases and/or permit workers to carry a broader range of assignments. A less categorical organization of services might diminish workers' sense of isolation and increase their opportunities to experience "success" in their practice.

Another factor in social worker job dissatisfaction could be the obvious interest of some in practicing psychodynamically-oriented therapy; that is seldom possible with these caseloads. Thus these workers may experience a greater gap between their aspirations about the type of practice they would like to do and the reality of their clients' immediate service needs than do workers in programs that explicitly promote a very different practice orientation or whose clients may be more amenable to a traditional psychodynamic approach. (The fact that preventive programs at the Jewish Board of Family and Children's Services, as discussed below, also experience high staff turnover problems - in contrast to other JBFCS units - lends some support to this hypothesis.) Clearly, there is great need for additional study of staff recruitment and retention issues in all preventive services because no program can succeed without consistent, high quality staff.

Finally, it is important to note that BBCS, like many

of the other agencies included in the study, seems to be in a continuous process of self-examination, growth and change. The agency completed a joint board, administration and staff strategic planning process in 1988 that resulted in re-affirmation of the agency mission statement and identification of strategic directions and goals for the next four years. These include expansion and enhancement of prevention and rehabilitation services, development of mechanisms to strengthen the professional staff, establishment of measures to increase the agency's financial capacity to carry out its plans, initiation of new services to populations not currently served or served more narrowly, and identification of advocacy positions and mechanisms to facilitate implementation of the Bureau's public policy agenda. Interestingly, one of the priorities identified was creation of a new senior management position for a director of recruitment and training who is expected to address some of staffing issues identified above.

Also, two of the agency's new programs are designed to form linkages that may fill some of the gaps between employment and family services discussed earlier. Last summer the agency initiated a successful employment training program for youth in foster care; and it is now actively seeking funding to inaugurate a work training program with a day care component for women on public assistance, including those receiving preventive services. The latter program, which is identified as a high priority for the agency,

clearly reflects the executive's effort to build on the expertise and experience developed in the agency's employment programs to address newly identified needs and to bridge the traditional gaps between work training, child care and family services - along the lines of current federal "welfare reform" efforts, as being planned in the City.

Since the Bureau was the first agency visited for this study, it was particularly interesting at the end of the study to obtain an update on the changes it made during our data collection period. These confirmed the conclusions we were reaching about the importance of variables such as executive leadership, active board involvement, access to some private funds, willingness to cross traditional service system boundaries, program growth, and investment in staff training. These are the factors that seem to characterize agencies that remain viable and responsive to client need in the current social context.

Good Shepherd Services

Good Shepherd Services is a large, voluntary, multi-service child welfare agency administered by the Sisters of Good Shepherd, a worldwide religious community with a long history of caring for homeless women and children. Although the first New York House of the Good Shepherd was established in 1857, the current agency was not incorporated until 1947. The services provided today, as in earlier days, reflect the order's traditional emphasis on the importance of individualizing clients, developing young people to their fullest potential, and responding to needs in a holistic, culturally-sensitive manner.

The agency has three major program divisions. Its neighborhood family services, which were the focus of this study, consists of a range of community-based programs in the Park Slope, Gowanus, and Red Hook areas of Brooklyn. These programs serve over 3500 children and parents annually. The agency's residential services include two diagnostic reception centers that serve about 460 youth annually, Euphrasian Residence and the Barbara Blum Residence, and three long-term residential treatment centers that serve 56 adolescent girls, St. Germaine's, St. Helena's, and Marian Hall. Finally, the agency offers child welfare training through its Human Services Workshops, a training institute that provides low-cost, theme-centered training sessions to almost 1300 workers from over 200

agencies annually.

The central administrative offices for the agency are located in Manhattan, sharing space on East 17th Street with Euphrasian Residence, Marian Hall, and a Good Shepherd convent. The Sisters of the Good Shepherd appoint the agency's board of directors, some of whom are members of the religious order while others are lay people. Budget and personnel operations are centralized, but otherwise the program divisions function quite independently. The administrators of the neighborhood family service programs are based in Brooklyn. Although the agency is affiliated with New York Catholic Charities, it is an independent agency and receives no funding from the diocese.

The agency's projected budget for fiscal year 1990 is over $8.5 million, about $3.2 million of which is for neighborhood family services. Preventive service funds from CWA account for about one-third of this budget, and most of the remainder is provided by grants from a range of other government agencies including the New York City Youth Bureau (2 contracts), Board of Education (3 contracts), Community Development Agency (2 contracts), Department of Health, and the State Department of Labor. Private foundation grants and gifts contribute only about $340,000 to the total budget. However, Good Shepherd Services has access to interest-free loans from its sponsoring religious community. This is an important benefit because of the cash flow problems that occur so frequently in agencies that are

primarily dependent on public funds.

Good Shepherd's network of neighborhood family services offers a range of community-based programs designed to serve residents in the South Brooklyn area. Although each program has its own director and handles its own intake, there is close coordination at the program director level and frequent referral from one program to another. Thus, clients often receive services from several agency programs simultaneously. There is a clear sense of cohesion evident within the division, which seems to derive from the administrators' experience of working together, their shared philosophy of service, and their commitment to helping the residents of the same community. Although there are few formalized policies or procedures to govern service integration, each of the program components clearly operates as part of an integrated service network.

The Family Reception Center established in 1972 was Good Shepherd Services' first community-based program. Funded initially as an LEAA court diversion demonstration project, the Center was designed to support families in their own community by providing comprehensive, early intervention services. After extensive study and consultation, the Park Slope area was selected as the initial project site because at that time it was a multi-ethnic community with few social and health services and a rapidly rising rate of juvenile delinquency. Although the Center originally offered a wide range of therapeutic,

developmental, and advocacy services, it gradually narrowed its scope as funding sources changed and various new programs were developed to supplement its work. The Family Reception Center is now funded entirely by preventive service contracts with CWA and provides individual, family, and group counseling as well as concrete and advocacy services to families in which there are serious problems in social functioning and children are at risk of placement. In addition, the program offers a range of socialization activities such as Parents' Night, camping and day trips for youth, a thrift shop, emergency food, and registration for summer camp. (The Center is open 6 days a week until 9:00 P.M.) Guided by a systemic perspective on practice, the staff is relatively eclectic and uses a range of interventive approaches as needed.

There are two other programs administered under the director of the Family Reception Center: Teen Parent Project and Park Slope Mini School. The Teen Parent Project is a comprehensive program providing counseling, specialized information and referral, educational advocacy and emergency supplies to teen mothers in South Brooklyn. In fiscal year 1988 the program served 122 parents and 143 infants and toddlers, many of whom had multiple service needs. For example, 37 percent of the mothers were homeless and could not meet their children's basic needs.

The Park Slope Mini School is a day treatment service funded by the Board of Education and CWA for children at

risk because of family problems and poor academic functioning. Initiated in 1973 as an alternative school for neighborhood children aged 10-14 who could not learn in regular classroom settings, the program is now located in separate classrooms in three public schools and serves about 110 children ranging in age from 4.9-16 years annually. Some of the students have been clients at the Center and a few are the children of former participants in the Teen Parent Project. This is an intensive educational and social service program that places heavy emphasis on work with families as well as children and attempts to deal with the "whole child," not just the child's problems in school. Individual, family and group counseling is offered as well as weekly discussion groups and a number of recreational activities for the youngsters.

Despite increased regulation by the Division of Special Education, the agency has been able to maintain considerable control over intake. However, Good Shepherd Services has no voice in hiring the educational staff because the Board of Education supplies the classroom teachers. This limitation on agency authority inevitably creates some program tensions. In addition, the agency workers are often frustrated by the stresses inherent in trying to provide a controlled environment for children who live in chaotic home situations. Yet, they remain very convinced of the value of providing community-based treatment services rather than sending these youngsters to specialized mental health

programs where the children would be segregated and labeled, thus limiting their opportunities for normalization.

Children and Youth Development Services (CYDS), initiated in 1973 with a grant from the U.S. Department of Health, Education, and Welfare, Office of Youth Development, is the community development arm of neighborhood family services. Designed to coordinate community resources for youth, mobilize the development of needed services, and provide direct services and advocacy as needed, CYDS offers a range of programs that have been developed on an ad hoc basis over time in response to changing needs and available funding resources. CYDS currently includes a Jobs and Youth Development program that provides job development, counseling and full and part-time job placement service to about 200 adolescents annually; a Community Services Project administered in cooperation with John Jay High School that places about 130 youth in volunteer positions in community service organizations and health facilities where they gain work readiness and career skills and gain academic credit; an Odd Jobs Market that links youth with community members who have called for help with odd jobs; a summer day camp for children aged 6-12 that offers summer employment to teenage junior counselors; and a drop-out prevention program that provides outreach and advocacy, crisis intervention counseling, and after-school academic and recreation services to about 110 youth in need of special education at John Jay High School annually. Many of CYDS' youth programs

are based in the LOFT (Leadership Organization for Teens), which is an evening center for youth aged 12-21. Neighborhood teens are welcome to drop in here to participate in recreation activities, small group meetings, and community service projects. The age group cohort that frequents the LOFT tends to vary from year to year, as do the interests of the participants, but the youth are expected to help in planning and implementing the activities each year. In fiscal year 1988, 190 additional teens were involved in this program.

CYDS also has a housing assistance program that includes tenant counseling, emergency assistance, housing court advocacy, and tenant organizing. The Park Slope Safe Homes Project, which evolved from one of CYDS' early community organization efforts, was the first community-based safe homes project in the state for battered women and their families. Initiated as a consequence of a community needs survey, the project has its own post office box and telephone number and a separate coordinator in order to preserve confidentiality and protect the security of the women. This project provides safe apartments in the community where two families can live for up to two months. Because most battered women's shelters are designed for women on AFDC, the Safe Homes Project gives priority in admission to working women and to undocumented residents. AFDC recipients are referred to other shelter programs when necessary because of limited space. The project also

sponsors a hotline staffed primarily by volunteers and offers crisis intervention and advocacy services and a support group for battered women. In fiscal year 1988, 23 women and their families were given shelter, and crisis counseling was provided to 160 women. The hotline responded to 1800 calls during the same year. In addition to providing direct services, the staff is heavily involved in community education and advocacy efforts on behalf of battered women.

All of the work of CYDS reflects a strong emphasis on community organizing and advocacy. Although direct services are provided in some of the programs, the participants are not referred to as clients and the staff avoids getting involved in sustained therapeutic relationships. Participants in need of ongoing clinical services are referred to the Family Reception Center or some other resource as appropriate. Since CYDS' primary objective relates to community improvement and child and youth development, the administrators and staff feel strongly about the need to maintain appropriate boundaries and to avoid "psychologizing" participants. At the same time, they view themselves as part of Good Shepherd's comprehensive neighborhood family services, thus insuring that counseling and related resources are available to participants when needed. The various programs within CYDS are viewed as a service network in that each program has a separate coordinator and its own integrity, but they are expected to

work together to meet a range of community needs.

There are four additional programs administered under the neighborhood family services that are not part of CYDS: South Brooklyn Community High School, Crossroads, WISH, and Open Book. South Brooklyn Community High School (SBCHS) is an alternative high school established in 1980 for older adolescents who have dropped out of traditional high school. Located in Red Hook in the Police Athletic League's Brooklyn Center, the school is administered by Good Shepherd Services, which provides a range of student support and counseling services. The Board of Education provides the teaching staff. The school can serve sixty-five students at any one time, but enrolls about one hundred a year. Since students can remain in the school until graduation, those who complete the program stay an average of two to three years. Most potential students are recruited from a list provided by John Jay High School, but some are self-referred or referred by high school personnel.

The staff, which includes a site coordinator, four advocate counselors, and three Board of Education teachers provide individual and group counseling, leadership training, employment assistance, recreational activities, and advocacy services. The School is open 12 months a year to enable students to earn as many credits as quickly as possible. SBCHS also serves about 150-200 youth a year who cannot enroll but are offered information and referral.

The mission of the school, like other Good Shepherd

programs, was defined as providing both direct services (educational and counseling) and advocacy. Strong emphasis is placed on re-engaging youth with their families (broadly defined to include anyone who is significant to the student). The staff makes a concerted effort to involve parents in the program, encouraging them to believe in their children again, and facilitating the process of reconciliation. Parents are given reports of academic and social progress, contacted if their child is not attending school on a daily basis and given assistance and referral when crises arise.

Drawing on the agency's extensive experience in providing residential care for adolescents, the site coordinator has been assigned the role of chief child care worker with responsibility for maintaining discipline in relation to school policies. This frees the advocate counselors to concentrate on youth development activities designed to support educational achievement. Also, the staff has sought to foster a strong sense of community within the day school program. The sense of being in a "residential program without the residence" is quite tangible to an outside visitor.

Crossroads, a drop-out prevention program initiated in 1986, is located in three junior high schools in District 15 in Brooklyn. (The agency had worked with two of these schools previously.) Funded by the Board of Education as part of a citywide effort to have community-based

organizations (CBO's) work with community school districts at the junior high school level, the local program operators have had to struggle with multiple barriers to effective program implementation. These derive in large measure from the need to work simultaneously with the Board of Education, community school boards, and local school principals. The associate executive director noted that program initiation may have been somewhat easier for Good Shepherd Services than for some of the other CBO's due to their earlier experience with two of the schools. The first year was very difficult because of what she termed the "transplant phenomenon," i.e., the movement of CBO's into schools created enormous resistance because the school had not been consulted about the Board of Education's plan and resented the infringement on their turf. However, Crossroads is now well institutionalized.

The program has a staff of three (a site supervisor and two caseworkers) in each of the three junior highs and is expected to serve one hundred children in each school by offering comprehensive casework, group work, socialization and outreach services. Although the official program goal is to improve school attendance, the staff attempts to broaden that objective in their work with children and families. In contrast to Rheedlen's Gallery program which is funded by the same contract (see discussion below), Crossroads places stronger emphasis on work with the schools and work with children in schools, doing extensive mediation

between the youth, their parents and the schools.

Although the program was initially hampered by the Board of Education's demand that the agency specify a priori each piece of service it planned to provide, the Board now permits needed local autonomy and control. A persisting problem is the relatively low level of funding for this program. The Board of Education allocates about $1300 per child for the services provided in this program annually, whereas CWA allows approximately $3000 - $4000 a year per case for work with youth and families demonstrating many of the same service needs.

Open Book is an adult literacy program that was initiated in 1984 as a consequence of a literacy task force organized by the Mayor's Office of Youth Services. The program has four classes, two for those reading at grade levels 0-4.9 and two for those reading at grade levels 5-8. There are fifteen registered in each class, which yields a mean attendance of ten per class. Students are recruited from throughout South Brooklyn, and there is a waiting list for those wishing to enter the class for non-readers.

The associate executive director described Open Book as a "real jewel", noting that the program director uses a group work model and creates a clear sense of community among the participants. He encourages students in the senior class to tutor those in the junior class and consistently uses the literacy training to enhance the participants' belief in themselves and in their

competencies. Hence the program ultimately employs a human development strategy that reflects the core philosophy of the agency.

Funded by City tax levy income, reimbursement is based on direct instructional costs. This formula, which constrains service delivery, particularly disadvantages CBO's because ordinarily no money is provided for overhead costs or for services designed to supplement direct instruction. However, for fiscal year 1989 the agency submitted a budget for its full costs rather than for the costs prescribed in the RFP ("request for proposals") and was funded at that level. This has made an important difference in the program, but no one is certain what this portends for the future. Aside from the funding constraints, the only drawbacks to this program from the agency perspective are the excessive paperwork and accountability demands.

The WISH program was initiated in 1979 as one of the original "displaced homemakers" programs. Its focus is on women aged 35 and older who are out of the job market or underemployed. Many of the participants are recently widowed or divorced, but others are long-term single parents. The program is organized around regular job readiness cycles of 4-7 weeks for 9-16 persons at a time. The intent is to help the women examine their own lives in order to identify the skills they now possess and what they might have to offer in the job market, and to develop the

necessary additional skills. For example, the first activity for the women is to write an autobiography, which they are expected to share with the group. While assisting with skill development, the staff also helps the participants with the job search, teaching them how to use the library and other resources, and how to "sell" the skills they possess.

There is an important connection between the WISH and the Open Book programs because many women who complete the WISH program decide to enter Open Book to strengthen their academic skills before attempting to compete in the job market. In the course of a year WISH provides job readiness training to approximately 125 women and places about 65 in full or part-time employment.

Funding for this program is provided by the Department of Labor. In addition, WISH recently received a grant of equipment from IBM in order to develop a skills center that will prepare women to work in data entry and processing jobs. Program participants are drawn from all over Brooklyn, but they are primarily minority group, older women with very limited job skills. Recruitment is a constant problem requiring extensive outreach. (The Daily News Community Bulletin Board is the most important single referral source.)

One agency concern identified in relation to this program is the unit cost funding mechanism employed. It is clearly more costly to serve this target population than to

run a displaced homemaker program in an upper middle class suburb, yet no distinction is made by the Department of Labor in determining unit costs. Although there is a very strong statewide lobbying group that has maintained support for displaced homemaker programs since 1979, it has had little impact on this problem. It takes extensive political work just to keep the program going. However, as the associate executive director noted, the success of this effort demonstrates how much easier it is to secure funding for job-related programs, particularly those that may also benefit middle-class clients, than to obtain money for some of the other service programs the agency administers.

Observations, Lessons, Questions

Good Shepherd Services provides a clear illustration of the use of categorical funds to create a local network of community-based service programs. Although each of the components of this division has its own intake processes, staff, operating procedures, and intervention repertoire, the programs share a common service philosophy that emphasizes child, family, and community development through the provision of educational, counseling and advocacy services. There are no formal mechanisms for case integration, but staff often link clients to other programs or resources within the agency to insure comprehensive service delivery. Internal communication and program coordination at Good Shepherd Services is facilitated by the

fact that a number of the program directors have worked together for many years. However, the key factor enabling this agency to develop an integrated neighborhood service network is the executive staff's readiness to assume the dual burdens of coordinating discrete program regulations and funding streams and of developing the political, fiscal, and community support required to sustain the services over time. The agency was given the greater New York Fund's "Best Managed Social Service Agency" award in 1988.

The agency administrators have had to cope with the same problems of inadequate funding and staff recruitment and retention that plague other community service programs, but they have approached these issues in a persistent, pragmatic matter, "making do" when necessary while constantly seeking more satisfactory solutions. From the executive director down, there is a strong emphasis on sharing responsibility while encouraging professional autonomy and creativity. Also, rather than insisting on a very rational organizational structure and fitting people into fixed organizational slots, the administration has chosen to organize programs around staff strengths and available community resources and linkages. As a consequence there is relatively high morale in the agency and a shared pride in the agency's service programs.

The executive director of the agency has been very committed to making the neighborhood family service program replicable. However, she now questions whether this is

feasible given the current political environment and the widespread emphasis on narrow targeting of categorical services to those most at risk. The director, like the others with whom we met during the study, feels strongly that their success with the "hardest cases" is directly related to their capacity to provide comprehensive services to a wide range of families and children in relatively normalizing contexts. And she is concerned about whether new agencies or programs will be able to secure the support required to initiate and sustain comprehensive service.

Rheedlen Foundation

Rheedlen Foundation is a relatively new, voluntary, community-based service organization incorporated in 1970 to work with and for children aged 6-12 who are frequently truant from school. Founded by the current executive director* and a group of his friends on a volunteer basis, the organization originally sought to raise scholarship money from private sources in order to send city children at risk of leaving school to alternative boarding schools. Their original purpose explains the agency's title, which is now somewhat misleading.

After about three years of experimenting with this approach, the board decided that it was not working because the youth whom they were trying to help informally had difficulty adjusting when they returned to the City, even though they may have done well in the alternative schools to which they were sent. At that point, the director decided to take three months off from work (in an unrelated field) in order to get the organization moving in a different direction, secure additional funding, and hire a professional director. The three months extended into three years before he was able to obtain outside funding, a $138,000 grant, from LEAA. During this early period a small number of volunteers started to work on a one-to-one basis with youngsters in various parts of the City; but based on

* Appointed Commissioner of the Department of Youth Services in April, 1990.

this experience, they decided that in order to have real impact on children, they would have to work with their families and local community institutions as well.

Thus, by the time Rheedlen obtained its first grant, it was ready to move out of what the founder now describes as its "child saving" period; and he had decided to stay on as executive director. The LEAA grant enabled the agency to open a modest office where the main office is still located, above a movie theater at 107th Street and Broadway in Manhattan, and to hire some staff. The board decided to concentrate its services in a particular geographic community rather than trying to cover the entire City. School District 3 in upper Manhattan was selected, and the director and his assistants began to solicit the names and addresses of truants from local elementary schools. Their service approach at that time was very basic; they simply started knocking on the door of the children's homes in order to talk with the parents and the youngster and to do whatever seemed necessary to get the truant back to school.

Through these early experiences, the board and staff quickly learned that truancy is rarely an isolated problem. It often reflects a family in crisis with a range of economic, social, and emotional problems, and it is frequently associated with delinquency and child abuse and neglect. Thus when the agency received another grant from the State Department of Social Services, it was ready to initiate a more formalized approach to service delivery.

This money was used to hire a social worker with an MSW degree who was stationed full-time at P.S. 207 to work with abused and neglected children as well as frequent truants.

The agency has expanded quite rapidly since that time and has, perhaps inevitably, become increasingly professionalized and bureaucratized as it has assumed additional responsibilities. This change has diminished Rheedlen's reliance on volunteers; but it has not altered its basic approach to service delivery, which places heavy emphasis on outreach and home visiting and the provision of educational support and concrete services. Although the agency provides a wide range of traditional social services including individual, group, and family counseling, it defines itself as a "non-profit educational organization" and makes a point in its public relations material of specifying that it is not a mental health agency. Also, although Rheedlen employs a number of professional social workers, its staff is more mixed that of the other programs studied, and a number of key personnel have backgrounds in education rather than social work.

Rheedlen's primary target population is defined as children aged 6-12 who are at risk of truancy, educational neglect (a formal court term), and/or child maltreatment and who reside on the upper West Side in the South Central Harlem, Manhattan Valley and Clinton communities. (Specific intake criteria vary somewhat among different programs depending on funding source requirements.) The population

served is composed primarily of low-income, minority, single parent families with a range of serious psychiatric, substance abuse, domestic violence, housing and other environmental problems.

Rheedlen currently provides service to approximately 500 families a year and reaches over 2,000 children annually through its school-based program. Additional numbers are offered "on-site" services such as a food pantry, clothing exchange, and information and referral. The agency's annual budget of $2.7 million is supported primarily by contracts with the City Board of Education, State Department of Education, Department of Youth Services and CWA. There is no real endowment but public and private contributions provide about $240,000 annually. The agency now has six core service programs.

The Truancy Prevention Program, located in the main office, was the agency's first program, and provides a model for the other programs. Designed to serve children at risk in Community Districts 7, 9, and 10, the program is funded by a preventive service contract with CWA and by the Department of Youth Services, and provides a range of case management, individual and family counseling, parent training, advocacy, brokerage and concrete services to about 140 families annually. A key component is the after-school program, which is open five days a week and Saturdays. Children are offered a hot meal, homework assistance and remedial help in reading and math, and a range of activity

groups. Staff and/or volunteers often escort children to and from the program in order to encourage attendance.

Center 54, an after-school and evening recreational program for youth aged 10-21, was established at Junior High School 54 in 1979 with funds from the New York City Youth Bureau. Open to all youth from community districts served by the Truancy Prevention Program, the program is open 9:00 A.M. to 10:00 P.M. during the school year and 9:00 A.M. to 5:00 P.M. the rest of the year. It offers a range of recreational activities. All participants are required to take an achievement test as part of their registration and to attend at least one formal class weekly at the Truancy Center, which offers teaching, homework assistance, G.E.D. preparation, and English as a Second Language, as well as classes in creative writing, arts and crafts and computer programming. There is a social worker on site during school hours to offer information and referral, advocacy and brief counseling services as needed. A Teen Council composed of neighborhood youth helps to govern the Center.

The Parents Help Center was established at P.S. 207 in 1982. Funded originally as part of a State minority contractor initiative, then by a preventive service contract with CWA as well as a VISTA grant and some private monies, the program provides mandated preventive services to families at risk. It also offers open "one-stop" services to any parent who may need a place to talk about common

concerns, information and referral, crisis intervention and referral, or opportunity to participate in a parent workshop. The center has an after-school program offering recreation and homework assistance in which parent volunteers work with the children. Clothing is distributed once a week for a nominal fee, as is emergency food.

The Motivation Room at P.S. 154 on West 127th Street and Rheedlen Place at Sacred Heart School in the "Hell's Kitchen" area are newer programs, but are modeled very closely on the Parents Help Center. They are funded by preventive service contracts with CWA and designed to serve children and families at risk in their respective catchment areas. Both have social workers on site at the schools to provide the customary range of mandated preventive services as well as after-school programs for the children.

The service emphasis in these programs as in Rheedlen's other preventive programs is what one program director described as "advocacy counseling". He explains this by saying that although many of the clients present serious emotional problems, the workers function primarily as service brokers and coordinators, not as therapists. The counseling offered is very "present, reality oriented", and the workers "stay mobile", making frequent home visits and outreach efforts to other service institutions as well as to families. As in the Truancy Prevention Program, staff and volunteers often provide escort service to children attending the after-school program and attempt to encourage

normal socialization with adult supervision so the youngsters can learn what it is like to be properly supervised. Although each preventive service case is assigned a particular worker, all of the staff members try to make themselves available to the parents and children on the assumption that clients can benefit from developing meaningful relationships with a range of people.

The stated mission in all of the preventive programs is to try to keep families together, but the agency tends to be child-centered and to place primary emphasis on protecting the children's interests. Thus placement in foster care may be recommended when necessary because a child is at serious risk. Also Rheedlen has recently opened a small "host homes" program composed of volunteers who are willing to provide a home, companionship, and supervision for a brief period to youngsters in crisis who cannot remain with their own families. Designed as an informal alternative to emergency foster care, the program recognizes that some separation of parent and child during a crisis can be beneficial to each and can give time to staff to work on stabilizing the situation.

The Gallery is a drop-out prevention program established in 1985 for youth at four junior high schools. The program is funded by the Board of Education and provides outreach, counseling, and advocacy services as well as after-school activities for about 150 youth annually who are identified as at risk by the school system. Program

administration is based at I.S. 88 (Wadleigh Junior High School), one of the target schools, and Gallery staff also provides services at J.H.S. 54 as a supplement to the work of Center 54. The program subcontracts with another community-based organization, the DOME, to provide the drop-out prevention services at J.H.S. 44 and J.H.S. 118.

The Drop-Out Prevention Program was initiated by the central office of the Board of Education, which establishes clear eligibility guidelines, and negotiates and monitors contracts. The local schools provide space for the program and names of eligible students. Because this program was developed by the central board with little input from local school districts, there have been a number of conflicts related to program implementation and wide variability in the way it is implemented in different districts. District 3 where the Gallery is located, is generally supportive of the objectives of the program despite disputes related to office space and turf.

The program eligibility criteria specify that participants should have been out of school 30 or more days in the preceding school year, be failing two or more subjects, be late repeatedly, and/or demonstrate other indicators of school performance difficulties. If a youth is out more than 75 days, (s)he cannot remain in the program because this is defined as long-term absence. All cases are terminated at the end of each school year, and a new cohort enrolled in the program the next year.

During the summer, the program director ordinarily is given a list of potential participants with their corresponding number of absence the preceding year; then with no other information to go on, the workers who are assigned 40-50 cases each, start making home visits. Their objectives at that point are to obtain permission from parents to have their children participate in the program and to get to know as many members of each family as possible. Therefore, they may make 2-3 home visits initially, and then they visit monthly during the school year to give positive feedback and address issues that may be affecting attendance. The workers arrange private interviews with each youth during the intake process and develop individualized "contracts" regarding their participation in the program.

In their ongoing work with the students, the workers focus on doing whatever is necessary to get them to school and to help them deal with any school or family issues that may be interfering with their attendance. Most youth participate willingly in the program and take advantage of the opportunity to drop by the program often or chat briefly with the staff during the school day. Many also participate actively in the after-school program that is run in collaboration with the drop-out prevention program and offers a range of recreation, group counseling, and tutoring services. However, these youth often have multiple family problems and long histories of school performance and

attendance difficulties. Therefore, only limited progress can be expected, and the program director finds they must anticipate a 10-15 percent failure rate. The success they do experience, he suggests, derives primarily from the case managers' readiness to "hang in" until they really connect with the youngsters and can offer the emotional support the participants need to stay in school.

The program director, who is an experienced clinician with extensive experience in child and family mental health services, noted that he thinks it is essential that services such as these be school-based. The presence of the staff full-time in the school creates a "different sort" of presence and has a positive impact on the students and on the school personnel. For example, the case managers visit each class during the first period to check on attendance and then start calling those who are absent. This is obviously meaningful to the youth and also serves a consciousness-raising function with some of the teachers and school attendance officers. Similarly, although it is difficult for the workers to be confined to the one room allocated to the program and to feel they have to be "on" all the time, since they are watched carefully by school officials and children drop in frequently, their presence serves two important functions. They are able to model more effective communication with "troublesome" students for school personnel, and they are available to the youth when the latter are ready to talk.

The biggest drawback to the program is the complicated administrative structure that requires frequent negotiations with the Board of Education, the District Superintendent's office, and the various school principals. Other obstacles to program effectiveness derive from the lack of follow-up (some youngsters start truanting again after discharge from the program) and the high caseloads. On the positive side, the workers are not overwhelmed with paperwork, so they are able to devote most of their time to direct work with clients, averaging 3-4 home visits a day in addition to the time spent with youth at the schools. Overall, the director thinks that the program compares favorably with preventive service programs that serve similar types of families at much higher cost per case. The Gallery program could probably do much more with a smaller number of youngsters, but he is not convinced additional clinical services for the youth would make much difference in case outcomes.

The Gallery program is illustrative in many ways of the evolution of Rheedlen's service orientation and current program pursuits. Targeted at youth at severe risk, the program incorporates not only direct work with children and families, case advocacy, and provision of concrete services, but also a clear emphasis on influencing the local school system and larger forces shaping children's educational experience. Troubled by the CWA's shift toward increased targeting of preventive services on specific problem populations and its restrictions on the range of services

that can be offered, the agency is moving toward increased use of other sources of funding and toward development of community-school projects. The latter is based on the assumption that the local schools provide a natural locus for the delivery of child and family services designed to fulfill developmental as well as remedial functions and that public schools should be viewed as community space available for many uses in addition to education.

In this context, Rheedlen has taken a leadership role in the effort to keep schools open to parents and children in the afternoon and evening hours. It organizes partnerships involving the school system, parent and youth groups, local community planning boards, and local community-based organizations to plan for expanded use of community schools. Rheedlen has also led a campaign to keep Wadleigh Intermediate School open, make needed renovations and convert this into a community school for 7th - 12th grade students that will emphasize development of technical skills. (Closure has been threatened because the building has fallen into disrepair and there is a declining need for Intermediate Schools. However, closure is opposed by the local community because Wadleigh is a beautiful, old building with a proud educational history, and abandonment of the building would have a deleterious effect on the neighborhood. Also, there is no public high school in the Harlem community.)

The executive director of Rheedlen also serves as chair

of the Neighborhood Family Services Coalition, an advocacy coalition of community-based preventive service organizations, and he has been a prime mover in the development of the City Project, which produces the Alterbudget for the City, and of Funds for Families, a coalition of voluntary organization focused on influencing the annual budget for CWA. Although these latter programs are kept administratively separate from Rheedlen, they are based in its main office and there is obvious overlap in the social action agenda of these various groups. This, undoubtedly, influences the way Rheedlen is perceived in the local community, by public officials, and by its own professional staff.

Observations, Lessons, Questions

Rheedlen's relatively brief history again illustrates the importance of executive leadership, board support, and a clear view of agency mission in building a viable service program. Its orientation also raises some interesting questions regarding the potential for increased integration of child welfare and school-based services and the corresponding benefits that may accrue from staff teams composed of people with backgrounds in education and social service who perform similar tasks and have a similar orientation to service delivery. By ignoring customary disciplinary differences, the agency seems to eliminate some of the conflicts that ordinarily develop in

interdisciplinary settings without eliminating the benefits that derive from different professional orientations.

The comments made by administration and staff about the value of delivering services on site at the schools, gaining access to families around educational issues, and using normal socialization groups as well as extensive outreach and advocacy in order to promote change are quite compelling. What is not known, of course, is the long-term impact of interventions such as these compared to programs with a more traditional therapeutic orientation.

The fact that Rheedlen has little difficulty with staff retention, although it does experience the same obstacles to staff recruitment as other preventive programs, suggests that once employed, direct services staff enjoy the program orientation. The executive director noted that he thinks the opportunity for extensive direct work with children makes a big difference in the level of staff satisfaction, as does the fact that staff has an opportunity to work with children in a open, normalizing environment. Although some of the workers' preventive cases involve very destructive family situations, in the agency's open programs they are also able to work with children for whom the potential for progress and change is much greater.

Rheedlen's decision to open its "host homes" program despite its initial commitment to working with children in their own homes underscores the need for emergency placement resources and the potential value of keeping these resources

informal, community-based, and directly linked to preventive services, at least until there can be a full assessment of the child's long-term placement needs.

Finally, it seems important to highlight Rheedlen's decision to link its categorically-targeted with its "open" programs in order to organize services around the needs of a specific geographic community rather than targeting its services by problem groups. Despite the administrative and technical difficulties such an approach creates, the administration and board are adamant about the need to provide services on this comprehensive basis.

Center for Family Life in Sunset Park, St. Christopher-Ottilie

The Center for Family Life is a comprehensive neighborhood-based, family service program located in the Sunset Park area of Brooklyn. The Center was initiated in 1978 by two Sisters of Good Shepherd, one of whom had previously established a number of residential and community-based programs for Good Shepherd Services (see earlier discussion). Plans for the Center for Family Life evolved from the experience of both sisters at the Family Reception Center and a careful needs assessment of the community. The latter involved months of analysis of demographic data and various indicators of service need as well as intensive discussions with community leaders, citizen groups, and other service providers in Sunset Park. St. Christopher's Home (later merged with Ottilie Home for Children) agreed to sponsor the program, so although the Center functions quite autonomously, it is technically a division of St. Christopher-Ottilie. It is not licensed as an independent child care agency.

St. Christopher-Ottilie is a large, multi-function voluntary agency based in Sea Cliff, Long Island that serves children and families from Nassau and Suffolk counties as well as New York City. With over 40 programs sites, a staff of 950, and an annual budget of about $32 million, this is the largest voluntary child welfare agency in the State and

probably one of the largest in the country. Although the agency mission statement is very broad, the primary program emphasis is provision of substitute care for children. At any one time, St. Christopher-Ottilie has approximately 1800 children in care including over 1400 in foster care and 320 in special residential facilities. In addition to its foster home, group home and adoption services, the agency operates: several intermediate care facilities for severely and profoundly retarded adolescents and one for physically handicapped and medically frail children; a residential treatment center in Sea Cliff for multiply-handicapped, profoundly retarded youth; a residential treatment facility at the Ottilie campus in Queens for dually-diagnosed adolescents; and three preventive service programs, one of which is the Center for Family Life.

The agency has expanded dramatically during the past decade in response to service needs and to funding initiatives from CWA, the State Office of Mental Health, and the State Office of Mental Retardation and Developmental Disabilities. Given the continuing need for placement resources, the only real obstacle to continued expansion, according to the executive director, is the limited number of qualified people available to staff new programs. However, he expressed concern that the agency has committed so large a portion of its resources to bed development and said he hopes in the future to concentrate more on the development of community-based preventive services.

Although St. Christopher-Ottilie is now structured in a fairly traditional, hierarchical model, the director is moving toward what he envisions as a satellite concept. He thinks it is often useful for central administration in a large agency to function somewhat as a holding company, allowing individual programs to function relatively independently while making the specialized resources of the larger agency available to various program components as needed. In this context he thinks the organizational model employed for the Center for Family Life could well be replicated by other programs. This approach places the program people who know the client population best at the forefront in service planning and implementation, but provides economy of scale and needed resource back-up to small programs that might have difficulty surviving without such support.

Start-up funds for the Center for Family Life were provided by foundation grants, but the program is now supported in large part by public funds. Its annual budget (just under $1.5 million for fiscal year 1989) is based primarily on contracts with CWA, Department of Youth Services, and the Department of Employment. Foundation grants and gifts from individuals and corporations constitute about 20 percent of the budget each year. One of the key impediments to service expansion at the Center is its refusal to accept funding that requires any labeling of clients by problem category.

Rather than organize its services on the basis of problem type, the Center is committed to serving any family living in Sunset Park with a child under the age of 18. It has a single intake process in which the focus is on understanding individual needs in the context of the family and community. Thus the family is defined as the unit of attention, regardless of which individual family member is first identified as in need of help, and strong emphasis is placed on creating opportunities for group and community development.

The Center is located on a residential street in Sunset Park accessible to public transportation and within walking distance of large sections of the community. It is open 7 days a week from 8:00 A.M. - 11:00 P.M., and the two sisters, who have a private residence on the top floor, are available by telephone for emergencies during other hours. The overall atmosphere of the Center is one of openness, informality and warmth, thereby encouraging clients and other community residents to drop in and to define the Center as a resource belonging to the community. In addition to its main site, the Center rents a nearby storefront building for its Thrift Shop, Advocacy Clinic and Community-wide Emergency Food Program. Also, it has offices located in the Bush Terminal industrial area of the neighborhood for its Employment Services Program. Extensive use is made of public school buildings for the agency's after school and evening programs for youth. Thus, every

effort has been made to situate various program components in the community locations where they are most accessible to those who might want to utilize the services.

The Center defines as its purpose "the provision of an integrated and full range of personal and social services to sustain children and families in their own homes, to counter the forces of marginalization and disequilibrium which impact on families, to stem influences on children, youth and families which contribute to delinquency and alienation, and to provide alternatives to foster care or institutionalization." To this end, the program provides a broad range of integrated services.

The "official" client population of the Center consists of about 450 families annually, most of which are certified and funded by CWA as preventive service clients. These clients all receive comprehensive assessments and brief and intensive individual and family counseling services as well as information, referral, and advocacy with other community agencies as needed.

Based on individual case assessments, these clients can also be linked to specialized treatment resources in the community (e.g., substance abuse programs) and/or be asked to participate in a range of therapeutic programs sponsored by the Center, including:

- Therapeutic activity groups for children, adolescents, and parents;

- Foster Grandparent Program in which older individuals

provide in-home support to families requiring assistance with parenting;

- Infant/Toddler/Parent program that offers infant stimulation and group play activities led by early childhood educators for children aged 6 months to 3 years, and a simultaneous support group for parents;

- Weekly Mother-Child group for children aged 3-4 designed to promote positive parent-child interaction and to improve parenting skills.

In addition to these direct client services, the Center sponsors a number of programs that are open to all community residents. Approximately, 8,000 children and parents take advantage of these "open" activities annually, They include:

- Comprehensive after-school, 5 day a week child care activity programs at two public elementary schools;

- Summer day camp for youngsters in the after-school program and for young adolescents;

- Evening Center for teenagers that provides a range of recreational, socialization and tutoring opportunities two nights a week at a local public school;

- Family Life Theater program for training teenagers in improvisational drama, dance, and music;

- Socialization and recreation activities for families and monthly dances for teenagers;

- Community-wide forums and workshops on various parenting issues and concerns;

- An employment services program that provides job counseling, job search and placement assistance to unemployed adults in the community;

- Advocacy clinic and Emergency Food Program, sponsored in collaboration with other community agencies, located at the Center's storefront Thrift Shop.

The agency's newest service initiative, a pilot "core-satellite" foster family program, was opened in 1988. This program, which recruits local foster homes in Sunset Park to care for children from the community who must be removed from their own homes for protective reasons, provides a dramatic illustration of the Center's community service orientation. Designed to alleviate some of the stress and disruption customarily associated with emergency foster placement, the program ensures that children are placed in close geographic proximity to their biological parents. The children, their biological and foster parents, all of whom are seen by the same social worker, have immediate access to the Center's services and to other community resources.

Family visiting is instituted almost immediately, children are encouraged to maintain their friendships and school linkages, and the biological and foster parents are helped to share parenting responsibilities. For example, the biological mother may be encouraged to walk her child to school or to attend the Center's Mother-Child group with the foster mother and her child. Services are offered rapidly

and intensively with the goal of normalizing and abbreviating the placement experience for the child and motivating the parents to move toward problem resolution as quickly as possible. When the child can be returned home, the Center maintains responsibility for aftercare, thus insuring continuity of relationships and intensive service provision and monitoring of the home situation in order to reduce recidivism.

This project is too new to permit any formal evaluation but the early results look promising. The initiative demonstrates a creative effort to link family support and child protective interventions in a community-based setting, thus providing a fuller continuum of care for children and families at risk. The foster home program also provides a good illustration of the practice orientation that pervades the work at the Center. Encouraged to think systemically about client problems and potential service intervention, the workers draw heavily on concepts from ego psychology and general systems theory to identify case objectives and to design their service plans. In the activity group programs as well as the clinical services, strong emphasis is placed on building client self-esteem and competence, developing linkages and mutual support among various individuals and groups, using conflict to promote change, and mobilizing the latent community resources required to sustain healthy development. A basic theme that is used to characterize much of the Center's work is that of creating "normalizing

opportunities" for families living with all the stresses prevalent in poor, urban communities today.

The Center for Family Life is structured in a relatively centralized manner in that the two founders, who now function as program director and director of clinical services, assume primary responsibility for service planning and administration. They function essentially as a team with much sharing of work and program responsibilities. Both are active in the community, serving on a number of local, City, and State advisory bodies; and both also contribute actively to the Center's direct service program. In addition to their other responsibilities, the clinical director handles a large proportion of the Center's intakes; the program director routinely leads some of the youth activities and carries a few family cases. They both feel strongly that their participation at the "front-line" enables them to understand better the changing needs of their client community and gives them the feed-back they need to maintain their obvious enthusiasm about the work of the Center.

There are five distinct program divisions at the Center: preventive services; foster family service; employment services; emergency services; and school-based youth services. The workers are each assigned to one of these program divisions, but they meet together regularly in weekly staff meetings and collaborate frequently with regard to families who may be enrolled in several programs

simultaneously.

The Center has a full-time professional staff of 38 plus about 40 part-time employees who help with the youth activity program. The agency also serves as a field placement for a number of graduate students each year. The youth workers are community residents, and a number are "graduates" of the Center's programs.

The professional staff can generally be characterized as young, enthusiastic, skilled, and strongly committed to the Center's orientation to practice. Morale is basically high, despite some complaints about the low salaries and the high level of performance demands. For example, the preventive service workers are asked to devote at least 25 hours a week to direct client service. This is much higher than the expectation in a number of other preventive programs and leaves little time for meeting paperwork demands. But this guideline places the record-keeping in perspective and allows workers to concentrate on the opportunities for direct client services that enticed them to enter the field originally and that provides the positive feedback they need to stay motivated.

Another factor that clearly contributes to the high morale at the Center is the clinical and program leadership provided by the directors. They themselves derive obvious satisfaction from direct work with clients, and they display unflagging interest in the workers' struggles and accomplishments. Modeling and emphasizing teamwork, they

encourage constant professional growth, creativity, and flexibility. Thus, the workers usually feel supported and stimulated to stretch themselves in order to reach and serve clients more effectively.

Despite this positive atmosphere, like other programs included in this study, the Center has had to cope with difficulties related to staff recruitment, particularly of Spanish speaking workers, and of staff turnover. The directors, who attribute these problems primarily to the salary schedule, have put extensive effort into private fund-raising and negotiating with public funding sources in order to raise staff salaries. This effort has helped to raise salaries somewhat, and staffing difficulties have declined over time. But the social workers at the Center, like those in other child welfare agencies, are still paid less than comparable workers in other fields of practice.

Compounding the salary problem may be the high level of commitment that the practice approach employed at the Center requires from staff. Although the workers appreciate the apparent effectiveness of this model, they find it very demanding. As a consequence, a few have apparently concluded that they simply could not maintain the needed level of investment in their practice to remain at the Center. Others appear to have decided that they would have more opportunities for professional advancement in a larger agency in which more turnover among administrative staff could be anticipated.

These observations raise a troubling question about how best to sustain talented staff in a program such as the Center for Family Life. The directors have attempted to meet this challenge by creating several opportunities for professional advancement, offering flex-time positions to those with child care responsibilities, and even making child care arrangements at the Center available in special circumstances. But these "solutions" do not address the broader staffing issues posed by the experience at the Center.

The agency has been the subject of extensive publicity, including a cover story in Time magazine, and it has been studied repeatedly. Despite this attention, no one has found a way to quantify its results satisfactorily. (The same observation could, of course, be made about several of the other programs included in the study.) Repeated client surveys indicate a high level of consumer satisfaction. The foster placement rate for children in families seen at the agency is only 2.9 percent. But measures such as these convey relatively little about the core work of the Center, which may be as much a process as a product. The project director says that in addition to the individual case success stories, what she feels proudest about is that they are beginning to effect the sense of victimhood that was so prevalent among the residents in Sunset Park when they first opened. Despite increased family problems related to increased drug abuse, poverty and homelessness, the staff is

beginning to sense increased mutual support among various community groups and a greater willingness among clients to acknowledge the need for help and to seek out appropriate resources. These changes, she believes, indicate that the agency is beginning to have some impact in encouraging community residents to have a stronger sense of efficacy and power in dealing with their daily lives.

Observations, Lessons, Questions

The Center for Family Life presents perhaps the clearest illustration of the important functions that can be served by a community-based, comprehensive service program and the dilemmas inherent in attempting to sustain such an effort. What makes the model seem so promising is that unlike most other publicly-funded family and child service programs, it places no diagnostic or categorical barriers on access to help and offers services designed to serve a broad spectrum of needs.

The Center helps families presenting serious problems of family violence, substance abuse, poverty and mental illness as well as those requesting limited assistance with normal developmental and environmental problems. Consequently, it is able to adjust the level and range of services provided to families at risk as needs change over time, while insuring the availability of help before crises emerge and maintaining relatively low service costs per family. Moreover, by offering a range of "open" programs

and group services and staying actively involved in a range of community institutions, the staff is able to contribute, at least in a modest way, to development of the larger Sunset Park community.

The tension present derives from the fact that the model of practice guiding the work at the Center goes quite counter to the current emphasis in public policy on narrow targeting of carefully structured, time-limited service interventions to families in which children are most at risk. Thus, it takes enormous energy, imagination and stretching of resources for the Center to secure the funds required to sustain its services. Moreover, because of limited resources, the program demands an unusual level of commitment and skill from its directors and the front-line workers who often feel "over-worked and underpaid."

Given these strains, it would be foolish to recommend widespread replication without increased public funding and support for the model. This program has been developed by two exceptionally talented, personally dedicated leaders who have been able to recruit a young professional staff that shares the same service mission. These qualities are not easy to duplicate or to institutionalize. Moreover, as with all such service innovations, it is impossible to determine how much of the Center's success is due to its service model and how much to the commitment and skills of the leadership and staff.

What is very clear is that this model deserves careful

experimentation to determine whether it can be successfully replicated in other communities and, if so, what additional resources are required to insure that success does not depend on the availability of administrators willing and able to devote virtually all of their waking hours to the program. For example, if it is determined that the director(s) must live on site to create the type of family atmosphere and community presence apparent at the Center, then it would be important to consider how to arrange this while preserving some free time and privacy for the executive, as is done in many residential treatment programs. It would undoubtedly be more costly to replicate this program in other settings because of the need for additional administrative and direct service staff. But that does not necessarily mean that it would not be feasible or cost-effective to do so.

Careful longitudinal research is required to assess the true impact on families and children of a program such as the Center for Family Life. In the interim the anecdotal evidence presented is quite compelling. Complicating any effort to assess and compare the work at the Center with that of other family service programs is the obvious difference in time frame. The program director noted that they have a long-term perspective on their work, an orientation that was reflected in her discussion of the changes observed in Sunset Park over the past decade. This long-term orientation, which is obviously consonant with

normal developmental processes, is quite typical of traditional modes of informal helping; but it is very different from the segmented, time-limited orientation that normally characterizes professional helping efforts. And because the objectives of this type of sustained involvement in the community are quite different from those of practices designed to resolve specific family problems, it is almost impossible to compare the outcomes of these strategies in any meaningful way.

One clear lesson that can be derived from the Center's experience to date is the importance of sponsorship by a large umbrella agency in sustaining a small program through the early process of service initiation and implementation. The satellite model of service administration that the director of St. Christopher-Ottilie expounds, i.e., encouraging professionals at the local level to assume leadership in program planning and service delivery while using the resources of the larger organization to provide needed institutional support, seems to offer a productive way of resolving the centralization - decentralization dilemma.

Brandeis High School Programs

Brandeis High School is a public school located in the Upper West Side of Manhattan. Although it is located in a relatively affluent neighborhood, it draws most of its students from the much poorer neighboring communities of Central Harlem and Washington Heights. The student body of 2,500 is composed primarily of Hispanics, African-Americans, and West Indians. The school's official catchment area is the immediate neighborhood, but few local residents send their children to Brandeis. Conveying a different atmosphere than any of the neighboring institutions, the school is a loud, crowded, chaotic presence in an area filled with boutiques, cafes and brownstones. Since it is considered a general academic high school, Brandeis has no admission requirements other than place of residence.

Brandeis offers a wide variety of special programs for its students, including special education, a "mini-school" for students considered to be at high risk of dropping out, and a cooperative business program with Baruch College and Shearson-Lehman-Hutton. But despite these efforts to meet individual needs, the school has a very institutional feel about it, with electronic ID cards, uniformed security guards, and locked doors.

The school has long been unique in relation to the number of community based organizations (CBO's) invited to run on-site and outreach programs at the school. The

historic rationale for the school's affiliation with so many CBO's is unclear, but appears related to the fact that for many it provides an ideal site, i.e., Brandeis is a public school with a minority population in a safe and accessible neighborhood.

This trend was accelerated four years ago when the school was selected by the New York City Board of Education to be a model school for a new Dropout Prevention Program. The school was given a grant to spend at its own discretion on the provision of services aimed at reducing the drop-out rate. The Brandeis administrators chose to spend most of the money on contracting with two community-based organizations in order to develop a wider range of supportive social and academic services on-site for their students.

One of the Dropout Prevention Programs is Manhattan Valley, an outreach program of The Episcopal Cathedral of St. John the Divine. This program has three full-time staff members who provide academic counseling, job readiness training programs, vocational counseling, and a job placement services. Located in a large room adjacent to the cafeteria, Manhattan Valley is unique for the fact that its staff is all minority and primarily male. The program has a designated caseload of 125 students considered to be at high risk of dropping out. An additional 25 students who are walk-ins are seen annually as well.

The other Dropout Prevention Program, which is

administered by Victim Services Agency, provides a full-time caseworker to mediate disciplinary hearings and to develop alternatives to student suspensions. This program was started in the 1988 school year, so full service data were not available at the time of our visit. It replaced Green Chimney's Project Continue, which was terminated in 1987 at the request of the School. This program had two social workers who provided individual and family counseling for personal and familial problems interfering with schoolwork.

The other organizations providing services for youth at Brandeis High School include the following:

- St. Luke's-Roosevelt Hospital runs an on-site full-time medical clinic that provides basic medical and psychiatric care to all Brandeis students. Located in its own suite on the first floor of the building, the clinic is staffed by a full-time nurse clinician, a part-time social worker, and part-time medical internists and psychiatrists from the hospital. In addition, there are several clerks, health professionals, and a full-time Health Education Coordinator. The clinic has about 1,800 student visits per year and is regarded as a model program by both St. Luke's-Roosevelt and Brandeis.
- The Youth Counseling League (YCL) provides a full-time social worker who offers individual and group psychotherapy to students referred by the guidance department. The program is housed in a small office

in a basement suite shared with other guidance department personnel. The social worker sees about 15 students in treatment at any given time.

- Teen Choice, an outreach program run by Inwood House, has two full-time social workers who give classroom presentations and see students individually and in groups to provide sex education and counseling. Teen Choice is located in a large room on the first floor of the building, and the office has an inviting air, with several chairs, racks of books and pamphlets, and educational posters. Teen Choice accepts walk-in referrals, but it also works closely with the guidance department and classroom teachers. The staff reaches about 600 students in the classroom and sees about 200 in groups and 100 in individual sessions each year.
- The Boys of Yesteryear provides a part-time psychologist for academic counseling and tutoring services. Fewer than 10 students are seen at any given time.

These organizations and services are coordinated by the Director of Dropout Prevention, who is a former Brandeis guidance counselor. The director is responsible for coordinating the activities of the CBO's, acting as a liaison to neighborhood coalitions, and representing Brandeis on the Board of Education's Drop-out Prevention Committee.

While all of the programs will accept walk-in referrals, most of the students are referred by the guidance department (except those who attend the St. Luke's-Roosevelt Medical Clinic). Thus the guidance department, consisting of trained guidance counselors and grade advisors (teachers who assume additional guidance responsibilities), acts as a clearinghouse and is responsible for recognizing and assessing students problems as well as for making appropriate referrals. Although theoretically sound, in practice this referral process has proven to be somewhat problematic. One reason is that from the perspective of the contract agencies, the guidance counselors do not always recognize and refer problems correctly. More troublesome, however, is the basic lack of fit between the service needs identified by the guidance staff and the actual services provided by the CBO's.

The guidance counselors carry caseloads of approximately 500 students each. With caseloads of this size, it is impossible for them to track or know the students in their caseloads well. This problem is compounded by the fact that they do not retain the same caseload from year to year, but instead are constantly being assigned different students. The counselors must move from crisis to crisis, with little time for even the most severe situations. Therefore, crisis intervention services would be most helpful to them. Yet with the exception of the St. Luke's-Roosevelt Clinic and Teen Choice, the CBO's are set

up as preventive rather than crisis services. As a result, when the guidance counselors attempt to make referrals, they are often told by the CBO's that it is too late to be of assistance or that it is an inappropriate referral. When the guidance counselor's referral is accepted, it often is too late for the program to be of assistance. As a consequence, the guidance counselors tend to perceive the CBO's as uncooperative and ineffectual and to be wary of making future referrals.

This is not an easy problem for workers in the CBO's to resolve because they serve two masters: their sponsoring agencies and the school. While the guidance department may only be able to operate on a crisis basis, the service agency may on principle advocate preventive or long-term services. The workers are then placed in the delicate role of mediating and negotiating between conflicting needs and ideologies. Unfortunately, many workers are unable to do this effectively and instead, shift their allegiance towards their agencies, becoming angry and frustrated with the school administration. They often attempt to educate the guidance counselors to help them see the value of the proffered services - an approach which only serves to increase tensions and conflicts. In those instances in which the workers <u>can</u> maintain an appropriate balance between agency and school expectations, the school's response is very positive. The two CBO's in which staff have been able to do this most effectively, St. Luke's-

Roosevelt Clinic and Teen Choice, both have sponsoring organizations that are responsive and flexible, and on-site professionally trained staff with substantial clinical experience.

Another major reason for tensions between the agencies and the schools is the question of "turf". Despite the fact that the guidance counselors are overwhelmed with work, they are protective of their territory. Any program perceived as impinging on the academic domain is immediately threatening. Those programs that are clearly non-academic, such as the Youth Counseling League, St. Luke's-Roosevelt, and Teen Choice, are not perceived as threatening because they offer totally separate services. Manhattan Valley and Green Chimneys (when it was on site) were designed to offer general supportive services to students and their families. Both were also perceived negatively by the guidance staff because they offered services that have traditionally been relegated to the guidance department such as mediating student-teacher disputes, providing academic counseling, and monitoring attendance. The guidance counselors resent being usurped and excluded from these processes so this causes frequent conflict. Another factor exacerbating this problem is the adoption of advocacy roles by some of the CBO staff. While there is undoubtedly a need for student advocates, it is questionable whether invited organizations can effectively serve what is perceived as an adversarial function.

To illustrate, Manhattan Valley is in a particularly difficult position at Brandeis because its staff offers supportive academic services and advocates for students, both of which antagonize the guidance department. In addition, the staff is composed of young, primarily non-professional, ethnic minority workers. While these workers share the guidance department's goals for their students, their styles are radically different. The Manhattan Valley program uses a system of rewards (trips and movies) rather than punishment as a behavioral incentive, its activities are group-oriented and preventive, it employs successful students and recent graduates to act as staff/role models, and it maintains an informal, collegial atmosphere in the office and meeting space. This program is generally perceived negatively within the school. When asked to elaborate on their feelings about Manhattan Valley, Brandeis personnel describe being disturbed by the noisy and chaotic office, the blurred lines of authority created by the hiring of former students as program staff, and the seemingly non-professional attitudes of the full-time counselors. However, the program statistics indicate that the program is quite successful. In the 1988-89 academic year, for example, they placed over 120 students in jobs (following job readiness training) and 90 percent of those students are still employed. They have helped students who were frequent truants go to Tuskegee Institute and Howard University. When interviewed, the Manhattan Valley workers seemed to be

remarkably in tune with the students and more effective in meeting their needs directly than most of the other CBO's on site. The question is whether a program like this one, which presents sensitive cultural, turf and advocacy issues, has a different services orientation, and uses non-traditional interventive techniques, can ever be successfully integrated into a mainstream public high school. Further research is needed at other sites to determine whether programs akin to this one face similar problems with their host schools or whether they have been able to find ways to resolve them effectively.

Observations, Lessons, Questions

The CBO programs that seem to work most easily within the existing school administrative structure and to obtain greatest support from the guidance department are those that offer a clearly defined, non-academic service; have a professionally trained staff; operate from an organizational base that is aware of and responsive to the needs of the school setting; and are accessible to handle individual crisis situations. What is not known, of course, is whether the types of services provided by these programs are most effective with youth at risk.

One of the key questions posed by the service programs at Brandeis High School is whether the benefits of offering a range of contracted services outweigh the possible advantages of expanding the school's own guidance department

staff and school social work personnel or contracting with a single community-based organization to develop a coordinated services program based at the school. One obvious reason for the decision to use contracted services is that counselors in community-based organizations usually work longer hours and receive lower salaries than Board of Education employees. However, contracting with a number of independent organizations reduces administrative control, service coordination, and long-term planning.

An obvious potential alternative is the development of a "community-school project" designed to create a partnership between the local school and a single community-based organization with active participation by parents and community leaders in service planning. This service strategy, which has been actively pursued in different ways by agencies such as the Center for Family Life, Good Shepherd Services, and Rheedlen Foundation, expands the role of the school in the lives of children while inevitably reducing the control that can be exercised by a school principal and creating some struggle for professional dominance between teachers and social service providers. The early results of these community-school projects look promising, but they have been developed only in settings in which both the school and the CBO administrators were open to sharing authority while expanding their responsibilities. It seems doubtful that such projects could work as effectively if simply mandated by the Board of Education or

HRA.

The other important question posed by the experience at Brandeis High School is whether the school is the optimal location for the delivery of services to children at risk, given the apparent tendency of such school-based services to focus almost exclusively on the children, ignoring the family problems that may precipitate or perpetuate children's difficulties.

United Families of South Bronx, Edwin Gould Services for Children

This program, a division of Edwin Gould Services for Children, is one of the two initiated as part of the Multiproblem Family Demonstration Project (MPFDP) sponsored by HRA's Office of Family Services (OFS). Funded with the preventive services monies ordinarily administered through CWA, the project was designed to test the effectiveness of comprehensive, coordinated, community-based services in enhancing the functioning of troubled families and decreasing the use of foster care. The programs were funded in response to an RFP ("request for proposals") at $350,000 each the first year and $375,000 each the second year. Urban Systems Research and Engineering in Washington, D.C. was awarded $110,000 to conduct an outcome evaluation, which was completed in June 1988. At the end of the two-year demonstration period, the programs were given renewal grants with the expectation that they would increase their client populations and shift to targeting on relocated homeless families. (It was later decided that the other program administered by Builders for Family and Youth of Brooklyn Catholic Charities should be moved to a different location in Brooklyn because of greater identified need in the latter area.)

As part of the context for discussion of the Multiproblem Family Demonstration Project (MPFDP), it should

be noted that the Office of Family Services was established as part of the short-lived Family and Children's Service Administration with great hopes that OFS could develop a network of community-based, comprehensive case assessment and management services for families at risk. Because of funding and turf issues and administrative turn-over, this aspiration was never realized. Instead, OFS is now an administrative unit responsible for managing a series of very targeted programs designed to prevent any increase in the number of homeless families - and also responsible for home care services to the elderly and handicapped.

Using what a senior administrator described as "creative financing", the office draws on a series of funding streams to support its programmatic efforts to target and serve families at risk of homelessness. These efforts include a Utility Assistance program, a Housing Alert program, an Income Maintenance Case Alert program, a Housing Court program, and an HPD Initiative, as well as Services for Pregnant and Parenting Teens and Services to Relocated Families. In addition, through its network of 44 community offices (in 34 locations), the agency attempts (at least in theory) to serve as a single point of entry and access to family and children's services and HRA entitlement programs. In fact, due to limited staff and financing, these offices can provide only limited information and referral services and can work with a total of only about 7200 families at any one time.

The obvious gap between the initial objectives for the Office for Family Services and the current reality may explain, at least in part, why so much publicity and attention has been given to the Multiproblem Family Demonstration Project, which in fact is little more than two effective but small preventive service programs. (The one major difference is the Interagency Council discussed below.) The shift in definition of the mission of OFA may also explain the decision not to institutionalize or replicate MPFDP despite the recommendations of the project evaluator.

Edwin Gould Services for Children is the largest minority child welfare agency in the State. Initiated under the auspice of the Edwin Gould Foundation to provide services to orphaned black children in the City, the agency is now separately incorporated with the mission of providing innovative services designed to meet the specialized needs of minority children and their families. In addition to the MPFDP and its foster care and adoption services, the agency administers: six group homes for special needs adolescents; an incarcerated mothers program; a domestic violence center; a learning and employment program for youth in child welfare agencies; a preventive service program in East Harlem; and an Espiritismo Project which provides spiritualists to work with Puerto Rican families in the preventive service program.

United Families of South Bronx was designed to serve 50

multi-problem families living in in rem Housing Preservation and Development (HPD) buildings in Community Board 4 in the Bronx. The objectives of the program are to help multi-problem families and avoid evictions through measures designed to alleviate socio-economic stresses on family life, enhance the self-esteem of family members, and link families to community resources in order to create an ongoing support network. Initial referrals to the program were made by the local HPD managers, but referrals from other sources are also accepted. To insure that the families served are indeed multi-problem, they are required to demonstrate three or more of the family, child or environmental problems identified on a standardized family problem checklist. Once engaged, families tend to remain active clients for an average of 12-18 months.

As mandated by project guidelines, each family is served by a team consisting of an MSW counselor and a paraprofessional family advocate. The program has four teams, each working with 12-13 families and providing intensive individual and family counseling and advocacy services. The program also offers after-school and Saturday recreational and group socialization services for children. Although the program originally hired a tenant organizer, the direct service workers and program administrators now share various community liaison, organizing, and technical assistance tasks.

In commenting on the staffing arrangements, the program

director noted that the team model has been very effective. More by coincidence than design, each of the teams consists of a male and a female and this has worked well. The teams are able to accomplish a lot in a brief period by sharing ideas and tasks. Also the team model helps to lessen anxiety and to provide physical back-up when workers are entering potentially dangerous situations. Although the initial expectation was that the MSW social worker would emphasize clinical service and the paraprofessional advocate, concrete services, each team has handled this differently. Supervisory sessions are always held with service teams rather than individual workers, which places additional demand on the supervisor. However, experience to date suggests that this arrangement is important to avoid splitting and to assist with the communication difficulties that inevitably arise. Despite the obvious support given to staff and the low caseloads, United Families of South Bronx, like many of the other community-based preventive service programs, has had to struggle with the problem of staff recruitment and turnover. The director attributes this to low salaries and safety concerns rather than to any inherent program component.

In describing the actual work with families, the director said that the staff has had to do extensive outreach and to focus on meeting concrete needs immediately. Although the staff addresses many clinical issues over time, the client families are generally not willing to discuss

these concerns until their concrete needs are met and the workers have essentially "proven" themselves.

Initial client recruitment was particularly difficult because the HPD manager who referred families was unwilling to be identified or to inform the families that he was making a referral. Consequently, the staff had to start by simply knocking on doors in the identified buildings and offering services. Although there was more intensive outreach to the families that had been referred as problem tenants, these families were never labeled and services were provided to all who responded to the offer of help. Fortunately, according to the director, the program got connected to many families before workers were required to follow all of the City regulations for registering clients eligible for preventive services, so the potential client families were not "scared off". Now that the program is well-known and trusted in the community, the bureaucratic requirements do not present such a barrier and staff does not have to do as much general community outreach, concentrating instead on families who are referred and self-referrals.

One of the key factors contributing to program success according to the director is the staff's involvement in the community and intensive tenant organizing efforts. The Interagency Council has been critical in this regard. Convened by the Deputy Mayor and chaired by the project manager for the MPFDP at OFS, the Interagency Council

consists of senior level people from about 20 municipal agencies as well as local representatives and the administrators from the two demonstration programs. Designed to help the programs obtain and coordinate needed services for clients and to identify ways to make systematic improvements in the coordination and delivery of services to families at risk, the Council meets monthly. Subcommittees are organized to address issues identified by the program administrators.

United Families of South Bronx has made extensive use of the Council in obtaining needed services for clients and mobilizing attention to community problems. Since the primary concern identified by the residents whom they contacted was building safety, program staff has worked extensively on tenant organizing. In one building, for example, the tenants were literally afraid of attending a tenant meeting because the building was controlled by drug dealers who might retaliate. However, they were finally able to hold several meetings off-site to initiate the tenant organizing process. In this context the agency worked with the Interagency Council to form a partnership with community patrol officers from the Police Department and representatives from HPD who could work on increasing tenant safety, removing the drug dealers, and stabilizing the tenant population in this and other similar buildings. Program staff has also worked to get tenants involved with the local Community Board, form tenant organizations, and

make links with existing tenant support groups.

At the time of our visit in Spring 1989, the director's primary concern was how the new contract with OFS requiring that the program serve 140 client families from Community Boards 1-6 referred by OFS staff would reshape the service program and whether the mandate that at least 50 percent of the new clients be relocated families would create new demands. She attributed their apparent earlier success to the intensity of their direct services and their community development efforts. By expanding its geographic base, she feared the program would lose its close connection with the local community, and that the demand for increased numbers would diminish the services than could be offered to any one family. These shifts might also exacerbate the program's staff recruitment and retention difficulties.

Observations, Lessons, Questions

The formal evaluation of the MPFDP was very through and quite encouraging. In addition to tracking the progress and outcome of all issues presented for resolution to the Interagency Council during a one year period, the evaluators compared the changes in family functioning during the same year among 50 cases in each of the two demonstration programs and 50 cases in comparison "purchased preventive service" programs (PPRS) operated by the same two vendor agencies. The researchers reviewed the data routinely collected on cases financed by preventive service funds,

administered the Child Well-Being Scale developed by the Child Welfare League of America to children in the sample families, obtained outcome data from referral sources about the MPFDP cases, and conducted interviews with clients who volunteered at the end of the study year in order to gain some measure of client satisfaction.

Although the cases served in the MPFDP program demonstrated more problems in family functioning than those served in the PPRS program, the outcomes were quite positive. However, the MPFDP clients tended to make more progress on concrete service needs than on problems in family functioning. Overall 26 percent of the client goals in the MPFDP cases were achieved compared to 23 percent of those in the PPRS cases. The reports from referral sources were also very positive as were the data obtained in the client feedback interviews. HDP, for example, reported no new incidents in 4 out of 5 of the cases referred.

Another encouraging aspect of the evaluatory study was the apparent effectiveness of the Interagency Council. Seventy-four percent of the 69 specific issues identified by the evaluators as the major activities of the council were resolved during the study period. No hard comparison data are available, but to anyone who has engaged in comparable efforts to effect change in service delivery systems, this is an impressive result.

Given these findings and the obvious enthusiasm of the project manager at OFS and the program director at United

Families of South Bronx (the other program site was not included in our study), it is difficult to understand HRA's rationale for failing to replicate the two demonstration programs and for restructuring these in ways that could undermine their apparent effectiveness.

Although no hard cost data were made available to us, total budget and service figures suggest an annual cost of roughly $7000 per family, plus high HRA administrative expenditures. This is expensive and somewhat higher than the average costs in most of the PPRS programs. But if the MPFDP model is effectively reaching some of the very troubled families not accessible to other services, the investment would seem worthwhile. Moreover, because of economies of scale, per case costs could probably be reduced if the programs were expanded.

Further experimentation is needed to assess the impact of the major variables that distinguish the MPFDP programs from other community-based preventive service programs. For example, it would be useful to determine whether sponsorship by OFS or CWA makes any real difference or whether the targeting of services to families in specific housing units creates more effective access to troubled families than does targeting on families in which children are at risk of placement. It could also be important to examine the relative cost-benefits of the team model employed in the MPFDP and the ways in which staff involvement in community organizing activities with clients can enrich or detract

from direct service provision. Neither of these activities is customarily covered under preventive service contracts, but they could be valuable additions.

Bronx Homebuilders Program

Behavioral Sciences Institute

The Bronx Homebuilders Program, a division of the Behavioral Sciences Institute in Tacoma, Washington, was opened in May, 1987. The culmination of a lengthy planning process conducted by a steering committee composed of representatives from CWA, the Department of Juvenile Justice, several voluntary agencies, advocacy and research groups and supported by the Edna McConnell Clark Foundation, the project is designed to replicate the original Homebuilders Program in Tacoma, Washington. Because the program was quite new at the time of our data collection, it could not be studied in as much depth* as many of the other sample sites.[1] However, it was included in the study because Homebuilders has become the prototype of the "family preservation service" programs now being established in an increasing number of sites around the country.

Homebuilders, like other family preservation services, is a short-term, crisis oriented, intensive, home-based family service program designed specifically to prevent unnecessary placement of children in families in which there is immediate risk of placement. It was the original program of this type and unlike many of the others, follows a very

* Data for this report are drawn from published materials and the principal investigator's prior visits to the Homebuilders program in Washington as well as from meetings with the founders and a site visit to the Bronx program.

clearly defined service model. The critical components of this model[2] can be described as follows:

a) Immediate Response to Crisis - The program is designed to accept referrals from public agency workers when children are in imminent danger of placement because of alleged child abuse or neglect, spouse abuse, child behavior problems, developmental disabilities, delinquency, status offenses, or mental illness of a child or parent. By responding immediately to the crisis of threatened family separation, it is assumed that the service can begin to mobilize the family's natural coping resources. Face-to-face meetings are held within the first 24 hours of referral.

b) Availability - Families are seen in their own homes; and the workers in the program, usually called "therapists", are expected to be available to their clients at the families' request or convenience, 7 days a week, 24 hours a day. Clients are given their therapists' and the supervisor's home numbers as well as a beeper number where the "on call" therapist can always be reached. To insure such availability, workers carry responsibility for only two cases at any one time.

c) Flexibility - Therapists are encouraged to demonstrate great flexibility in scheduling client contacts and in the range of services offered.

Instead of the traditional hourly sessions scheduled at the same time, once every week or two, Homebuilder therapists may meet with their clients for several hours at a time several days a week during different times of the day or evening; in addition they may arrange intermittent telephone conversations or brief visits. They sometimes meet with the entire family, sometimes with one or more members, in different locations. And they are expected to offer a wide range of services using different therapeutic approaches, all based on carefully individualized family assessments.

Heavy emphasis is placed on provision of concrete help (including actual participation of the therapist in daily living activities) and advocacy as well as educational and counseling services. Overall, the therapeutic strategy in the Homebuilders program reflects a blend of concepts derived from crisis intervention, family systems, ecological, and social learning theories - with primarily emphasis on cognitive/behavioral interventions.

d) Intensity and Brevity - As discussed above, full-time workers carry only two cases at a time so that they can be available to provide as much assistance as needed and be as flexible as possible in responding to the needs of families during the

crisis period. Homebuilders ordinarily stays involved with its families only for 4-6 weeks. (In the Bronx program some extensions to 8 weeks have been required because of the time involved in dealing with various City bureaucracies). This time limit, which is consistent with the basic tenets of crisis intervention, was set because it helps to mobilize clients to make rapid change, permits both clients and therapists to sustain the required intensity in their work, and allows the therapist to devote as much time to a case as a worker in a traditional program would during the course of a year. From an administrative perspective, the time limit, of course, also helps to maintain reasonable per case costs. Experience with various time limits over the years has led the agency directors to conclude that an average of 4 weeks intervention is ordinarily sufficient to avert placement (except in the Bronx). After this period the crisis has usually abated and families seem to "plateau". Hence the motivation for continued change diminishes.

e) Limited Objectives - Homebuilders defines its program goals solely as preventing unnecessary placement and teaching families the skills they need to remain living together. Administrators and staff alike accept the fact that they cannot "fix" all or

most of the problems that it make it difficult for families to function effectively and, therefore, are able to define success in a limited way. At the same time there is clear belief system undergirding the program that emphasizes clients' capacity for independent growth, the importance of family autonomy, and the value of optimism or hope. Thus the short time frame is justified in the context of the program's limited service objectives and a general belief system related to the limits of professional intervention. If clients are motivated to seek additional services, the therapists will ensure that they are linked to an appropriate community resource; and they are always told that they can contact their therapist again if some crisis should emerge. However, there is no assumption that case "success" requires continued treatment.

f) Staffing - Strong emphasis is placed on hiring sensitive, competent staff who can become committed to the Homebuilders model and are able to be accessible to clients on a 24 hour basis. The preference is for social workers or psychologists with Master's degrees, but B.A. level workers who have experience with families and children are also hired. Homebuilders then offers a very intensive training program for all new workers as well as

ongoing staff development opportunities.

A single therapist is assigned to each family on the assumption that the use of treatment teams often creates unnecessary communication difficulties, wastes time, and blurs accountability.* However, strong team back-up is provided to each therapist via close supervision and weekly team meetings focused on current cases. As the therapists are expected to be available to their clients, so the supervisors and administrators are "on call" to the workers. Ongoing training is defined as a key type of support for all staff, and the administrators make a consistent effort to give positive feedback and to build a real sense of team spirit.

g) Accountability - The Homebuilders program has been the subject of repeated formal evaluations, focused primarily on relative cost-effectiveness in preventing placement. In addition, it has instituted a number of mechanisms designed to measure progress and demonstrate accountability to clients who are defined as "colleagues" in the change process. Goal Attainment Scaling is used as the base for the agency's core record-keeping system, and client feedback surveys are conducted routinely at termination. Also, cases are followed up three and twelve months after intake, to

* See the national report for variations in staffing in other family preservation programs.

determine whether there has been any child placement.

Homebuilders originated as part of a child welfare demonstration project at Catholic Community Services in Tacoma, Washington in 1974 and gradually evolved into the large service organization, training and research center that the Behavioral Sciences Institute is today. It was started by two young psychologists and a group of friends who were eager to experiment with alternative modes of specialized foster care. The intensive, in-home service component was essentially an "add-on" developed in response to interest from the funding source. Almost by surprise the founders discovered that this component was serving a positive preventive function, and they began to develop and evaluate the program more systematically.

A separate training division was established in 1977 to provide training to other organizations. As additional funding became available, the program was expanded to other communities and to other populations of children at risk of placement, where there was an explicit objective of preventing placement, e.g., status offenders and mentally ill children. In 1982 the staff of the program decided to incorporate separately as a non-profit organization. The broad title, Behavioral Science Institute, was selected because the founders hoped to begin placing greater emphasis on training and research. The married couple who directs the agency mortgaged their home as did the associate

director and her husband in order to obtain start-up funds for the new organization.

Once incorporated, Homebuilders was able to obtain additional funding and began to expand rapidly. There are now Homebuilders programs in nine counties in Washington State, as well as the program in the Bronx, with further expansion planned. Moreover, the program has been replicated or imitated in varying ways, with varying results, in multiple sites around the country. The training division of the Institute does extensive training and consultation about the model in various locations. Also, a small training center has been established in New York City because the demand for training on the East Coast began to exceed the resources of the Washington-based staff. One senior trainer began working out of the Bronx office in 1988, and additional trainers, who will be based in New York City, are being hired now.

The Edna McConnell Clark Foundation was the prime mover in encouraging Homebuilders to open the program in the Bronx. The foundation started to fund Homebuilders initiatives in 1984 as part of its interest in family preservation services. About the same time, a steering committee was formed in New York City to examine possibilities for establishing a family preservation program in the City. After examining various alternative models, the committee recommended establishment of the Homebuilders program here. After many negotiations with various public

agencies and the Board of Estimate, it was agreed that Homebuilders would be given a $400,000 preventive service contract for the first program year. The foundation agreed to pay a 25 percent match as well as all the start up costs including moving the directors to New York City for a year and sending all the initial staff to Washington State for two months for training.

The program was deliberately located in the Northwest Bronx to ensure a wide socioeconomic spread in the catchment area. Referrals are solicited from the Bronx office of CWA, the Department of Probation, and the Pius XII PINS Diversion project, but the majority of cases are CWA referrals. As in their other programs, Homebuilders has agreed to accept any cases referred in which a child is at imminent risk of placement as long as a therapist is available to take the case. They had planned to cover only three community districts in the Bronx but had to expand to the entire borough at one point because the public agencies were slow in making referrals. As is their custom, rather than maintaining a waiting list, the program director calls to notify each of the agencies as soon as a vacancy becomes available and agrees simply to accept the next case ready for referral.

The directors of the Behavioral Research Institute remained in the Bronx for a year in order to train the permanent program director (who has now assumed full administrative responsibility). In addition, a team

supervisor/therapist and three full-time therapists were hired. During the first 8 months of operation the program served 30 families with 55 children. At full capacity Homebuilders will serve 70 families annually. The cases served demonstrate a wide range of serious problems in family functioning and are described by CWA personnel as being more troubled than most of the families served by other preventive programs in the Bronx. The early results of a formal evaluation of work with these families looks promising, but the program is too new to draw any firm conclusions.[3]

Since one of the factors that motivated the co-directors to open the program in the Bronx was their desire to assess the adaptability of the model to a large urban area, it is interesting to note their observations about the differences in providing services here and in Washington State. The major administrative problem they have encountered in the Bronx is staff recruitment. In Washington they have a number of qualified applicants for each position and very low turn-over. In contrast, they have experienced enormous difficulty recruiting qualified professional staff in New York City and have had to rely primarily on paraprofessionals with child welfare experience. One contributing factor may be Homebuilders' heavy reliance on social learning theory as a framework for intervention. Few social workers in this area have been exposed to this orientation in any depth. However, the key

factor seems to be workers' reluctance to be "on call" 24 hours a day. In reality, few Homebuilders clients call their therapists at nights or weekends, and some of the staff in Washington enjoy the flexibility of their hours; but social workers in the City are understandably fearful of being asked to travel to clients' homes during night hours. This issue of home visits during night-time, especially in dangerous neighborhoods, has been the focus of ongoing discussion among administration and staff who are attempting to think creatively about how to insure client service while maintaining worker and client safety.

Other major differences in the Bronx program noted by the program directors relate primarily to the context for service delivery and the severity of the families' problems. Although the Washington programs have worked with some families with substance abuse problems, in the Bronx almost every case involves some type of drug problem. Similarly, the level of violence and crime the therapists have encountered is much greater in the Bronx than elsewhere; they have frequently been exposed to guns, knives, and other weapons. In fact the directors decided after much review not to accept cases in the Soundview area because they felt it was simply too dangerous for the staff to enter homes in this area.

The phenomenon of families living doubled up has also been a new experience for the Homebuilders people who found they had to address new questions related to deciding how

the family unit should be defined, what help can be offered to clients who have no sense of privacy or family space, and how to help families decide what is best for them when this may result in the eviction of their relatives. Despite - or perhaps because of - this forced sharing of living space, the directors believe that many of the clients in the Bronx have fewer real informal supports or more negative informal connections than the families they saw in Washington State. Since one of the objectives of the Homebuilders therapists is often to help families make better use of informal resources, the absence of potential supports becomes a clear barrier to effective service.

The administrators have also identified a number of interesting differences related to the formal service systems in each area. Important assets they have identified for the Bronx program include the tremendous range of service options available to families; the large number of knowledgeable, committed people who are involved in child welfare issues in the City; and the availability of small sums of money for emergency financial assistance to preventive service clients. On the negative side, they have been very troubled by the difficulties encountered in trying to obtain cooperation from the school systems here. And they have been shocked by the highly bureaucratic and politicized nature of decision-making in the social service system. Despite the greater availability of resources in the City, it takes much longer for the program to link its

clients with ongoing service resources because of all the red-tape and all the unwritten traditions as well as written regulations governing service delivery. In this context, the directors have experienced their clients in the City as being more fearful of referral to other agencies and more suspicious of what sort of help is actually available for them than their clients in Washington.

Because of these differences, one of the co-directors noted that the question they must keep posing is just what it means for children to be brought up in this atmosphere. If, as they have observed, the reality of the City life is worse than all the myths, how does one weigh the trade-offs for children inherent in remaining at home or entering placement?

Observations, Lessons, Questions

The fact that the Homebuilders program has been widely replicated and imitated in various locations around the country testifies to the obvious appeal of this service model to public agency administrators and funding sources. Although New York City was slow to explore the "family preservation" approach, since establishment of the Bronx program, the Department of Juvenile Justice has funded a Homebuilders-type program for delinquents in Brooklyn and CWA has contracted with a voluntary agency to develop small family preservation components. Also, the Office of Mental Health has recently started some replication efforts in the

City and in upstate New York. This suggests at least initial acceptance of the model in this area.

It is not difficult to understand the factors that make the Homebuilders model so attractive to public officials. It is short-term, family-centered, narrowly targeted on those most at risk of placement, apparently cost-effective, and offers a clear-cut service technology that is easily understood and communicated, at least on a superficial level. What is not known, of course, is how much of Homebuilders' success is due to the leadership provided by its directors and how much to the practice model itself. Although the program is quite different in many respects from the others included in this study, as will be noted, there are also some striking similarities. These include: the view that prevention services are part of a continuum of services to families and children at risk; a heavy emphasis placed on recruiting qualified, committed staff and providing ongoing staff training; use of an integrated range of counseling, concrete and advocacy services to engage and help families; an eagerness to assess and refine the interventive approach over time so as to insure service effectiveness; strong sense of mission and conviction about the value of the program; and perhaps most important, the leadership style of the program directors.

The real question the Homebuilders program poses is whether a tightly targeted, short-term approach is enough. Can families in which there is severe dysfunction make

sufficient progress in a brief period to insure an acceptable level of functioning over the long-term? What additional community resources are needed to provide the support families at risk may require over time? Although prevention of placement may be an important goal in and of itself, few would argue that this alone is sufficient to ensure children's developmental well-being. Thus there could be real disadvantage to making treatment or so-called preventive services in the City synonymous with family preservation services (something that has occurred in some jurisdictions elsewhere in the country).

Despite this limitation, the experience to date suggests that Homebuilders can serve an important function as one major component of a continuum of services. Moreover, the service model employed in this program offers some interesting clinical insights related to the potential value of using time differentially; the importance of working on the clients' own "turf"; and the usefulness of social learning theory as a framework for selected types of family intervention.

Finally, it seems important to underscore the co-directors' observations about the difficulties experienced in linking families with needed resources in this area as compared to other geographic communities. All service providers in the City face similar bureaucratic and attitudinal obstacles, but over time these barriers come to be viewed as expected, if not routine. The very fact that

the Homebuilders program has experienced these obstacles as new and unexpected suggests that such difficulties are not an inevitable component of service delivery to high risk families and may contribute to the unusually high costs of service provision in New York City.

Notes

[1] See James K. Whittaker et al., eds., Reaching High-Risk Families: Intensive Family Preservation in Human Services (Hawthorne, NY: Aldine de Gruyter, 1989).

[2] The material presented in this section draws heavily on Jill Kinney, et al., "The Homebuilders Model" in Whittaker et al, op. cit., pp. 37-67.

[3] Christine Mitchell, et al., "Evaluating The Bronx Homebuilders Program: The First Thirty Families" (New York: Bank Street College of Education, June 1988).

Family and Children's AIDS Case Management Program, Human Resources Administration

In 1985 Mayor Edward Koch asked HRA to assume responsibility for providing out-of-hospital services to persons with AIDS who were indigent or had depleted their resources due to the catastrophic nature of the illness. In response, HRA established the Division of AIDS Services within the Medical Assistance Program. The division is organized into three departments: Planning and Community Affairs, Contracts, and Case Management. The Family and Children's AIDS Case Management Program was established in April, 1988, as a specialized program of the Case Management Unit.

HRA has designed the case management program as a one-stop, accessible, comprehensive and continuous service. Following referral to the program, cases are assigned to a case manager who remains with the case from beginning to end. Services provided to clients include help in securing income maintenance, housing, medical assistance, and home care, as well as family counseling, health education, and support. These are provided directly by HRA staff and through an organized referral system. The AIDS Case Management Unit has contracted for specific services with several organizations such as, the Gay Men's Health Crisis for legal and financial services, the AIDS Resource Center for housing, and the Visiting Nurse Service for home care.

For purposes of eligibility, a family is defined as any household that includes an adult and a child under the age of 18, at least one of whom has AIDS. To be eligible for the program, the family must have one or more persons diagnosed with AIDS or advanced HIV illness, be Medicaid eligible, and require either home care services, homemaking services or housing assistance. Referrals are accepted by telephone and by mail from hospitals, correctional facilities, drug treatment facilities, and community organizations. Two to three hundred or more family cases are served each month.

There are three teams in the Family and Children's Demonstration Program, one for each of the boroughs currently being served (Bronx, Brooklyn, and Manhattan). Each team consists of five caseworkers and an MSW-trained social work supervisor. Each caseworker serves a maximum of fifteen families. In addition, the units share a nurse to assess risk and provide health education to families and a family specialist who provides a link with the Child Welfare Administration. There is also a student unit composed of a coordinator and four to six MSW students. The Family and Children's Program is now located in an income maintenance center in the South Bronx. Workers from that site serve all three boroughs, but there are plans to move the units to separate offices in their respective catchment boroughs.

Because the Family and Children's AIDS Case Management Unit is new, only limited statistical data are available.

As of January, 18, 1989, there were 362 active family cases. The average length of time from referral until termination, which usually occurs shortly after the death of the diagnosed patient, is approximately nine months. The Family and Children's Program is funded by three sources: City tax levy funds channeled through the Division of AIDS Services, a Federal Health Services Resource Administration grant, and a public health service grant.

The income maintenance building in the South Bronx where the program is now located is in a neighborhood typical of the area, with many burned-out, abandoned buildings, dirty streets, and few active businesses. The AIDS unit operates on the first floor of the building, in a large central room, with four rows of eight to ten desks each. The caseworkers' desks are grouped by catchment area. There are two spacious lounges for staff and clients, a play room for children, and several individual offices for family caseworkers to meet privately with their clients. Despite the institutional and dingy feel of the setting, the office is animated and friendly. Clients, particularly those with children, and those who are healthy enough, drop in frequently, and the staff appears welcoming, concerned, and accessible.

The goal of the Family and Children's Unit is to allow families affected by AIDS to remain together as long as possible. Case managers work towards this goal by providing home visits, arranging home care and homemaking services,

securing adequate housing, negotiating for entitlements and benefits, providing counseling, arranging for legal services, arranging for transportation to medical appointments, running support groups, and providing health education. Due to the fatal nature of this disease, success is difficult to define. Words like support, empowerment, and control were used repeatedly by the caseworkers and supervisors in describing their work, suggesting that keeping the family together and helping them to live as well as they can under the circumstances remain important goals.

Referrals are accepted through the AIDS Serviceline, which is a single entry point for information and referral to AIDS services within HRA. HRA has done extensive outreach through the distribution of literature in Spanish and English to hospitals, drug treatment programs, and throughout the community so that referrals come in frequently. Each referral is immediately assigned to a case manager who will remain with the case until it is closed, thus insuring continuity of service. This has worked well for clients because the case managers become their friends and confidants, and, in some cases, their only contact with the outside world. But it is also problematic in that the workers report spending 90 percent of their time on the 10 percent of the cases that are most difficult. These are usually cases in which the patient or other family member is actively abusing drugs. Discussions are now being held as to how to remedy this. However, the administrators and the

caseworkers share a strong commitment to keeping each case assigned to a single worker rather than transferring cases to different workers as client needs change. This approach to case management is one of the unique aspects of the program and seems to satisfy both clients and workers.

One of the factors that makes this program different from most HRA programs is that all of the caseworkers and supervisors in the program requested this assignment. Morale is high and staff turnover is extremely low. Most of the workers who left the program during the past year left because they received promotions. The staff members are very supportive of each other, sharing resources and relying on each other for emotional support during particularly difficult times such as the death of a client or placement of children outside the home. The staff lounge is perceived as key in facilitating these important staff relationships, as it provides a place for the staff to relax, to speak with each other, and to develop informal relationships.

The type of services offered by the program can perhaps best be conveyed by describing what was presented as a typical case. The primary patient in the case is a 40-year old black woman with AIDS, who had been an IV drug abuser for four years, but stopped three years ago when she became pregnant with her son. When the case was referred, she had recently been discharged from a hospital in New York with a diagnosis of AIDS. The referral was part of the disposition plan made in the hospital. At this time, she was living

with her son in the basement room of a rooming house frequented by known drug abusers. Her two-and-a-half year-old son was diagnosed with AIDS-Related Complex (ARC), was not speaking or toilet trained, and was considered by his physician to be suffering developmental delays as a result of the ARC. She herself had problems with walking and vision and was extremely weak, but she cared for herself with the occasional help of a woman who lived in a room upstairs. Although this neighbor was an active drug abuser, she was able to provide some basic assistance to this patient and her son.

The worker's initial contact with her patient was made through a home visit that she made to the rooming house. Subsequent contacts were also made through home visits because there was no phone on the premises. Her first goal was to relocate the family into a more suitable apartment. This was accomplished within two weeks, despite the fact that there was no housing available through the housing agency with which HRA contracts. The worker found the apartment through phone calls that she made to landlords who were known to other caseworkers in the program. She then arranged for home care services for the mother and homemaking services to take care of the little boy. As the patient's health began to decline, she became totally blind and bedridden. The worker then contacted the patient's sister and was able to arrange for the sister to move to the City and to assume responsibility for running the household.

The worker recognized that the patient was a woman who had been in control of life until her illness, despite having had a period of active drug abuse. The most difficult issue for this woman was the loss of control that she had to confront with the illness. By focusing on ways that the patient could remain in control of what was left of her life, the worker was able to engage her. She referred the client to the Gay Men's Health Crisis so that she could arrange for a living will, power of attorney, and provide for the guardianship of her son following her death. Despite the fact that the client remained blind and bedridden, the worker consulted with her on each decision that had to be made regarding her care and the care of her son, and she also worked with the homemakers, home health care aides, and her sister, encouraging them to do the same so that the client could maintain some sense of autonomy and adulthood.

The boy seems to have responded well to the changes in his environment and to the increased attention that he received from the homemaker and his aunt. He has begun to speak and is also becoming toilet trained. The worker has arranged for him to begin treatment with a speech pathologist at a New York hospital to work on remaining speech problems. He may soon attend a day care center program for children with AIDS at Montefiore Hospital. Also, it has been agreed, that when his mother dies, his aunt will become his legal guardian. Because the boy

himself has tested HIV-positive, the case will remain active after his mother's death, and the same caseworker will continue to follow the family.

Observations, Lessons, Questions

Despite the difficult and tragic nature of many of these clients' lives, this is a program that can be considered successful. Families are kept together, services are delivered in a clear and consistent manner, caseworkers are pleased with the work they are doing, and the clients are responsive and feel well cared-for. It is difficult to identify all the variables that have contributed to its apparent success, but what may be more important is that the program was formulated primarily around what works best for the clients, not around what works best administratively. This orientation can be felt in almost every facet of the program. The clearest example of this is the strong commitment to having the same caseworker remain with the family from the opening of the case until the case is terminated. At times when this proves to be a problem, such as with particularly difficult cases, the administrator has listened responsively to the caseworkers, and she is now actively talking with them about ways that this problem can be solved.

The fact that HRA has allowed the workers to maintain a maximum caseload of fifteen families per worker, which is much lower than the norm in public agencies, is also

significant. The policy shows respect for the workers and for the difficulty of their caseloads and allows them to put the time into each case that is so desperately needed. It is also important to note again that all of the workers in this unit specifically requested to be there. They seem to have a sense of pride about their work, and a sense of pride about their ability to handle this particularly difficult and painful work. The group is very close, its members using each other actively for support and for information. The supervisor noted this closeness and said that she encouraged it in every way possible. The closeness is also facilitated by the presence of a large staff lounge which gives workers a place to have lunch, a place to relax, and a place to take all of their breaks. Finally, the flexibility of the supervisory and administrative staff is an important factor in keeping the program going as successfully as it does. For instance, a field instructor was supposed to be hired to supervise the student unit; however, for reasons which remain unclear, no one was hired during the first year of program operation. This problem was solved by the on-site supervisor and the Director of Planning and Community Affairs jointly assuming the responsibility of supervising the students.

In summary, keen sensitivity to the needs of clients combined with an administrative structure that allows workers to meet those needs would seem to be the key factors making this a successful program. The fact that the program

is based in the Medical Assistance Division of HRA, not the CWA, raises interesting questions about the appropriate base for delivery of family and children's services and whether CWA as currently structured can respond as effectively to changing client needs. What is not known, of course, is whether the current high level of staff morale and performance can be maintained when this program is expanded and becomes more institutionalized. Will new workers who may not have requested this assignment adapt so readily to the single case management model? Will the program be able to maintain its flexibility and tolerance for ambiguity and creativity once the accountability demands increase? What the program does demonstrate clearly is the potential for service innovation in the public sector, given decentralized decision-making, strong program leadership, and administrative support.

The Jewish Board of Family and Children's Services (JBFCS)

The JBFCS does not exaggerate when it tells new staff that it is the "largest and most diversified mental health and social agency in the nation, notable for quality of services, for significant contributions to the field and for the range of treatment programs offered" (Orientation Manual, p. 1).

The full research team participated in the JBFCS study because of its relevance to the national exploration of delivery options and to clarifying choices facing the New York City service system.

Some of the reasons for this interest are apparent even in the brief paragraph quoted: an agency which sees itself as both "mental health" and "social service", a stress on "range of treatment programs" and pride in "quality". Moreover, if this is the "largest" such voluntary agency in the country, it is useful to inquire: to what extent does a largely publicly- funded voluntary agency take over a definable responsibility for geographic or functionally-defined coverage thus relieving the public agency? If it does not, what is the public-private fit?

As will be seen, this large, expansive, excellent, pioneering agency is a valuable public resource but it is not an integrated delivery system. It is better described as an umbrella agency or holding company. The examination raises important questions about the direction for reform of

the public social service system for families and children in New York City. It also offers important clues for recruitment and retention of quality staff and the encouragement of practice and program innovation.

While, like other voluntary agencies, it is largely dependent on public funds, JBFCS also is a beneficiary of the United Jewish Appeal-Federation. It thus has commitments both to "serve the Jewish community" and to provide "services to all segments of the community". Since the agency is dynamic and the City needs are exploding, program reports and statistics are soon outdated. The latest information available at the time of the study listed 91 programs and contacts with over 45,000 people (we roughly estimate the more intensive individualized service load as in the neighborhood of 6,000-7,000), throughout the New York metropolitan area, Westchester County and Long Island; the latter areas are beyond the responsibility of HRA.

By our rough count, JBFCS was operating out of 47 sites when we studied the agency but some agency reports mention about 60 locations. This number of sites is matched by few county departments in the country and is about equal to the number of New York City HRA districts. The sites vary from the central office on West 57th Street in Manhattan, an agency-owned building which houses the executive staff, the child development center, an educational therapy program, employee counseling for labor unions and corporations, a community services outlet, staff education, "remarriage"

counseling, sex therapy - and more - to store-front outlets, services in four family court buildings, as well as a diversity of school, residential treatment and group home facilities. Organizationally, the services are assigned to major units for "community services", "residential treatment" and "day treatment-preventive-court services". There is a separate structure for employee assistance. The agency also has administrative provision for training and for quality assurance/planning. Three "chiefs" provide overall guidance and supervision to psychology, psychiatry, and medical aspects of the program (and help meet various statutory requirements related to the many funding streams on which the agency draws).

The full range may be illustrated by noting that beyond the core child guidance, community family treatment, adolescent and child court services, group homes, and residential treatment, JBFCS offers: consultation to nursery schools, Jewish family life education, special services to Iranian and Russian Jews, a program of residential treatment for very orthodox children, a cult "hot-line", an alternative secondary school, a therapeutic nursery school, day treatment for psychotic children, an AIDS service, and an elaborate volunteers program. By all professional criteria, these are generally good or excellent programs.

Unlike the presentation pattern for the other agencies studied, we shall not here review any one program in detail.

JBFCS was one of two large voluntary agencies included in the national study of service delivery options because of its size and multi-system identifications. New York City study purposes are better served by an overview, rather than one program description. Thus we concentrate on a series of critical issues, many of these already introduced.

Wherefrom, this pattern?

The current JBFCS originated out of a 1978 merger of two large, nationally prominent, outstanding agencies in their fields. Each had served the City for more than 75 years. Jewish Family Services, which originated in the Jewish Social Service Association established in 1874, was known for family social services generally, and for individual counseling. The Jewish Board of Guardians, which derived from the Jewish Prisoners Aid Society established in 1893, had given leadership in the development of the child guidance movement and in residential treatment of emotionally disturbed and delinquent children. Each had grown out of predecessor services to prisoners and immigrants in the Jewish community late in the nineteenth century, which had subsequently taken on delinquent services, and had developed a tradition of professional excellence and pioneering work.

As one explores the increase in range of services and the scale of offerings in recent years it becomes clear that several dynamics are at work, that they vary in importance

from time to time, that nobody would defend all the elements in the pattern, but that staff at the leadership level consider the overall result to be good, in the sense that they are proud of the agency, its services, and its commitments.

First, there are internally-generated program initiatives and modifications. These may originate with ideas brought by line staff to supervisory conferences and fed upward to middle management by supervisors. Or they may come out of discussions in the many training programs, often led by top staff. Or the agency's top managers may be stimulated through their experiences as agency representatives on various city and state boards, task forces, and advisory committees, or similar activity in professional associations. Or division heads may be evolving their concepts of effective programs. Quite frequently the lead comes from the Executive Vice President in his leadership role in the State and City with reference to mental health and social service programs.

Of equal - or at times far greater and more immediate - importance the agency is responsive to public initiatives and requests. These initiatives may take the form of RFPs ("requests for proposals") or of specific invitations to help meet a serious public need with regard to a social problem or an inadequately served population group. JBFCS feels committed to responsiveness, if the needed service is within its scope and can be undertaken in a way with which

it is comfortable, under the conditions imposed and with the resources offered.

Beyond these public initiatives are the needs disclosed in interaction with United Jewish Appeal-Federation, and the outcome of that group's planning process.

Program planning tends to be carried out by top operating people responding to public and United Jewish Appeal initiatives as well as agency/leadership initiatives. The highly qualified planning director tends to have something of a coordination task (and also carries other analytic and special functions).

Not a Delivery System

Impressed as we were with the richness of the service and treatment resources and the agency's size/scope we inevitably inquired as to whether it constituted an integrated delivery system. The above description of sources of initiatives make it clear that it is not, nor could it be. While the community service units (the Madeline Borg Community Service, 14 clinics in three boroughs) set a standard and a pattern which influence many of the categorical "add ons" developed in response to public requests, this is not the same as planning with the requirements of a geographic-coverage network and delivery system (or the needs of a specific population or problem group) in mind and asking what is needed next and most to improve and integrate the network. Similarly, while a day

treatment, group home, and residential treatment network could in theory be parts of a well-orchestrated treatment continuum, relating to the agency's community services and preventive services, that is not here the case. There are some privileged referral links from the community units to the day and residential programs, but other channels also exist and reflect roles for the residential programs based on agency contracts, admission requirements and separate intake paths. Hawthorne Cedar Knolls is both a residential treatment center, funded by the New York State Department of Social Services and a residential treatment facility supported by the New York State Office of Mental Health. Rules, requirements, objectives, and to some extent population characteristics, require two separate programs in the one institution. And, especially relevant here, the part of Hawthorne which is a residential treatment facility for the New York State Office of Mental Health, and a similar facility at Linden Hill, are assigned their cases out of a state-controlled admissions system; they may reject cases, but have no other way to accept patients other than through the state system.

There are some islands of exception in the system. Thus, because of the nature of leadership and the particular "preventive" programs financed by Special Services for Children (now CWA) in two Brooklyn areas, there is some movement towards integration of preventive and community services. But the agency lacks control of its intake in

major units, and has not set up its delivery system, priorities, case routing and related policies to move towards overall agency integration. Nor is it clear, given all else that is occurring in the City service system, that such an initiative would be welcome. The leadership gives most of its planning attention to deciding about and implementing particular program initiatives - not to the refinement of an overall integrated system. Nor does the funding pattern facilitate comprehensive planning for a service continuum.

Categorical Funding

An analysis for 1987-88 shows a budget of $37 million, assembled from private philanthropy ($23.7%), fees (3.7%), rentals (.5%) and government (72%). Public funds come from Medicaid (34.6%), Department of Social Services (22.4%), Department of Mental Health (12.7%) and "other" (2.7%). The social services funds reflect both state projects and contracts with CWA for so-called preventive services (really treatment and social services for families and children intended to prevent placement). There are also included public funds from the New York State Office of Mental Retardation and Developmental Disabilities, as well as the New York City Department of Mental Health and the New York City Board of Education. Some of the United Jewish Appeal-Federation support is for the "traditional" family service, child guidance, and residential treatment functions, and

some for special categorical initiatives relating to specific sub-population needs within the Jewish community.

Inevitably, without provision to pool or decategorize all such funds, the agency cannot in fact shape an integrated delivery system. As noted above with regard to the residential treatment facilities at Hawthorne or Linden Hill, but we might also illustrate with West Side School, an alternative school which gets all of its referrals through the City Committee of Special Education, some of the intake machinery is out of the agency's hands.

Further, some of the money comes with requirements for control of treatment/service by psychiatrists or medical doctors - which may not make sense for some other parts of the program. Further, whether for much needed accountability, or to satisfy turf claims, many of the contracts involve complex and demanding procedural, paperwork, case record, and statistical reporting compliance. These are not readily integrated, and each is extraordinarily demanding on its own terms. An integrated delivery system implemented without state-level (and even federal) coordination and waivers, could subject operating units to even heavier burdens and more questionable use of energies. Unlike some programs we have observed nationally, JBFCS has resisted the tendency of accountability requirements to clericalize and downgrade professional practice. Any goal of integrated delivery in a multiple-funded system would require careful planning.

Social Services or Mental Health?

There is perhaps a more fundamental question which would need to be answered if one were interested in a more integrated delivery system. Is this a mental health agency with social service components or a social service agency with mental health resources and capacities? Or is the question itself meaningful? An exploration of these matters uncovers unresolved issues relevant to future planning in New York City and elsewhere.

While there is by no means complete consensus within the agency, and while even within the general consensus there are different emphases, most of the executives and top program leaders consider this to be a mental health agency. They all mean by this that clients/patients are always approached on the basis of differential diagnosis, that everything - even administration - is seen in a "clinical frame". The case assessments are considered central and involve consideration of both person and environment but the dominant agency culture is to hold up a psychoanalytic prism, meaning psychoanalytic understanding, not psychoanalytic intervention. Nonetheless, one also finds in use in various units such conceptual orientations and methods as behavior modification, drug treatment, confrontational approaches, special education techniques. There is clear readiness to be responsive to evidence of efficacy.

Without doubt, the JBFCS staff as a whole is far more "psychodynamically informed" than are the staffs of most of the child and family social service programs in the City. Yet some of the top clinicians and administrators say that the mental health treatment services require and are provided a "social service envelope", meaning an awareness of environmental context and a willingness to intervene to help families in practical matters.

As one explores the individual programs it is clear that some of the community-based, day treatment, and residential efforts involve control - treatment - rehabilitation of the seriously disturbed. This meets even a constricted definition of "mental health" - and might be better put as "psychiatrically-guided treatment". Much of the rest is sophisticated, psychiatrically and psychologically informed, case assessment and intervention. Social workers consider this to be good social work. Funding requirements for particular categorical programs, or professional status and turf considerations, often generate the "mental health", rather than the social service, label for such work, however. In the JBFCS instance, the City's requirements with regard to preventive services contracts do not permit the more traditional treatment routines of the clinic as seen in the Madeline Borg Community Services clinics. Thus, many of the preventive service clients are court and CWA referred, not "voluntary". Home visits are required. The families tend to be more fragmented, more

disorganized, more impaired, more often in poverty. Much of what must be done and in what time-frame is mandated and there is enormous paperwork. Yet JBFCS staff say that some of the preventive services approximate their Madeline Borg service model.

Obviously, too, the case management or practical needs which are the features of some of the refugee or AIDS services, or the time frames and requirements of some of the court services, may support a social work, rather than a mental health, conceptualization.

Whatever the vagueness of its intervention or service boundaries, the mental health "system" is a funding stream, and an important one at that. Its rules about intake, reports, and psychiatric supervision shape the delivery system. Much that the social worker might consider essential does not enter into the case count which the contract specifies. (Here we refer to getting people to the hospital, placing children, dealing with an all-day crisis, home visits, collateral contacts with family members, law guardians, etc.) It is difficult to free time for training while meeting the "level of service" rules of some mental health contracts. The paperwork often discourages work involving brief contacts and outreach to people with poor records of keeping appointments. All this is left to the "social service" part of the equation.

In a world without requirements from funding streams or professional status hierarchicies, one would say that JBFCS

is a psychodymamically-informed social service program, which also operates some psychiatrically-guided treatment programs. Or one would invent a new label for it all. But the realities of categorical funding, professional status, and delivery system complexities do require serious attention to cross-system planning and modes of operation. Whatever the reasons, this rich resource in an umbrella structure called JBFCS crosses a large number of systems which are not captured by the vague appellation "mental health", or by "social services", whether separately or combined.

JBFCS is not generally defined within the area's professional community as primarily a child welfare agency. Although it contracts with CWA for "preventive" child and family services and for residential treatment, another sectarian Jewish agency, the Jewish Child Care Association, is considered the child welfare agency in the sense of foster care, adoption (and, also, preventive services). JBFCS has its foundations in mental health and social services as generally delineated. Moreover, the multi-problem, multi-diagnosed children and families with whom it works, require as well the resources of special education, developmental disabilities programs, juvenile justice, addiction services and others. One interviewee told us: "The money may be categorical but the needs are holistic." No one agency alone can on its own initiative solve the integration problem for the community. And even if a large

and important agency continues as an "umbrella- or holding company", the City needs a delivery system.

Quality

The public social services system for families and children faces major problems of quality assurance. Staff recruitment, retention, training, supervision, compensation, and job definition are all involved. JBFCS offers many lessons to those seeking solutions. Its quality is widely acknowledged by referral sources in all systems, by public agencies which ask it to develop new programs, and by trainees from psychiatry, psychology, social work, and related fields who apply for internships. As put by one middle manager, "we are blessed with a preoccupation with high quality."

For one thing, as indicated, the agency has a long history of quality service, stability in its lay and professional leadership, and an ethic of concern for its patients/clients. All of its top administrators have risen via the clinical route; they have been and many still are part-time practioners. These are managers who value the direct level practioners; expertise in working at the case level is visible because of the elaborate system of seminars and case staffing devices - and it is recognized. A lack of rigid hierarchy at the top level and some loose elements in administrative structure puts qualified and interested middle and third-tier managers and supervisors in task force

and liaison roles.

The agency's unmatched training program is an important factor in its attractiveness for staff and in its quality standards. The investment is very large. Staff members have access to a basic seminar, two advanced level seminars, and specialized offerings reflecting new issues - problems - techniques. Most of the instructors are top-level administrators/ managers. There is high status involved in being invited to take on one of the offerings.

All of this, combined with a significant degree of line practitioner and program director autonomy, supports a quality operation. Over the years this has generated much agency attachment and staff stability. A relative salary decline in the late 80s did have destabilizing effects and was only partially solved in a recent contract. Like the rest of the agencies, however, JBFCS has not overcome the unattractiveness of the CWA preventive services jobs, as affected by the nature of the problems dealt with, administration requirements and constraints, and compensation levels. When in 1987 there was a 16 percent staff turnover in JBFCS residential treatment, the rate in preventive services was 56 percent - despite reasonable caseloads. There is agreement that "less draining" workloads, with more of a "mix", would be essential to hold qualified staff - who want to be responsible professionals, with range and opportunity for initiative.

It is the opportunity to be a clinician that brings

people to the core JBFCS community and residential services, as compared with the prevention programs. One school of thought would make the prevention programs more like the Madeline Borg clinics, integrating the two systems. Another would surrender to the difficulty in recruiting and holding M.S. social workers and would turn elsewhere. An alternative approach, suggested by some of the New York City programs that are more successful in retaining service staff, would be to adopt a systematic practice orientation more consistent with the needs of clients in this division.

Public/Private

One notes at once that half the JBFCS budget is expended on behalf of adolescents, a rather unusual pattern in a national social service picture in which there is a crisis in adolescent services and few involved in inventing solutions. One also notes that despite contrary national trends of a decade and a half, this is an agency in which residential treatment is accepted as essential to a treatment network, considered important to do well - and is a recognized specialty. The agency is turned to by public authorities and the voluntary sector - as well as by youth and their parents - for these services, and the agency is a valued and appreciated provider.

Some of this specialization with adolescents and in institutional care represents historical continuity with earlier missions, but the continuity is there because of

success and reputation, which ensured staffing and funding. In part, too, this is the role of the voluntary agency, which responds to a need and is not compelled to follow all the nuances of public policies or fads. Here the funding from United Jewish Appeal-Federation provides a measure of security and leverage, allowing board and staff to protect and develop the agency mission. (We heard this argument even for very modest private funds from many of the programs studied). It is not that JBFCS has not also departed from its historical mission and added to its service range, out of its own initiatives and in responding to publicly-defined needs. But its status and private funding give it leverage and the basis to refuse offers, too. Only agencies with private resources can do this; there are many other non-profits and for-profits in the City which are completely public agents and totally dependent on RFPs to survive.

Yet it is urgent to recall that in a sense the JBFCS - like most voluntary, non-profit social agencies - is part of the public system. A large portion of its budget - now close to 80 percent - comes out of public funds. It therefore should be publicly accountable, and that includes a contribution to the development of a coherent effective service network. The City spends too large a portion of its service funds through the private sector and JBFCS and others get too much of their financing from the public to justify the pattern as research and development (R and D). The money spent by the public must either support or buy an

integrated delivery system.

The responsible JBFCS leadership would not contest this. Some among the executive staff, basing themselves on decades of New York City experience, doubt that the public agency can itself deliver complex, high-quality clinical and other social services. Contracts and subsidiaries therefore are seen as helping develop and expand the offerings through agencies with a capacity for effective service. The issues would be: what public policy and apparatus is required to use this capacity effectively and what rights do the public authorities require to make good use of the opportunity? Whatever one may believe about these issues and how they should be resolved, one must endorse and take at full faith the proposal made to us by the agency's Executive Vice President that the public social service authorities take the lead in creating a public/ private social service planning system dedicated to raising the level of New York's offerings and optimizing the benefits of the considerable public expenditures.

IV. FINDINGS AND RECOMMENDATIONS

This study was shaped by the premise that government has a responsibility to ensure the provision of comprehensive services to disadvantaged families and children in order to help children who are at risk of a range of social and personal ills to achieve their developmental potential. Our orientation is consistent with the recommendations of the many public advisory bodies, that argue that such service provision is essential to ensure future societal well-being.[1] However, we recognize that this premise goes well beyond the current policy mandates of the public agencies responsible for funding the programs we studied. Also, we stress that social services alone cannot eliminate poverty or any of the other seemingly intractable social pathologies plaguing the country today. As noted in the report of the national study of social services for children, youth and families:

> Social service systems do what they can and must in such an environment, protecting children and attempting to strengthen families, offering guidance and trying to deal with pathology. In the midst of this they may need to protect their own staffs against violence. At their best the social services rescue,

> sustain, help, rehabilitate, and even enrich development. However, the massive flow of cases with severe problems and pathology will continue and the interventive programs will for the most part have only very limited results unless much else goes on simultaneously in other sectors and systems: community development, employment and training, education, medical care, housing, and law enforcement.[2]

Thus although our conclusions and recommendations are oriented to the provision of comprehensive social services to families and children at risk, they are constrained in many ways by the limitations inherent in the City's current system of social service delivery and by the lack of societal responses to the larger social problems. Social services can sometimes help the disadvantaged to cope with some problems; they cannot be expected to eliminate them.

In this context it is important to note that all the administrators at our study sites talked at length about their frustrations in being able to accomplish so little in relation to the many social pathologies confronting families and children today. Voluntary social service agencies in general, and child welfare agencies in particular, are often criticized for their failure to attend to the "real" needs of poor families. Thus it was striking to note how attuned voluntary agency leadership as well as public officials were to the range of social and economic problems affecting their client communities and their eagerness to identify ways of addressing these basic problems more effectively - yet within the obvious constraints of a social service mission.

Voluntary social agency administrators and their staff also spoke quite uniformly about their dissatisfaction with

the current structure of services for families and children in the City and their major concern about what has been termed a minimalist perspective on the use of resources, i.e., the effort to target services narrowly to those most at risk - or experiencing a problem currently "featured" in the media - and to provide the minimum required to ensure child protection and to limit foster placement. All of the programs selected for intensive examination in this study clearly have a broader perspective on the function of social services than that currently being promulgated by public officials. Even the Homebuilders program, which targets its own services very narrowly, values the availability of other community services that can sustain families at risk prior to and following their own intensive service intervention. Thus the respondents were all troubled by what they view as a lack of leadership and planning at both the City and State levels and the corresponding tendency constantly to shift service priorities in response to media exposés, law suits, and changing political pressures.

Contract agencies as well as public service programs are increasingly being rewarded for the quantity of service provided, procedural compliance, and willingness to jump to new populations as public priorities shift. In contrast, they are not rewarded for the quality or intensity of the services they offer or for the creativity they demonstrate in reaching new populations at risk and addressing some of the City's most intractable problems. In addition, service

programs in both the public and voluntary sectors are currently often hampered by severe staff recruitment and retention problems and fiscal shortages that prevent full attainment of even limited service objectives. As a consequence, there is a widespread sense of futility evident among many program administrators and direct service providers in family and child welfare agencies. By way of contrast, although the study respondents - a select group within the provider universe - clearly shared frustration about the lack of a clear service mandate and inadequate resources, most had chosen to "fight back". Public agency administrators stressed the need for more support from federal and state government. The voluntary agency directors followed the line of advocating actively for more comprehensive service provision and for making innovative use of available resources (including decategorization of some funds) in order to stretch the boundaries of their own service programs. The prevalence of this attitude among the select voluntary agency administrators in this study suggests that it may be one of the variables distinguishing strong or promising service programs from others in the service network.

Summary of Key Findings

The Social Service Delivery System

Despite perhaps the richest and most diversified array of voluntary child and family social services of any major city in the country, and despite one of the most extensive public child welfare agencies, New York City still does not have a coherent child and family social service delivery system. Nor is there a clear and consistent pattern of defined roles and division of responsibilities between the public agency and its private contract agencies. Nor is there sufficient clarity of roles between the public child welfare agency and such other public child serving agencies as: the court, the schools, the public health system.

Most of the ongoing child and family social services in New York City are provided under private contract with one or more public agencies. Most of the voluntary agencies providing such services are heavily publicly financed. Confronted by a plethora of severely troubled families, New York has responded with more extensive public support than has almost any other large city. Yet this is not sufficient.

The New York "model" is a public access system for Child Protective Services (CPS) and foster care, with most other services provided through a large group of private contract agencies, some of which are outstanding and some weak. New York has not succumbed to the pressures for a minimalist mission, in the sense of some other

jurisdictions, although there is some tendency in that direction. The Child Welfare Administration (CWA) itself is minimalist, but (in addition to some limited services in CWA) ongoing services are available through the city's contract agencies. The best of these agencies are staffed by some of the most qualified professional staff in the nation, while some of the others and some of the public agencies are staffed by some of the least qualified. The City continues to sustain its traditional commitment to services despite growing pressure to target on a narrower group. It continues to try to serve a wider range of troubled children and families. But it does so despite constant and pervasive personnel problems. And it does so despite limited control over, or even defined relationships to, its contract agencies. Thus, for example, the City still cannot assure its high risk priority clients access to its contract services.

By itself the child protective service (CPS) is not sufficient. Nonetheless, it is quite evident that the availability of a rich and diverse voluntary agency system does not decrease the need for a strong CPS system. Clearly, the City needs a strong child protective service, and it still does not have even that.

Certainly, New York City does not constitute an exemplar of what big cities should be doing. Some would argue the City still has too centralized a delivery system while others argue that the key problem is that many of the

services publicly paid for are outside of the City's span of control. A strong private sector continues to press its own agenda, sometimes adding to service fragmentation while at other times creating the kind of dynamic tension between the public and private sectors that could ultimately lead to a more creative, stronger, improved service delivery system than now exists. Yet, despite the problems and inadequacies, there is little evidence of comprehensive, long term planning for social services in the City; and even where planning has been carried out, implementation is inadequate.

Two more conclusions follow:

Again and again, agency administrators complained to us about the constraints imposed by categorical funding. In effect, both public and private social agencies' ability to plan a more coherent service program is undermined by the rigidity of federal and state categorical funding requirements and the CWA's pattern of designing narrowly targeted contracts in response to specified problems which come to public awareness. The result is an extremely fragmented service delivery system, increased barriers to more holistic service developments, and increased activity by small entrepreneurial agencies that design their entire programs to reflect what can get public funds, not what the service needs of the community might be or what creates a coherent delivery system.

Some private agency administrators, nonetheless, manage

to develop a more holistic program, and the results underscore another conclusion. Successful resolution of some of the toughest, most difficult cases seems to be directly related to an agency's ability to provide comprehensive services. Several agencies have developed their own continua of care, testifying both to the City's failure to coordinate its various contract agencies, and to the importance of making such systems of care available if the agency is to serve troubled children and families effectively. Targeting on a geographic community rather than on a specific problem or population group, as exemplified in several of the programs reported, illustrates an effective strategy for more comprehensive and holistic service delivery.

Programs and Practice Interventions

A number of important variables characterize those programs able to cope effectively in the context of increased social problems and diminished support for social services. Most striking perhaps is the similarity in leadership style of the top administrators in the various programs described in Part III, despite clear differences in their theoretical orientations and the service structures they lead. In many ways these executives all seem to see themselves in what might be termed an "ambushed position", trying to survive and provide high quality service despite constant fiscal, programmatic, and political pressures. They demonstrate a clear sense of mission, a firm commitment

to whatever model of client service they have developed, an eagerness to expand as they identify new populations in need, and a readiness to keep moving and adapting in response to changing opportunities and constraints in the environment.

The strong voluntary agency executives are active in the community and know how to develop and use political influence. Although ready to do battle with public officials in order to advocate for client interests, they also make every effort to collaborate when asked to take on a new service or population or to serve on some advisory body. Despite wide variations in the levels of their agency endowments and the composition of their boards, it is clear that each of these executives works to develop access to private sources of funding and influence that will extend the freedom to maneuver and to shape a service structure. In other words, they are well-aware of the risks of being overly dependent on any one funding source and clearly work to ensure that their agencies can withstand cut-backs in any one area.

Finally, these administrators are all keenly aware of the need, on the one hand, to maintain high public visibility and a positive image in the community, and on the other, to keep in close touch with staff members and with representative client groups. Most are skilled clinicians themselves; and they often employ what has been termed a "hands on, value driven" management approach that keeps them

informed about what is happening while helping to create exciting work environments through "personal attention, persistence, and direct intervention - far down the line."[3]

A second key variable that characterizes the study sites is a clear sense of service mission related to a specific client population or community group. Some of the programs are identified with a particular geographic community, others with clients experiencing specific types of problems, but none restrict themselves to providing only one type of service. Moreover, although they all engage in incremental planning and are willing and eager to take advantage of new funding opportunities that are made available, they are generally very clear about which new ventures would help to advance their primary service mission and which would merely divert energies. Consequently, instead of jumping at each new "request for proposals" (RFP), as some agencies are inclined to do, and/or attempting to address any new service need that may be identified, each of these programs seems to expand in a planful manner that protects its core identity while enabling it to seize appropriate new funding opportunities as they may arise. The two agencies studied that define themselves somewhat as holding companies for a range of service programs - Jewish Board of Family and Children's Services and St. Christopher - Ottilie (sponsor for the Center for Family Life) - are much quicker to expand in a number of diverse directions because they make no pretense

of functioning as an integrated service network. However, their discrete program components display the sense of clear service mission and commitment to their own standards.

This picture of strong leadership and commitment to agency mission suggests an inevitable planning dilemma. We both praise and encourage entrepreneurship, capacity to maneuver, and the type of independence which are essential to coping and creativity - and we subsequently urge stronger planning, service coordination, and accountability. Long-range solutions will need to incorporate these conflicting values and to find essential balancing points. This makes the task difficult, yet it would appear to be unavoidable. It would also suggest that there are no final or permanent designs and solutions. All of this must be considered in the subsequent discussion of program models and of planning mechanisms as well.

The third critical variable that could be identified from the study is program growth. Although some of these agencies started out very small, they all seem to thrive on expansion. Each program administrator spoke of the need to move out to new populations and/or to develop new services in order to carry out the agency mission and to stay afloat financially. Agencies may develop multiple, small decentralized units, but they apparently need a large organizational base and multiple funding sources to insure survival and to maintain the range of specialized staff resources required to deliver high quality services. In

other words, in family and children's services in the City today, small is not seen as beautiful. This observation raises obvious questions about expectations that some very small, independent community-based organizations will deliver effective services.

A related observation is that the agencies in the sample all seem quick to identify new service needs and ready to experiment with new programs. (Homebuilders seems at first glance to prove an exception in that it has not sought to expand its service repertoire. However, the Bronx program is itself an example of expansion by its sponsoring agency, Behavioral Sciences Institute, and the latter has diversified in recent years by developing large training and consultation components.) Rather than resting on their laurels and defining their service boundaries in narrow categorical terms, these agencies have consistently sought to be responsive to new funding opportunities and new potential service populations. But these agencies are not simply jumping to new, potentially "easier" or more financially viable populations. In each case, expansion has been carefully planned as an enrichment or extension of the agency's core service, not as a substitute for it. Overall, this trend toward diversification seems to reflect a recognition that the service needs of families and children at risk cannot be fit into the small categorical boxes created by current funding streams.

A fourth organizational variable of significance is the

willingness to develop programs that cross traditional service system boundaries. Although the sample sites all emphasize the importance of their core family and child welfare service functions, most are moving further into other service sectors - recreation, health and mental health, special education, child care, employment, and/or housing - in order to reach increased numbers of families and children at risk and to utilize a broader range of helping strategies. Child welfare agencies have been criticized for many years for their failure to provide sufficient early intervention services to families at risk and their inability to provide appropriate care for children requiring specialized treatment resources. Yet neither the State Department of Social Services nor the City's Human Resources Administration has had the resources and will required to support any significant expansion of the traditional child welfare system boundaries. Consequently, many of the leading voluntary agencies have had to secure sanction and funding from other public service systems in order to implement needed program initiatives. While adding to administrative and fiscal complexity, this move has clearly enabled them to provide more comprehensive services to children and families at risk. It raises questions, to which we shall return, about better cross-system coordination - or even the need to challenge present system boundaries.

The fifth important variable relates to the quality of

staff and the value placed on staff training and morale. Although most of the programs in our sample, like others in the field, must struggle constantly with issues of staff recruitment and retention, they seldom compromise their staffing standards or expectations. Instead the administrators devote considerable attention to staffing concerns, attaching great importance to selection of professional staff who share the agency perspective on practice and can be expected to work effectively and collaboratively with others in the organization. Several of these agencies have very elaborate staff development programs, and all place a real value on in-service training and creation of opportunities for professional advancement. As a consequence, although a number of the workers interviewed complained about their salaries and the lack of available community resources for the clients, all were quite enthusiastic about their respective agency programs and spoke very thoughtfully about their own practice and broader service delivery issues. Moreover, these workers all clearly defined themselves as having primary responsibility for case assessment and service delivery. Although CWA technically holds "case management" responsibility, in practice the workers in these programs hold themselves accountable for serving this essential case planning and coordinating function.

A final important characteristic of the sample programs that deserves consideration is the importance attached to

internal measures of quality assurance and service effectiveness. These programs must, of course, meet the performance criteria established by their various funding sources, but the administrators seem to place little value on these external reviews (except in relation to insuring continuity of funding). Instead, these programs have developed their own mechanisms for assessing service quality and outcome, and the administrators are committed to ensuring that the programs meet the quality standards they have established for themselves. In addition, several have initiated independent studies or participated actively in research projects aimed at studying their practice. What seems important about this finding is that it highlights the readiness of these programs to be evaluated according to criteria they deem appropriate and the relative disdain program administrators feel for accountability demands not related to their sense of professional standards and program mission.

Unfortunately, little can be said about the key variable of service model because the study by its very nature could not lead to any firm conclusions about the relative efficacy of alternative service approaches in meeting client needs. Since each of the programs defines its target population and objectives somewhat differently - despite general reliance on common funding sources - it would be meaningless to compare service outcomes. What is notable is that in each of the sample sites there was a high

degree of congruence between treatment approach and service objective. Moreover, there was widespread commitment among the staff members interviewed in each program to the theoretical orientation and service approach emphasized by the agency. Thus what seems to matter is the level of conviction about the type of service being offered, not the particular practice approach being followed.

This observation, which may be distressing to those committed to a particular practice approach, is very consistent with the findings of many studies regarding the effectiveness of alternative models of psychotherapy and social work practice.[4] However, it raises an important question - as posed above - about the potentially counter-productive effect of recent efforts to regulate and structure family and children's service programs more tightly in the name of protection and accountability, without simultaneous emphasis on the fact that this field clearly needs more creativity. Happily, practitioners in the more successful programs are encouraged to innovate - and future plans must protect such impulses.

In the course of this study, for example, we have observed interesting efforts to introduce concepts from structural family therapy to work with foster parents, to create more powerful roles for parents in local public schools, to develop ethnic-sensitive parent training programs, to teach parents and children more effective behavioral management techniques, to provide clinical

services on site to children in day care and school settings, to develop foster homes for children with AIDS, to create new models of shared parenting, to maintain youth with serious behavioral and emotional disorders in day treatment, and to use the traditional concepts of time and relationships more creatively to meet both crisis and long-term service needs. Such innovations are desperately needed if we are to develop more effective means of responding to the clinical challenges presented by the very troubled children and parents coming to the attention of agencies today.

Directions for Reform

As a new City administration and a new HRA leadership begin their work, they enjoy a strategic opportunity for facing basic problems confronting child and family services, ee of commitments to vested interests and old policies.

Obviously new leadership cannot ignore crises that arise repeatedly in programs designed to address the City's most intractable social problems, i.e., child abuse and neglect, homelessness, AIDS, chronic mental illness, school failure and drop-out poverty and unemployment. And services currently in place for various populations cannot be dismantled until new arrangements are in place. Nonetheless, this is a time that also calls for stepping back, asking basic questions, taking bold steps. The City has been working hard, spending significant funds, and doing

poorly. There are opportunities and promising suggestions.

Building on the tentative findings of this study as well as our related national study and prior research on social services in New York City, we are able to identify a number of ways that the City could begin to improve the delivery of needed services to families and children at risk. It is also possible to specify dilemmas which need to be resolved and potential trade-offs which cannot be avoided.

We start with philosophy and basic orientation. What follows grows out of the case studies and discussions with leadership in the field: Treatment, service, and rehabilitation programs for families and their children should not - indeed cannot - ignore the fact that their potential clients are living in environments which are major sources of danger, deprivation and poor models. They are heavily concentrated in minority populations, among the poorest of citizens, in the most difficult of neighborhoods. Child and family development needs broad neighborhood and community support even as agencies work directly with individual families, and small groups. Thus the umbrella for social services is a community development context and a thrust towards normalization, mainstreaming, integration. These abstract words are meant to affirm a commitment to offer the families served resources and opportunities to share in normal community life - even as they are helped to confront their personal problems. Nothing else will work.

When direct help is given, as we shall repeat and elaborate, it should not be narrowly targeted, categorical service. It must be family-oriented, holistic, integrated across formal service systems - in short, a continuum of care. These are by professional consensus the requirements for effective work.

The question is inevitably and legitimately raised as to whether calls for earlier intervention and service to a broader range of cases than those targeted by CPS and foster care programs will not lead to an inefficient use of scarce resources and a loss of public priorities. Would the load not become so large as to be unmanageable? The answer has two parts:

(a) First, there are many problems beyond abuse and neglect, or the lack of a parental capacity to offer a suitable home environment, that also represent serious personal and interpersonal problems. A community cannot ignore these if it strives to provide adequate environments for developing children, to alleviate suffering, to decrease anti-social behavior, and to intervene where needed in the face of pathology and difficulty that can only get worse. New York City has demonstrated in its so-called prevention programs that it understands this better than many jurisdictions. It needs to better project and implement its philosophy.

(b) Some of the most promising strategies are those in which a community - centered around an institution or an agency - asserts its responsibility to ensure a suitable environment for the development of its children. There are examples in the settlement houses of various eras, including the 1960s. One might cite the illustration in this report of the Center for Family Life. Such a community response to its children must involve socialization, developmental, and direct-service activities. The children must be served in whatever ways are necessary, in the context of family and community, in a spirit well beyond the narrow targeting that might seem superficially economical and efficient. The investment of needed funds for this broader approach is also "efficient" in a long-term sense, representing an "investment" in precious human capital. It is affordable if selectively applied to obvious high-priority neighborhoods.

This much said, we offer specific priority recommendations:

1) <u>The HRA-CWA-private agency goal shall be to develop comprehensive, community-based child and family service networks that feature early access and integrated service provision</u>.

Every available indicator suggests that it is not good policy to make child protective investigations the only

major entry point to services for families at risk or to make child protective and substitute care services the only significant elements of a City's child and family welfare system. Both of these are essential components of any service network. They should provide the safety net, but not the totality of response to troubled families.

Families and children at risk should be offered access to a range of supportive and developmental service including: child care; parent education; recreation, socialization, and community development activities; individual, family and group counseling; respite care and homemaking assistance; day treatment; and information, referral, brokerage and advocacy services as needed. These services, as well as child protection and substitute care, can be delivered most effectively at the local community level where they are readily available to families and where workers know and have ready access to the range of institutions with which they must collaborate to insure integrated service provision. Some more specialized services such as substance abuse programs and residential treatment facilities may need to serve a larger catchment area and be located elsewhere, but they can still have access points in the local community.

A variety of ways to organize such local service network are found in different places, are proposed, or may be projected by extrapolating from some of the agencies/ programs we have described. Here we offer for an early

planning agenda four visible options. The first two derive from our agency case studies. The third and fourth derive respectively, from earlier New York City studies and our national studies. A planning group will want to consider their respective advantages and issues of feasibility.

We begin first, by explaining what we mean by "community-based service".

Since the mid 1960s terms like "community involvement", "local" or "citizen participation", and "neighborhood-" or "community-" based service have appeared in many discussions and proposals for reform. These terms carry many meanings, and efforts to implement them have been difficult and often disappointing. The advocates have included both people concerned with the quality of services and those with other agendas. The opponents sometimes are protecting turf, sometimes remain committed to outmoded values; but at other times they may be only cautious. New York City's long history of efforts at reform suggests the difficulty of the decentralization task.

If child and family social services in New York City are to be successfully decentralized so as to rely significantly on a neighborhood-based delivery system, the concepts will need to be specified and operationalized in the course of the planning process. Here we offer some of our own thinking as part of that discussion.

At the minimum, community- or neighborhood-based (we

use the terms interchangeably) refers to location. The city-wide coverage system should be a physically decentralized one, offering easy access from all areas. Also at the very least, these local agencies should have special sensitivity to ethnic, racial, religious, class, family-structural, and cultural characteristics of the local clientele. These are basic tenets of effective social work.

In addition to geographic location, a more fully developed community-based service program would include local citizens' involvement in the governance of the service programs, and some of the local residents in both professional and other staff roles.

Ideally, a community-based social service delivery system would be located in a community development context, in which the large community is at work on its economy and various aspects of its housing and quality-of-life, with local residents in many leadership and staff roles in this community change process, and with the community assuming responsibility for the conditions of development, socialization, education and treatment - where needed - of its children and their families.

We also see "community-based" as carrying yet another idea. A living community is a place of constant change: economic, demographic, cultural. One would therefore expect programs and services to evolve and change not only in response to broad city-wide and professional initiatives, but as part of change in the local community.

All of this requires several caveats which must be considered by planners.

First, the choice of a local service model in a community-based system could create a local monopoly which - we must assume - could in some instances be of poor quality, or worse. Thus, the planned system must allow "escape" channels for dissatisfied consumers and those out of tune with local governing groups. "Equal protection" is a city-wide criterion.

Second, there are some abandoned children (babies as well as adolescents) who have no family or community identifications. Ideally, one would seek localities that might "adopt" them. However, the City also requires some service networks and service continua, held together by the "glue" of case management, which are not neighborhood-based. They will be conceptualized in functional terms. They would serve those without community identifications and perhaps, also, those who do not wish to remain within the local system.

Third, by stressing the importance of community-based services, we do not mean to imply that there will be no need for residential programs. Obviously, such programs will be needed. Our point here, however, is to emphasize that sufficient services should be available within the communities in which children and their families live for them to have access to support and help while at home, before problems emerge which might require placement.

Moreover, we would hope that some residential arrangements can be made within communities as well so that even troubled children who need to be removed from their families - hopefully very briefly - can still remain in their own communities.

We turn now to a description of four alternative community-based service delivery models.

a. A Diversified Model of Child and Family Service.

This approach builds on existing voluntary and public agency initiatives, some of which are most impressive. It would mobilize local planning capacity and guarantee new resources to capitalize on voluntary agency presence and available social service, school, and health resources. Such an approach would shape the structure of services differently in each community in accord with experience, existing programs, and expressed community needs and preferences. The auspice could be a voluntary agency, the public agency, or could vary across the communities. A minimum condition of acceptability would be assurance that there be a child and family service network with multiple entry points at the local level and clear mechanisms for case assessment and planning, referral and service integration. We have no doubt that some communities could mobilize the planning capacity, political will and integrity such an approach demands. Moreover, they already have the essential core programs.

The issue is whether this approach can assure city-wide coverage and whether (contrary to experiences with the schools following decentralization) City government is capable of the needed monitoring, certification, and coordination.

b. A Community Development Model of Child and Family Services.

Another model could be characterized as a neighborhood-based, comprehensive, integrated child and family service. It is designed to link child protective services, family support services, adolescent services, mental health services, residential and non-residential services, and foster care, all in a community development program. Such a program, illustrated in part by the Center for Family Life, as described in this report, stresses individualized assessment of family need and refuses to label clients by problem category - or to accept narrowly categorical funds that restrict sound agency practice. In some sense reminiscent of the 19th century settlement houses, but built around sophisticated therapeutic concepts, this program is designed to provide the continuum of care and services that may be required to sustain high risk children and families in their own homes, to counter the forces that contribute to family disequilibrium and alienation, to foster access to normalizing opportunities and resources, and to contribute to local community development and service

planning processes.

Here the premise (in contrast to suggestion "a") is that we know what to do and what the delivery system should include. The issue is feasibility. The unique pattern of leadership and dedication in the Center for Family Life may not be replicable. Perhaps the City might establish 4-5 such programs in very high need areas, even if not possible throughout the city; clearly, the model deserves serious consideration.

c. A Neighborhood-based, Family-focused Access Service System. (Implementing the Beattie Report)

This is an obvious option, long proposed by experts in the field, justified by the national study and some of our own earlier work.[5] The City has long been committed to it. The City would develop a coverage service in the form of a neighborhood-based, family-focused access service (information, referral, brokerage, and advocacy) in which high risk children and families come through one doorway with a variety of needs and requests for help. Case management staff would be the linch-pin for assuring provision of more specialized treatment and remediation services from elsewhere in the community, drawing upon public and private agencies.

It should be stressed that this model assumes public capacity to staff and operate a neighborhood network, developing local services which are publicly operated as well as maximizing use of voluntary "contracting" and

"purchase" capacity to ensure a sufficiently "rich" offering in each neighborhood. The broader community development role would be left to others.

The issue is one of feasibility. It is not yet clear whether the City's failure to implement the Beattie report derived from resource lacks, serious deficits in the management capacity of HRA's social service personnel, or doubts about the model. We cannot argue from our current study, therefore, that original obstacles no longer exist. At the end of 1989, the outgoing HRA administration seemed to suggest that it still favored moving in this direction. We do not know that it is either less or more difficult to achieve than options "a" or "b". It therefore remains on the agenda.

d. A Cross-systems Initiative.

This model, which derives from the national study, may be beyond the City's immediate capacity. The cross-system delivery model points to the fact that many of the most difficult cases involve dual-diagnosed or triple-diagnosed children, and siblings or parents with other multiple problems. It is chance which determines whether the case originates with law enforcement, child welfare, special education, mental health - and so on. Current system boundaries are explained historically but do not ensure the most effective interventions. The model proposed is one in which children and families get access to the helping network through a system of multiple

categorical doorways such as abuse/neglect, status offense, dependency, developmental disability, handicap, severe mental disorder, retardation, and the like. Whatever the doorway, there would be one care/ service/ treatment network, organized and administered as a comprehensive service continuum and delivered by a system ensuring responsible case management, program coordination, and the pooling of supportive categorical funds. The care/service/treatment system would cover the range of in-home and clinic-based services, individual-group-family-focused intervention, day-residential-specialized institutional treatment, foster home-respite-residential care that now represent the state-of-the-art for dealing with the social service and mental health needs of the respective population groups.

The cross-system model requires elaboration and testing. In the course of explorations, special attention should be given to the potential role of schools as either locus or component of community based service systems. There are currently a number of initiatives in New York City but no policy or systematic planning.

Here, too, the issue is feasibility. The potential problems arise from the categorical nature of many funding streams, federal and state rules, turf concerns, differences of orientation among the professions concerned, and much more. Merely creating a unified

children's department, as has been proposed frequently and attempted elsewhere, does not accomplish much. It would take a new and strong agency to implement such an approach. It also would require provision for decentralized operations - given the city size and the numbers of categorical services involved.

We conclude our recommendation regarding the establishment of a system of a community-based, family-focused child and family service system by noting that we could argue either for a uniform pattern of service delivery throughout the City, with the City choosing one of these models, or for a diversified pattern, with City and community planners together agreeing on whichever of the models seems most appropriate for that community. We would argue strongly, however, that whichever pattern is selected, the model should be implemented with particular alertness to the cross-system linkages stressed in "d." above - and with assurance that all communities would in fact have coverage.

The choices made should reflect philosophy, readiness to undertake major resource commitments, expected management capacity, and estimation as to feasibility. The City needs a reliable, visible coverage plan that can be monitored as to its progress. The current pattern is so confused and ad hoc as to defy management control and public monitoring - and it frustrates those who need help.

2) <u>Urgent attention must be directed to establishing</u>

mechanisms to facilitate joint public-voluntary sector planning at the central and community district levels.

Because of fiscal and political constraints in the public sector and historic tradition, leadership in the development and delivery of child and family services (except for child protective services) is often exercised by those in the voluntary sector. Yet the public agencies that have mandated responsibility for delivery of various children's services shape voluntary service provision through control of funding. Unfortunately, the major public and voluntary agencies often enter into adversarial relationships because of tensions around service regulation and funding. Moreover, instead of working together to develop coordinated service plans, the different public agencies with responsibility for children's service often function in a competitive manner or simply work on parallel tracks, ignoring the overlap among their target populations, contract agencies, and service objectives. As a consequence of these dysfunctional relationships, planning efforts aimed at the development of comprehensive, community-based services are frequently thwarted. No lasting, considered choices are made among the delivery-system options cited above - or others.

To address this problem, we would recommend that mechanisms be created and mandated for joint public-voluntary service planning at the citywide and, eventually, the community district levels as well. Given historic

tensions described above, such planning will not be easy to implement. Therefore, it is important that the Mayor's Office assume responsibility for developing and staffing a citywide joint planning body (which eventually would take responsibility for organizing the local planning groups essential to several of the options) and for insuring that the various child serving agencies participate and implement whatever recommendations are made. Without such action, little real change can be anticipated and the City will persist with alternative, shifting delivery models and expensive but poorly meshed public and private programs.

The history of New York City children's programs and of several decades of studies, panels, commissions, and reorganizations is sufficient to remind all concerned that creating effective public/private planning will not be an easy task. It will be particularly difficult because of the need, already identified, to protect agency creativity and initiatives in the context of strong overall citywide leadership, provision for accountability, and unambiguous choices with regard to programs and priorities.

Some of the elements of an agenda for planning which must be taken on by City Hall personnel assigned the task of facilitating a planning process would be the following:

- How to ensure the availability of Mayoral power to overcome blockage and obstacles.
- How to define the boundaries and locus of the planning system. CWS is a big component but the

scope and vision must be larger. Planning should cover not only all relevant HRA components but also as many of several other elements as can be dealt with effectively, and offer a high probability of implementation: Elements of mental health programs? Some health components? Some school-based programs? Some court services? Developmental disability programs? Only some of these? Others? The core CPS, foster care and preventive programs only?

- The appropriate involvement of the State. The State systems that are related to the above components are essential partners. Just how much they can contribute to the planning process per se will depend on other State decisions (how much involvement precludes oversight?).
- The readiness of the City to offer strong leadership, given its public mandate and the public role as the major funder of these programs. This also involves monitoring and accountability machinery, the development of public service capacity or "excess" and redundant capacity in some fields, if the City is not to be hostage, for lack of alternatives, to defiant and unsatisfactory agencies.
- Simultaneous determination to plan so as to encourage community-based services, community involvement, and participation, in the sense outlined above - and to support innovative and creative leadership both

within the public bureaucracy and in the voluntary sector.

An early topic for a planning agenda would be the issue of public/private "parity". Parity would be a useful early goal, even if not immediately attainable. The system is plagued with resentment and staff instability created in part by inequities in salaries, caseloads, fringe benefits, job qualifications, and working conditions between and among public and private agencies, agencies with different target groups or in different "systems", agencies with good endowments and those unable to supplement what they receive through public contracts.

The inequities run in several directions. Although we might cite many illustrations, they are readily at hand. They need to be considered if reform is to take hold and be effective. The parity principle would be: equal job qualifications, pay, fringe benefits, and working conditions for similar work - whether in a public or a voluntary agency, in one system (social services, health, mental health, education, etc.) or another. Achievement of full parity could take some time, but effective and significant improvement is within reach.

3) <u>It is urgent in the context of reorganization and planning efforts that City representatives work with state and federal officials to institute administrative regulations that encourage pooled funding of integrated service programs and use of coordinated multi-year contracts</u>

and compliance review mechanisms for voluntary provider agencies.

As discussed repeatedly in the body of the report, program administrators find that categorical funding is one of the key obstacles to comprehensive service delivery. Yet given the nature of our political system, it seems inevitable that some significant public funds will be directed to specific "problem" populations that have captured public attention and concern. Therefore agencies/ programs attempting to provide more comprehensive services must develop their own means of coordinating the monies available through discrete funding streams and pooling the funds. Experienced large-program administrators with sufficient resources and vision are often quite skilled at inventing solutions, but small programs are at a distinct disadvantage in this process; and many find it easier simply not to bother trying to integrate services. Public agency administrators could help to address this problem by working out coordinated contracting and contract review guidelines and negotiating with federal and state officials to develop simplified procedures for obtaining waivers to regulations that restrict pooling of program funds and staff or that limit client eligibility and services in unrealistic ways. We have concluded that neither New York City nor New York State has fully grasped the possibilities.

Unlike the majority of states which have state-operated systems of personal social services, New York's is a state-

supervised, locally-operated system. Nonetheless, the State is in a position to encourage and support City initiatives and to intervene in Washington on behalf of the City. Without active State support, the City cannot achieve greater flexibility in using resources. The State is called upon to address itself to measures which will help the City confront a serious crisis. There are exemplars of stronger state leadership in other states with county-operated systems.

4) As the City moves to strengthen its delivery system and enrich its offerings, it should give high priority to a coordinated management information system able to provide the demographic, social problem, service availability, and utilization data required for effective service planning and evaluation across the various child and family service systems.

One of the major deterrents to comprehensive service planning is the fact that each of the public child and family service agencies now maintains its own - often rather antiquated - data collection system; and some also maintain separate record-keeping systems for each program, in response to contract requirements. Since these information systems often use different definitions of unit of service, client contact, program year and so forth, it is almost impossible to aggregate data from different programs or to make meaningful inter-agency comparisons. Moreover, program data are seldom related systematically to information about

community district needs that can be derived from census data and other data available from the City's Department of Planning. There can be no realistic planning for comprehensive service provision without an adequate information base. Therefore, development of a coordinated management information system for delivery of child and family services should be given high priority on any reform agenda.

5) Government programs at all levels, as well as private foundations should be urged to give new and increased attention to delivery system concerns, assigning priority to support of innovative program ideas that reflect a clear sense of agency service mission and are or can be linked to an established service network.

It is urgent to encourage small, creative initiatives without obvious pay-offs. However, the overall "portfolio" for a funding source might attend more regularly to the sort of delivery system impacts not likely to accrue from the very small, unconnected "project". At the very least, if they are not to be lost, efforts might be made to link successful small, free-standing creative initiatives to larger systems. In this context it is also important to emphasize that service strategies that integrate direct clinical interventions with case-level advocacy, concrete services, and community development efforts seem to offer more potential for helping disadvantaged families than those that rely on a more limited service repertoire. Also, as

already noted, those that stress early intervention with families in which children are at risk seem likely to achieve more meaningful and cost-effective change than those that are targeted only on children already experiencing serious psychosocial problems.

The latter programs, of course, are equally deserving of help, but we stress that children with complex problems seem to be served most effectively in programs that reach a broader target population. Moreover, since publicly-funded services are now directed almost exclusively to children and families who are already harmed in some significant but narrowly categorized way, some limited private funds should be directed at programs designed to prevent these harms; others should break out of traditional boundaries. The most promising initiatives at present seem to be those that attempt to stretch or cross the boundaries of traditional child service systems in order to pursue more comprehensive interventive strategies. Thus these may offer the "best bet" for investment of demonstration service funds.

6) Public funds will need to be heavily invested in solving the current staff recruitment and retention problems and in expanding the pool of qualified people able to assume top leadership positions in the child and family service field.

Staff vacancy and turnover rates in both the public and voluntary service sectors have reached almost scandalous proportions. For example, a survey of the member agencies

of the New York Council of Family and Child Care Agencies in 1988 indicated that there had been a 47 percent coverage turnover in preventive service workers the preceding year.[6] Turnover in some parts of CWA has been reported at times to be even higher. There can be little hope of enhancing service effectiveness without addressing the staffing problem. And the obvious place to start is by increasing salaries substantially for staff at all organizational levels. It is difficult to make such a recommendation in the context of the City's current budgetary crisis, but there is no choice. Social workers in child welfare agencies traditionally earn significantly less than those in many other fields of practice. As the City has had to find the money required to increase salaries for public school teachers and nurses, so must it obtain the funds needed to raise salaries for child and family service workers.

Although agency administrators generally attribute their staffing difficulties to the low salary structure in child welfare services - and this may well be the primary factor - there is strong anecdotal evidence suggesting the impact of other contributing variables as well. Agencies such as JBFCS that offer both mental health and child welfare services report higher turnover rates in their child welfare programs, despite uniform salaries and fringe benefit packages. Graduate students in school of social work who are interested in practice with children and families generally prefer field placement in mental health

or school-based settings to those in child welfare agencies. Caseworkers and supervisors in the CWA, including those who enjoy the small salary differential provided in child protective services, often request transfers as soon as openings are posted for parallel positions in other divisions of HRA. These trends all suggest that low salaries are not the only factor contributing to staff recruitment and retention problems in this field of practice. Some of the other variables suggested by conversations with workers and supervisors include fear of mandated home visits in dangerous neighborhoods; excessive paperwork and accountability demands; frequent administrative and court reviews that limit workers' sense of professional autonomy; the frustrations practitioners often experience in attempting to achieve significant progress with families and children who are already very damaged; the inappropriateness of the traditional psychotherapeutic model of practice that many workers would like to employ for most of the clients served in preventive programs; limited opportunities for participation in advanced training and staff development programs that promote growth; and diminished respect for professional expertise in a system increasingly dominated by legal and management concerns.

Given these conflicts, there is obvious need for increased public funding not only to raise staff salaries, but also to identify and address the problematic working

conditions that discourage talented professionals in general, and potential minority leaders in particular, from building careers in this field of practice. Without sufficient numbers of committed, skilled workers and administrators, few real changes can be anticipated in the quality of service delivery.

7) There is need for one or more forums and practice exchanges to support growth of the system and sound planning.

The group discussions and individual interviews during and following our field work disclosed that private agency executives and top staff would regard it as most useful to meet for exchange of experience and views, and to explore difficult questions of policy and philosophy among themselves, and with their public counterparts, as well as with academics and researchers in the field. We were surprised at the expressed need until it became clear that whereas these are people who often meet, it is in the context of negotiations, complaint, advocacy, and problems of the moment. They and the system could benefit from opportunities for more relaxed exploration and probing in a neutral environment.

A closely related need, perhaps overlapping, is for a "practice exchange". Dissemination of professional practice and programming experiences and its possible adaptations and variations may take too long given the City's size, agency competition for the resources, and the lack of suitable

communication vehicles.

Foundations, coordinating bodies, and educational institutions may be in a position to experiment with creating one or more forums or practice exchanges.

8) Several specific research and demonstration questions merit emphasis, as the City seeks a firm basis for improved planning and administration.

The study raised a number of important questions that cannot be fully resolved without additional research. Several are highly relevant to any effort to reform current modes of service delivery in New York City. Therefore, while urging some parameter-setting planning at once, we conclude by recommending more systematic study, demonstration, and experimentation aimed at expanding knowledge related to the following questions:

a) What are the trade-offs inherent in offering school-based support services to children and families at risk through programs run under different auspices? Are such school-based services most effective under the direct auspice of the local school, the community school district, or the Board of Education? Are they better placed under the auspice of a designated community-based organization (CBO) or a number of local CBO's? Or should they evolve through a community/school initiative that establishes a partnership between the local school, one or more local child and family service providers, and the school parent organization?

There is now widespread support for the idea of using

public schools as the entry and focal point for the delivery of a range of needed child and family support services and for making fuller use of the school buildings on a year-round, extended day, evening and weekend basis. Moreover, as reflected in this study, there are now a wide range of school-based service programs established for different purposes with different target populations and operated under different funding streams and organizational bases. This may be a promising trend. Yet little is known about the relative merits and costs of these various service initiatives or whether this use of schools should be general or limited to high-risk communities.

The experience with the Brandeis programs suggests serious limitations in a model in which the school merely reproduces the unresolved problems faced by the City, but now in a more "miniature" form (to deliver services directly; to contract with one agency; to contract with multiple agencies - and if so, how to monitor contract agencies.) Before the City makes a major investment in any particular approach or large expansion, - or decides to reduce funding for what are often viewed as nonessential services - it would seem important to conduct comparative evaluation studies. In this context it might also be useful to analyze the relative advantages and disadvantages of school-based family support services versus those based in free-standing social service agencies.

b) <u>How can case management responsibilities best be</u>

allocated to insure continuity and integration of services over time and across service systems? The very concept of case management has lost much of its original meaning in recent years because of the State requirement that there be a "single case manager" for each preventive service case, responsible for completing or monitoring completion of the State Uniform Case Record (UCR). In the City this requirement has been handled by labeling as case managers the CWA accountability workers who review the UCR's prepared by the contract preventive service workers. But since these workers never even meet with clients, it is absurd to assume that they can serve a true case management function. At the same time, although the preventive service workers often attempt to provide case management services in the sense of defining themselves as having primary responsibility for case assessment, service planning and coordination and offering a range of therapeutic, concrete, and brokerage/advocacy service, they have no real authority to assume this role. Moreover, they are often undermined in their efforts to implement various service plans by decisions made within CWA, other parts of HRA, or other service systems.

There can be no real solution to the dilemma of how best to allocate case management responsibility without careful demonstration projects aimed at assessing the trade-offs inherent in various approaches. As discussed in the report of the national study, there are now a number of

ongoing efforts to examine alternative case management strategies. But because of the unique circumstances governing delivery of family and children's services in the City (historic heavy reliance on voluntary agencies, State regulations regarding the UCR, multiplicity of public and voluntary agencies involved in service delivery), it is unlikely that any of the case management strategies that are successful in other areas can be adopted here without extensive modification. Since the ambiguities regarding responsibility for case management within and among City service agencies will hamper any effort to insure more comprehensive service provision, demonstration projects aimed at identifying more effective means of providing case management services should be given priority on any research agenda.

One dilemma deserving attention in this context is the claim of some foster care agencies that given their broad range of responsibilities and intimate knowledge of case needs, there are circumstances when the agency with children in care should also be defined as the family's primary service provider - and carry case management responsibility.

c) <u>What changes should be initiated in the service delivery system to promote better recruitment and retention of highly qualified professional staff?</u> As discussed above, the traditionally low salary structure in family and children's services, particularly as compared to other fields of social work practice, poses the major barrier to

staff recruitment and retention. But salaries are not the only determinant of career decisions. Although a number of other variables such as working conditions, safety concerns, paperwork demands, and lack of professional autonomy have been identified as possible contributors to the current staffing crisis in child welfare, there are no hard data available. What is known is that there are significant differences in the capacity of different programs to attract qualified staff within and among agencies paying roughly the same salaries. It is also very clear that no program of service can be effective without knowledgeable, skilled staff. Thus there is an obvious need for research designed to identify the program variables that motivate or discourage talented workers and the types of changes - in addition to improved salaries - that could be implemented to enable child and family service agencies to attract and retain sufficient numbers of competent, enthusiastic staff and to expand the pool of professionals able to assume top leadership positions.

* * *

We have focused in these recommendations on those local, state, and federal officials who control policy and funds, as well as on the large and small agencies who must work to improve the public-private planning partnership and delivery systems. The responsibility goes further, however. Private foundation funds offer critical leverage and encouragement; we have urged that they increase their

alertness to the need for practice and program innovation and to delivery system context. (Some research leads are listed above). Citizen advocacy groups and voluntary agency board members are critical in informing the public and interpreting rather complex issues, in the midst of case "crises" and media hysteria. Unless they, too, align their efforts with basic solutions, the specialists and agency interests will not have the necessary credibility.

In short, the crisis in child and family social services is a Citywide crisis. Improvement will depend on the responses of professional, political, civic, and citizen groups at all levels and throughout the City and State. The history and traditions of this City give grounds for optimism.

Notes

[1] See, for example, Committee for Economic Development, Children in Need: Investment Strategies for the Educationally Disadvantaged (New York: Committee for Economic Development, 1987); Ford Foundation Project on Social Welfare and the American Future, The Common Good: Social Welfare and the American Future (New York: The Ford Foundation, May, 1989); Report of the Commission on the Year 2000, New York Ascendent (New York, June, 1987); and Manhattan Borough President's Advisory Council on Child Welfare, Failed Promises, Child Welfare in New York City: A Look at the Past, A Vision for the Future (New York, July, 1989).

[2] Sheila B. Kamerman and Alfred J. Kahn, Social Services for Children, Youth and Families in the U.S. (Greenwich, Conn: Annie E. Casey Foundation, June 1989), p. 267.

[3] Thomas J. Peters and Robert H. Waterman, Jr., In Search of Excellence (New York: Warner Books, 1982), p. 279.

[4] See, for example, Morris Parloff, "Psychotherapy and Research: An Anaclitic Depression", Psychiatry, Vol. 43 (November 1980), pp. 279-283; and Lynn Videka-Sherman, "The Harriet M. Bartlett Effectiveness Project Report to NASW Board of Directors" (Silver Springs, MD: National Association of Social Workers, July 10, 1985).

[5] Commission on Human Service Reorganization, Richard I. Beattie, Chairperson, Outline for Action: New Directions for HRA (City of New York: Office of the Mayor, 1985); David Tobis, Restructuring the Human Resources Administration: The Implementation of the Beattie Commission Report (New York: Foundation for Child Development, 1986); Brenda G. McGowan, Jeanne A. Bertrand, Amy Kohn, The Continuing Crisis (New York: Neighborhood Family Service Coalition, 1986). For earlier formulations, along similar lines, see: Alfred J. Kahn and Sheila B. Kamerman, "The Course of Personal Social Services" Public Welfare, Vol. 36, No. 3 (Summer 1978), pp. 29-42; and Alfred J. Kahn, "New Directions in Social Services" Public Welfare, Vol. 34, No. 2 (Spring 1976), pp. 26-32; Sheila B. Kamerman and Alfred J. Kahn, Social Services in the United States (Philadelphia: Temple University Press, 1976); Citizen's Committee for Children of New York, A Dream Deferred: Child Welfare in New York City (New York: Citizen's Committee for Children of New York, 1971). One might cite many others.

[6] Council of Family and Child Caring Agencies, Children At Risk (New York: Council of Family and Child Caring Agencies, June 1988).

APPENDIX MATERIALS

Appendix A.

Executive Summary from the National Study

Social Services for Children, Youth and Families in the U.S.

This is the report of a two-year study of alternative approaches adopted in states and counties around the country to delivering social services to children, youth and their families. The focus is on public social service agencies and the private agencies that also deliver these services, usually with public funding. Two large private (voluntary) agencies were included in the study to clarify certain issues. Our overall objective was to identify patterns of service delivery that are working reasonably well - or have the potential for working well - in the current environment of social policy and social problems, and to locate service initiatives that seem promising.

The study was funded by the Annie E. Casey Foundation and co-directed by Sheila B. Kamerman and Alfred J. Kahn of the Columbia University School of Social Work.

As used here, the term "social services for children, youth and families" refers to programs with names such as the following:

- child welfare services (foster care, adoption, etc.)
- child protection services (child abuse and neglect services)
- residential treatment services
- family counseling, family preservation, and family support services
- adolescent pregnancy and parenting services
- parent education and parent aide services
- adolescent social services

- youth services.

We organized the study so as to provide an overview of the current state of social services for children, youth and families nationally. During the 1980s these services underwent a series of changes as a result of both federal policies and developments in the society. These changes, imposed on what appeared to be an increasingly overburdened system, created crises in some places, uncertainty in others, and pressure everywhere. The full report constitutes a state of the art review of child and family social service developments around the country, a conceptual framework for discussion of the issues, and proposals for improving delivery systems.

Our study "sample" included 25 sites where we spent an extensive amount of time and 3 that involved only one-day visits, many other interviews, and reviews of countless reports. The sites were selected to include both state-administered social service systems (e.g. Florida, Massachusets, Maryland) and state-supervised, county-administered systems (e.g. Ramsey and Hennepin counties in Minnesota, Los Angeles, New York City). Furthermore, they were selected to include public agencies that delivered most of their social services directly as well as those that purchased most services from the private sector. We deliberately included several very large cities: Baltimore, Los Angeles, New York, Boston, Miami. In selecting our sites, we followed the recommendations of well-informed,

recognized national experts in the field. Before making our final decisions we explored alternatives and discussed criteria for selection with staff and leadership of such organizations as: American Public Welfare Association [APWA], Child Welfare League of America [CWLA], Children's Defense Fund [CDF], various governmental associations, Congressional staff, foundation executives, other researchers.

The structure of the report is as follows: Chapter I provides a picture of the problems facing social services for children, youth and families around the country and some of the factors that seem to account for developments. Chapter II focuses on historical background and legislative enactments that shed further light on the current service delivery system. Chapters III and IV describe in some detail the alternative coping strategies for service delivery, as seen in our state - county - city - voluntary agency case studies. Chapter V explores some cross-cutting issues and Chapter VI describes and assesses the "social innovations" emerging in public child and family agencies. Finally, Chapter VII presents our conclusions and recommendations. This Executive Summary covers report highlights.

THE PROBLEMS FACING SOCIAL SERVICES FOR CHILDREN, YOUTH AND FAMILIES

The major problems that we identified as facing the child and family social services include the following:

- Child Protective Services (CPS) (covering physical abuse, sexual abuse, and neglect reports, investigations, assessments, and resultant actions) have emerged as the dominant public child and family service, in effect "driving" the public agency and often taking over child welfare entirely. A repeated theme in state after state, county after county, is that the social service system has become so constricted that children can gain access to help only if they have been abused or severely neglected, are found delinquent, or run away. Doorways for "less serious" or differently defined problems are closed. Many communities cannot serve "voluntary" cases. Even for accepted cases, the needed help may not be forthcoming, or if it is, may not be adequate.

- Despite some important positive results, P.L. 96-272, the Adoption Assistance and Child Welfare Act of 1980, has had some unanticipated and negative consequences for child and family social services. Foster care has been denigrated and the system suffers as a consequence. There has been an enormous increase in paperwork and compliance monitoring, creating additional burdens for administrators and staff.

- Increased numbers of seriously troubled adolescents, very young children, babies, and multi-problems youngsters

now are entering the child welfare system and community service network without sufficient increases in financial or professional resources to provide the specialized help these youngsters need.

- The major new and serious social problems that have emerged in the 1980s also have placed new burdens on child and family social services - once again without any increase in resources. These new problems include the dramatic increase in drug addiction, homelessness, AIDS, as well as the growing numbers of deinstitutionalized or not-institutionalized young developmentally disabled and mentally ill, some of whom are also becoming parents now.

- The inadequacy of federal funding for social services, as contrasted with expectations generated by legislation and legislative history, the decline in the availability of urgently needed professional staffs, and the absence of a federal presence in the field have created major problems almost everywhere.

- The inconsistent, unclear, and often inappropriate interventions of some courts create additional problems for staff and administrators in the social services. On the other hand, court interventions can also be and sometimes are effective instruments of direct service and reform. Inadequate social service reports and poor CPS staff performance often frustrate court efforts. How to strengthen the positive contribution of the courts while reducing their negative role presents an as yet unresolved

problem despite the presence of very successful exemplars.

- It is difficult to obtain a clear national picture of child and family social services because of the inadequacy of national data regarding: the numbers and characteristics of the children in the system, the characteristics of providers, the supply of services, the interventions used. There is considerable inconsistency in the terms used to describe child and family social services and their component parts, yet these are points of departure for data systems.

THE PATTERNS OF COPING

We began the study with a search for "exemplars" which might be offered as models but found instead several different patterns, some experimentation and innovation, and some interesting thinking. We found several exemplary components of delivery systems but not any model systems.

The states and the counties within states have both richer and poorer social service offerings. There is very little geographic equity in the response to major social problems affecting children and families either across states or even within states. For those who would set objectives for the future it is useful to understand two things: (1) Various jurisdictions are striving to achieve quite diverse service coverage goals, being influenced both by resource realities and conceptions of what government should be doing in this field. (2) The consequences for

children and families of the quite narrow offerings in some departments are in part determined by what other public departments or private agencies in their areas may, or may not, have available.

There has been a general trend towards greater targeting in recent years. Governors, legislators, and commissioners are affected by federal incentives and compliance requirements and by media pressure growing out of statistical reports of social problems and dramatic case stories. They have variously committed themselves to concentration on those groups seen as having "emergency" or "most serious" problems. In the social services field this usually means alleged child abuse and neglect. Among those other groups receiving special attention in one place or another are: delinquents, the severely mentally ill, the developmentally disabled, the abused frail elderly, AFDC recipients, teen-age mothers, babies born addicted to drugs, babies born HIV-infected. Less-favored categories may not be ignored, but resources are limited, and they are not the centers of attention.

The widespread presence of targeting, on the premise that public resources are limited, means a general acceptance of the social service system's inability to undertake much prevention activity or to offer much service to those with chronic problems which do not explode dramatically - or have not as yet. The specific implications of targeting in a given community will depend

upon the answers to several questions: How narrow is the targeting? What occurs in connection with the targeting? One can target and do the minimum considered to protect child and/or community - or one can deal extensively with the problem. Or one can settle on something in-between.

Targeting, in brief, is the overall strategy but it is an umbrella approach which covers some major variations. Among the targeted systems, some find that they must limit themselves to the core child protective service (CPS) functions, whether for reasons of resource constraint or because that is all that local philosophies support. Others, aware of the varied and complex needs of children and families brought into that system, operate a targeted, but enhanced, CPS program. They go beyond reports, investigations, assessment, supervision/placement. They provide at least some sorts of specialized help and ongoing service.

Some go beyond the CPS doorway or repertoire. These may be identified as child welfare agencies in the 1950 sense of the term, serving dependent, neglected, abused, and status offender cases. Some are very traditional, "carrying cases" for long periods, heavily engaged in foster care and adoption and little else, but less diffuse in service than in an earlier era because they are impacted by the requirements and philosophies of P.L. 96-272. Others offer some innovative programs of several kinds but are seldom able to meet the full range of needs presented. They are

under constant pressure for ever more targeting.

There also is what might be thought of as an enhanced child welfare program, which is in part integrated with other systems. At its best, we would describe these as child and family service programs. Varying by state agency, mandate, and structure, family and child services in such places may variously include components from child mental health, delinquency and/or status offender programs, occasionally maternal and child health, sometimes adolescent family life or adolescent parent services. This range may appear in a child and family division of a human resource agency (with one of many alternative names!) or in a special, spin-off children's department.

There also are what we might sum up as "new vision" proposals: the delivery system may be one of the above, most likely enhanced child welfare, but there is also present the goal of placing the child and family service response in a community development context, emphasizing community (meaning church, business, school, etc.) "ownership" of children's problems and seeing the social service component only as the direct, formal service element in a network where others should "prevent", "case find", and help cope.

In the full report each of these four "patterns" is illustrated with reference to specific sites.

In addition, we note the special problems of the big cities throughout the country. They pose an overwhelming

challenge to child and family social services everywhere; there are no exemplars. The scale and intensity of social problems are enormous. We describe developments in such cities as: New York, Los Angeles, Boston, Miami, Baltimore. We raise questions, identify some possibilities, but offer no solutions. This is indeed an area needing further attention.

We also identify a series of ongoing and emerging issues that require attention if there is to be any serious effort to improve social services for children and families. Among these are: the role of the voluntary sector, likely to become even more important given the increased purchasing of care from such agencies by the public departments; the problems of staffing, professionalization, and leadership; the need for review and reform of foster care as a consequence of the declining pool of foster parents in some places and/or the increased demand for higher quality and more specialized foster care; the complex relationship problems between courts and child/family social services; and consent decrees as change instruments.

We have explored several innovative practice and administrative initiatives, developed either as important components of coping strategies or (in one instance) as an alternative method of service delivery. We have confined our use of the term "innovation" in this context to developments occurring in several places, to "movements" or "trends". No matter how interesting or attractive, the

free-standing local experiment or demonstration that has not yet "taken off" is not included.

The innovations to be discussed include some that are directed at specific work with the individual case and others concerned with administrative practice and structure. The two are inevitably and properly intertwined. Our discussion proceeds in the following sequence. First, we describe the strategies directed at facilitating a more integrated approach to service delivery: case management; flexible or pooled funding; structural reorganization. Second, are the innovations designed to achieve a more holistic view of families with children and a client or neighborhood focus for service delivery: intensive, home-based services; family support services; neighborhood based child and family services in a community development context. Third, are the services designed to facilitate the processing of cases: case review panels and teams; risk assessment tools; the use of automation and personal computer technology.

We conclude this discussion by noting that regardless of how creative they may be, and how effective some are, none yet constitute the basic components or framework for a full service delivery system.

MAJOR CONCLUSIONS AND RECOMMENDATIONS

Here we summarize our major conclusions and recommendations.

1. Public Education. It is most urgent that civic leaders and public officials find opportunity to talk to the public regularly, directly, and frankly about the major social problems, child and family needs, and social service requirements which must be faced. Only such continuous efforts will win support for the policies needed: to prevent serious problems; to ensure helpful, systematic response to those in difficulty; and to avoid crisis-reactions which do not improve conditions at all.

2. The Role of Government. While government cannot "fix" all families and should certainly not intrude unless essential, government in a complex modern society cannot forego a major role in ensuring both the universal services and benefits necessary for all citizens and a continuum of specialized services for those families and children in need of individualized help.

3. A Strong CPS. All localities require strong child protective services (CPS) and should be expected by their state governments to meet the standards for such services as promulgated by recognized national standard setting groups (NAPCWA, CWLA, AACP).

4. Targeting Is Not Enough. While current targeting of helping programs and resources in many states on only the most severely abused and neglected children is certainly understandable, it is not wise. Communities are called upon to do more. There are others in the society who are seriously troubled and troubling. If they are not noticed and helped, indeed if they are turned away, their problems will become acute. Of course it is not appropriate to intervene coercively with families where there is no statutory mandate to do so. However, this does not justify public neglect of others, a refusal to offer help, a failure to respond to a cry for aid.

5. Comprehensive Child and Family Social Services. Because localities must go beyond narrow CPS targeting, if they are to help many families and children in serious difficulty, CPS - even effective CPS services - cannot be considered the totality of a local child and family service system. Communities should be helped to obtain whatever assistance and resources are needed to locate CPS in a more comprehensive child and family social service system. At the minimum they need to add enhancements to the CPS.

6. The Search for Cross-System Reforms. Even larger reforms are essential, clearly called for by the many complex cross-system issues facing social service delivery systems. It is

urgent that leadership communities, state agencies, foundations, and national organizations undertake to explore, define, study, and test possible models for such reforms.

Child and family problems do not neatly divide themselves into: "foster care", "child abuse and neglect", "special education", "mental health", "juvenile justice", "developmental disabilities", "teen pregnancy", "runaways", and the rest. The same children appear in different systems at different times or at the same time. The most difficult child and family problems in all systems are the "dual" and "triple" diagnosed problems.

Current systems evolved in their present roles and missions long ago. The goals of efficient and effective help for children today call for either (1) a rethinking of the boundaries and roles of major systems (what services for children can and should be located in schools, medical programs, social services, recreation, etc.?); or (2) identification of the most successful modes of cross-system cooperation, coordination, administration/management. There are small beginnings in the form of organizational innovation, demonstrations, and experiments in a number of places. Careful analytic work and research on cross national issues has become urgent.

7. The Special Big-City Problem. Big cities are a complex and very major problem arena for child and family services.

There are no visible exemplars. It is urgent that government, the foundations, and the cities themselves find or create vehicles for exchange, exploration, cooperation, and experimentation with new service delivery modes.

8. Restoring the Federal Presence. The needed improvements in service delivery must eventually be achieved at the local and district levels. Strong state support is required if this is to occur, and some states have shown the way. However, for full success there is need as well for a strong federal presence as elaborated in the report. Such federal presence does not now exist despite implicit and explicit legislative and administrative commitments. This is a problem for immediate attention by the Administration, Congress, and the interested public.

9. Foster Care and the Future. Foster care, a service system facing major transitions, must be a major component of the needed reform in the child and family social services. New and complex problems experienced by the children needing help, as well as the demographic and labor force changes which affect the supply of foster parents, join to confront foster care with its largest challenge in a century. Creative and stronger supportive action is called for from federal and state governments, leading foundations, national organizations, professional associations and schools of social work. We have outlined some initial

suggestions.

10. Enriching the Service and Practice Repertoire. The child and family service systems in place are not adequately responsive to the complex and intertwined needs of the children and parents in need of help. Apart from personnel and resource issues, and from the needed reform of the delivery system, we refer here to the repertoire of helping measures and its need for enrichment, expansion, and updating. There are encouraging beginnings with family preservation, case management, family support and other efforts we have reviewed; but much more is required. Here we call attention to the special opportunities for government, foundations, and the voluntary sector to encourage and support creativity and new initiatives. We also note the importance of funding which will convert small initiatives into "standard" services systems.

11. Funds Are Needed. Social services are not big budget items in a national social program budget that includes social insurance, public assistance, medical care, and education. Nonetheless, serious social service reform will require new funds; and this is an era of tight federal budgets. States have been increasing their participation and some will need to do more. The problems involved are too central to the quality of American community life and the well-being of large numbers of children and families to

be deferred to other times. Advocates of reform therefore must and do give support to those officials who undertake to raise sufficient revenue for urgent public purposes.

12. Staffing Policy and Strategy. The major crisis in the staffing of on-line child welfare operations is variously explained and not experienced in the same way everywhere. Few jurisdictions have escaped the problem, however. The fact that there is as yet no consensus as to answers makes it ever more urgent that answers be sought. Some issues, points of view, and measures available have been discussed. National leadership organizations, public and voluntary agencies, professional schools, and accrediting bodies cannot continue to ignore this central challenge.

13. Social Service Reform Alone Is Not Enough. We conclude with a reminder: Social services are essential for helping troubled children, youth and families. At their best, these services rescue, sustain, help, rehabilitate and even enrich development. Nonetheless, only the naive or the irresponsible would blame major social problems on social service failures or claim that social services reform will eliminate poverty or social pathology. Social service reform is urgent but it cannot be successful unless the society attends to much else as well.

Appendix B.

Case Study Guide, New York City Study

CASE STUDY GUIDE

I. Background Data (Some of information may be available in annual reports and/or other written material, if not, obtain from top administrator).

1. History

- Year established

- Impetus for initation

- Milestone events (Dates of mergers, significant expansions, major new programs)

2. Service Mission, Objectives

- How defined

- Changes over time

3. Target Population(s)

- How described

- Numbers served (daily & annually)

4. Physical Facilities

- Location of headquarters

- Number and location of sites

- Catchment area

5. Sponsorship and Accreditation
   - How described
   - Affiliations

6. Programs
   - Number
   - Types

7. Organizational Structure
   - Number & Types of Departments
   - Levels of hierarchy

8. Board
   - Size
   - Type of membership

9. Staff
   - Size
   - Composition

10. Budget

- Annual Total

- Endowment

- Number & type of funding sources

- Breakdown by program

II. Interview with Agency Administrator(s)

(Record names and dates; Describe physical setting)

1. Definition of agency mission.

- Core services

- Criteria of success

- Proudest accomplishment(s)

- Unfinished agenda

2. Planning processes, instigators (get examples).

- Role of board, staff, executives

- Responsiveness to community need, funding opportunities, etc.

- Number and types of new programs introduced in past 3 years

3. Role of Board.

- Decision-making

- Access to power, resources

4. Organizational Control and Decision-making.

- Degree of decentralization (What's delegated, what's controlled by top administration)

- Membership in core administrative body

- Pros and cons of current structure

5. Accountability and Evaluation Mechanisms.

- Accrediting body

- Funding sources

- Internal proceedures for program evaluation

- Opportunities for client, community input

6. Staffing.

- Number @ different organizational levels

- Breakdown by program

- Breakdown by professional qualifications

- Beginning salary for MSW's
- Turnover (How many left in past year, average length of stay, particular problems or succeses in addressing this issue.)

- Opportunities for staff training, education

- Recruitment issues

7. Leadership Role of Executive

- How primary responsibilities defined

- Major stresses (administrative, fundraising, programmatic, etc.)

- Community involvement, activities

- Reference group, primacy supports, linkages

8. Evaluation of Agency

- Major strengths

- Deficits, weaknesses - "What would you most like to change?"

- Relative assessment of efficiency (use of available resources); effectiveness (quality of services delivered); and availability (to population in need)

- Major external obstacles to providing type of services desired

- Major internal obstacles

- Tradeoffs in current structure, programs of service, funding sources

- Expectations, aspirations for next decade

- Recommendations for a successor or new administrator in similar position

9. General Comments.

- Views of categorical versus integrated services (tradeoffs identified)

- Recommendations for changes in public financing, administration

- Views regarding what makes a "good" program

III. Interviews with Program Administrators.

(Record names and dates; Describe physical setting)

1. Client Population.

- How described

- Eligibility criteria

- Presenting problems

- Demographic characteristics

- Number served (monthly and annually)

2. Services Provided

- Type

- Amount of each

- Service ideology/practice theories

3. Client Processing.

- Referral sources (relative proportions)

- Waiting time

- Outreach efforts

- Intake procedures

- Typical service package - (get examples)

- Case management activities

- Referral mechanisms

- Follow up activities

4. Program Coordination.

- Intra-agency

- Inter-agency

- Indentified service gaps, obstacles

5. Organization of Program/Departments

- Structure

- Decision-making processes

- Accountability mechanisms

6. Staffing Issues.

- Morale

- Recruitment

- Turnover

- Training needs, resources

7. Planning Processes, Instigators.

- Opportunities for innovation

- Limitations, pressures

8. Evaluation of Program

- Major strengths

- Deficiencies, weaknesses

- Relative assessment of efficiency (use of available resources), effectiveness (quality of service delivered) and availability (to population by need)

- Major accomplishments, successes

- Changes desired

- External obstacles

- Internal obstacles

- Tradeoffs in current structure, programs of service

- Views regarding what makes a "good" program

9. Potential for Follow-up.

- Interviews with workers

- Observations

- Review of "typical" case records

Appendix C.

A Memorandum on Method for the U.S. Social Services Study.*

We had thought initially that we might identify a variety of "exemplars" about which there was general consensus and then see if we could focus on the tradeoffs involved in going in each direction. It became clear, however, that because of different concepts of the field and its mission, there could hardly be consensus on "exemplars" or even on criteria for "exemplars".

The traditional researcher would have wanted to choose programs as "strong" or to choose among programs only after they were so identified on the basis of outcomes for children. This would involve a large scale study, a statistical emphasis, and considerable work to be sure that outcomes in different states, different locations, and judged through different data systems, were actually comparable. This would have been a large and expensive study, never intended, never funded, and not feasible for us. We are still not sure whether anybody could do it. It has certainly not been attempted.

Our compromise method was "soft" in the traditional research sense. What we did was to seek workable and alternative "solutions" at the delivery level for doing the job "acceptably". But what is it that has to be acceptable? What is the job? And if we mean acceptability in the perspective of interested publics and on the basis of reasonable criteria, what are these criteria?

In short, we developed modest expectations, seeking what Herbert Simon, has called "satisficing", not optimums. The approach is empirical and pragmatic and in the context of the reality that states must make "best judgement" choices of direction regularly. Then, they seek validation so that resources can be better deployed. What is "acceptable" is nothing esoteric. We sought minima from the point of view of public and professional expectations.

In our administrative and service delivery case studies, therefore, we looked at structures, staffing, caseload, client pathways, all available assessments and evaluations. We met with staff at all levels and walked through client pathways with them. We talked to observers as well and asked whether there is an acceptable public agency response, meaning the following:

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* From Social Services for Children, Youth and Families in the United States.

1. Are abused-endangered neglected children located and brought into the system? Are their problems dealt with helpfully?

2. Are children without parental care channeled to acceptable alternative family or group care?

3. Does the system offer constructive help to child/family situations which do not at the moment justify coercive public action, yet which suggest high likelihood of trouble, which cause concern to one or more parents, which include a child not developing well? (In short, is reasonable help offered to what many people call "voluntary" cases?)

4. If the Juvenile Justice system does not offer comparable help to latency age and adolescent status offenders, does the public social service system do so?

5. The same question should be asked about teen parents.

6. Is there in place adequate machinery and service provision that gets identified cases into a service system which is viable?

7. For those cases clearly requiring two system or multi-system coordination, is there adequate machinery in place to achieve this via such devices as: case assessment, clarity of rules, a cooperative operation?

8. Is all of the decision making for these purposes based on competent case assessment and case planning as judged by the qualification of the people doing the work, their numbers, their stability on staff, their opportunity to do work based on reasonable caseloads and expectations?

9. If there are special projects and initiatives, special innovations, do they touch a significant percentage of the caseload, are they integrated into the delivery systems, or are they "paste-ons" small "gestures" but not affecting the caseload as such and not accessible to the typical case through the normal case flow?

10. If there are obvious gaps, failings, inadequacies in the system, who knows it? What is being done about it? What are the prospects for effective change?

11. Is there a capacity in the system to give on-going help to families or children with complex problems: Is there adequate response to social and psychological problems requiring more than short-term fire fighting? If not, is this by deliberate choice, or is it inadvertent?

12. What portion of all this on-going work, continuing work, more than "fire fighting" help gets carried on within the public system, by voluntary social service agencies, by public community mental health systems, on the basis of purchase and/or referral in other ways? Is all of this, e.g., the division of labor, planned and what is its rationale?

It must be understood that in the absence of direct client outcome surveys we could not forego preoccupation with reliability, validity, the basis for our generalizations. We were essentially approaching our analysis by seeking what the social science texts sometimes call "grounded theory." We have also seen reference to the term "analytic induction", which may describe what we did. In effect the process as been as follows:

We concluded our experience survey, our literature review, and our exploratory discussions with a group of tentative notions. Then we went on to Minnesota and conducted studies in Ramsey, Hennepin, and the Children's Home Society, as well as talking to the state people. By the time we had come out of Minnesota we had a series of tentative hypotheses about what was being dealt with and with what delivery strategies, which we discussed and put down. These were the hypotheses we took to the second state study. In the course of the second study we reformulated the hypotheses and added to the dimensions discussed several times. The second case study had its conclusions, e.g., a new version of the study's hypotheses. This in effect is what we did as we moved from place to place. As we went along we corrected, modified, added and reformulated as the insights increased. When we reached a point where we began to encounter confirmation, further illustration and documentation, rather than evidence which made us change our mind, we knew that the sample was getting to be large enough. We understood what was confronted. We had conceptualized the coping options and how they looked in action.

Then, we moved into the phase of collateral interviews, interviews with commissioners whose states were not included, and one-day stands in which we would interview top management and leadership in a department but not carry out our full case studies (which in the initial sites had involved everything from commissioners, deputies, and managers, then area and regional chiefs, to supervisors and line staff). Now, exploring only at the managerial level, people began to say "Yes, that's it". That is where we were by the fall of 1988. We then could concentrate only on collaterals and interviews in parts of the country not previously covered.

We did not yet regard the process as completed,

however. In March, 1989, the A.E. Casey Foundation hosted a 40-person reporting conference to give the commissioners, deputies, and area directors an opportunity to have some feedback and to tell us if we had the story right. Also present were national agency leaders and key foundations, as well as researchers. That became part of the validity process. While there were some factual corrections and discussions as to emphasis, the meeting was overwhelmingly confirming. We then could regard the field work as completed and focus entirely on the question of what this picture means and what to do about it.

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FEATURES

DEPARTMENTS

If CPS Is Driving Child Welfare—Where Do We Go from Here?

BURGEONING SOCIAL PROBLEMS ARE PUTTING THE SYSTEM TO THE TEST.

BY SHEILA B. KAMERMAN AND ALFRED J. KAHN

As we enter the 1990s, child protective services (CPS) has emerged as the dominant child and family social service provided by public agencies. Some would argue that CPS in effect is driving the child welfare system, often taking it over completely. Many administrators would claim that child protection *is* child welfare, that the increased demand for child protection has absorbed virtually all of the system's resources. Foster care and adoption services have survived largely because they serve CPS.

It increasingly seems that only abused or severely neglected, delinquent, or runaway children can hope to receive public services in most jurisdictions. Doors are closed to cases labeled "less serious" or "voluntary." Even high-priority cases may have to go without help or at best make do with short-term or inadequate assistance. In this article, we will focus on the causes and consequences of this situation and offer some possible solutions.

The Study

Between 1986 and early 1989, we conducted a study, supported by the Annie E. Casey Foundation, of alternative approaches to delivering social services for children, youths, and their families.[1] We focused on public and publicly funded but privately delivered social services in states, counties, and cities, hoping to identify patterns of service delivery and promising new service initiatives. The current social and political environment of categorical funding, federal funding constraints, decentralization, and privatization was taken into account, as were the growing social problems of child poverty, teen pregnancy and parenting, single parenthood, drug abuse, and homelessness.

We paid extended site visits to 25 state, county, and city agencies. Brief visits were also made to three other agencies, and welfare and social service commissioners were interviewed in states and counties that we did not visit. A variety of other experts, researchers, and advocates were also interviewed; and countless reports were reviewed. We studied both state-administered social service systems in Florida, Massachusetts, and Maryland and state-supervised, county-administered systems in Ramsey and Hennepin counties in Minnesota. Large urban agencies, including Los Angeles, New York, Boston, and Miami, were also examined. Our sample included public agencies that provided services themselves and those that purchased most services from the private sector. We explored site alternatives with the staff and leadership of such organizations as the American Public Welfare Association, the Children's Defense Fund, the Child Welfare League of America, and various government agencies, as well as with congressional staff, foundation executives, and other researchers.

What We Found

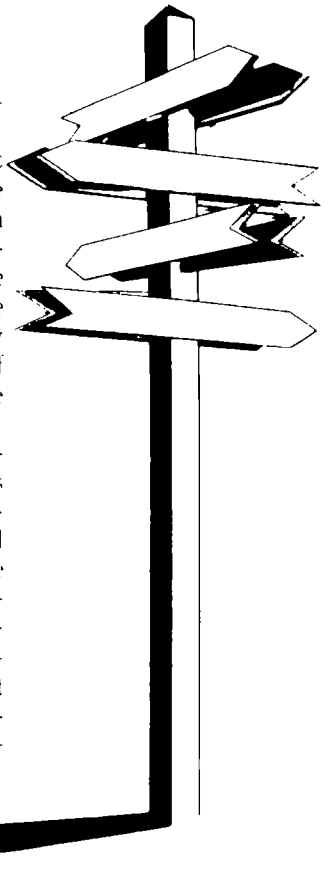
Most child welfare activities of public agencies are largely directed toward the problem of child abuse and neglect. Agency efforts focus on investigating reports and protecting children when allegations are verified. Few resources remain for troubled families who do not fall under the purview of CPS. In many jurisdictions, there are few supportive services or treatment options for these families. Agencies often turn away parents with out-of-control or defiant children. Services for latency or early adolescent children also are limited. Chronic multiproblem cases in troubled families often are overlooked. In fact, if a case is not marked by dramatic events, it may receive only token processing and response.

Promising new initiatives, however, have received increasing attention. These include intensive, family-focused, home-based, short-term, and goal-oriented services, which are now available in many jurisdictions. When carefully implemented by qualified staff, these programs seem to help forestall family crises and avoid the need for placement. It is too soon to tell, however, whether long-term effects will be sustained without continued support for these families. Moreover, many areas that provide such services are hampered by less qualified staff and inconsistent implementation. Not surprisingly, programs in these areas have been less successful. And despite these innovations, we failed to find a single state that provides enough family services to meet generally accepted standards of community responsibility. Most agencies focus almost exclusively on child and family crises. Chronic parenting problems are ignored.

We found that as abuse and neglect cases increase, agencies frequently offer family life or parenting education. This is obviously an important socialization service and preventive component. It is not a wholly adequate response, however, in serious cases of abuse and neglect. These programs are particularly ineffective in meeting the complex needs of the low-income families who make up the vast majority of CPS clients.[2]

Various reform proposals stress case management or family support services. Others call for the restructuring of public child welfare agencies. When carefully designed and implemented, these initiatives can improve social service delivery. These strategies, however, presuppose adequate resources for treatment and related services within the community; too often, these resources simply are not available. Consequently, even the most promising reform efforts have been only sporadically successful.

Title XX of the Social Security Act created hope that a more comprehensive social service system would be devised.



The drawbacks of a limited child welfare system have been made even more visible by the explosion of new social problems. Increasing numbers of cocaine- and crack-addicted babies are entering the child welfare system, offering challenges the system was not designed to address. HIV-positive babies pose other challenges; many foster parents are not able to provide the care these children require. Homelessness among families with children has increased. What delivery system will reach those families? And the retarded, disabled, and emotionally disturbed children who have been deinstitutionalized are now older and often are more difficult for parents to manage. Some are having children of their own; there are few resources to sustain these troubled young parents in their roles. Immigrant and refugee populations with their own approaches to child rearing further strain the system.

Back in the mid-1970s, the service integration initiatives and planning mandates of Title XX of the Social Security Act created hope that a more comprehensive social service system would be devised: locally based, family oriented, and designed for accountable practice.[3] Yet today there seem to be more troubled children and families than ever. Moreover, the service system designed to serve these clients seems fragmented and inadequate. For these families, the categorical imperatives of the current system are just one more barrier to the services they desperately need.

Why Has This Occurred?

In response to the Child Abuse and Neglect Prevention Act of 1974, states increased the number and types of mandated reporters. Concurrently, states implemented stringent requirements on public agencies to investigate reports of child abuse. Although federal funding was very limited, the political and public response was not. States acted quickly and broadly because once the public became aware of child abuse, no other social service need was seen as equally important. Computerized registries and 24-hour hotlines have facilitated reporting, spawning even more investigations.

At the same time, foster care placement was questioned by professionals and advocates who believed that it was inappropriate or unsatisfactory for many children. Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, was designed to reduce the number of children placed in foster care and to provide more help for troubled children while they are sustained at home with their families. Unfortunately, the impact of the legislation has been problematic.

Social service agencies have been unable to provide help on the scale that lawmakers envisioned, with inadequate funding seriously hampering implementation efforts. In addition, new social problems mushroomed after the law's passage. As a result, child welfare administrators have been left to weigh conflicting mandates: "Don't take chances; place endangered children in out-of-home care," and "Don't interfere with families; avoid placement whenever possible."

Given the emphasis on keeping children at home rather than placing them in foster care, errors in judgment were inevitable. In a pluralistic and democratic society that supports cultural diversity and family privacy, it is easy to see how agency personnel could make serious mistakes concerning the safety of vulnerable children. When this happens staff and agencies are criticized in the media and in the courtroom. Staff become frustrated and demoralized, caught in a bind between protecting children, keeping them in their homes, and satisfying a public that does not understand either resource contraints or the inherent risk in all case decisions.

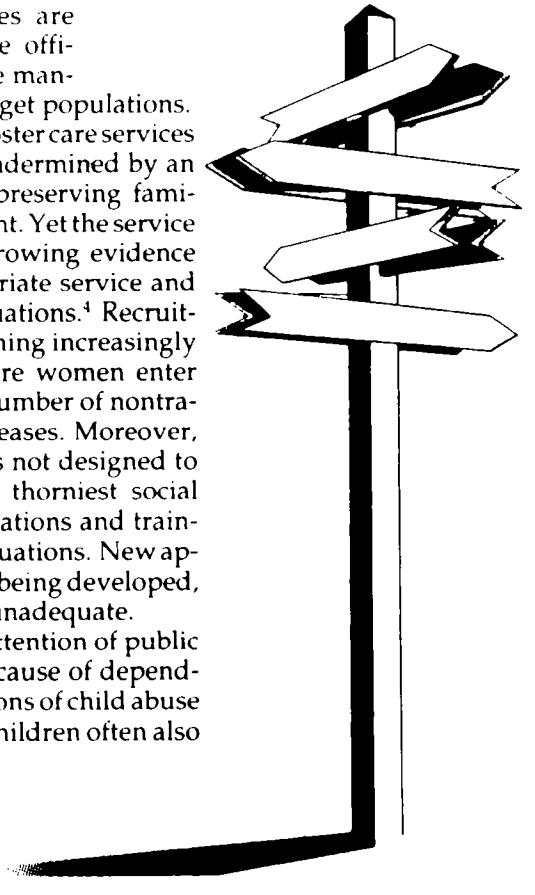
The 1980s brought major cutbacks in federal social services funds; most states have been unable to fill the resource gaps. At the same time, basic social problems such as poverty and inadequate health care have worsened, further exacerbating family stress. Such problems as inadequate parenting, chronic neglect, inability to manage aggressive adolescents, and emotional disturbance receive little or no attention from child welfare staff because of a lack of time and resources. Even scant existing agency resources are often unavailable because officials and legislatures have mandated services to other target populations.

Even scant existing agency resources are often unavailable because officials and legislatures have mandated services to other target populations.

The potential value of foster care services has been inadvertently undermined by an overriding emphasis on preserving families and avoiding placement. Yet the service is needed, and there is growing evidence that it is the most appropriate service and truly helpful in certain situations.[4] Recruiting foster parents is becoming increasingly difficult, however, as more women enter full-time jobs and as the number of nontraditional family types increases. Moreover, traditional foster care was not designed to address some of today's thorniest social problems. Special qualifications and training are needed for these situations. New approaches to foster care are being developed, but service levels remain inadequate.

Children come to the attention of public social service agencies because of dependence or because of allegations of child abuse and neglect. These same children often also receive services from other community agencies because of their behavior: this includes schools, the courts, or the mental health system. In recent years, Congress has funded a variety of mostly modest special programs for children with specific problems. Under such categories as developmental disabilities, special education, juvenile justice, and mental health, federal and state programs now offer some alternative resources and treatment options. Problems remain, however. Disputes continue over which services are appropriate for which children and over who should pay for those services. Even when such questions are resolved, too many children with multiple needs fail to receive any services, or available help is divided among noncooperating agencies.

These factors combine to create a social service system devoted almost exclusively to the problem of child abuse. Unfortunately, even that is not being handled very well. Some agencies are cutting back their caseloads, defining child abuse more narrowly to avoid being overwhelmed. Often public officials undertake these efforts under the guise of setting priorities and identifying and serving high-risk cases. As a result, large numbers of children and families are denied help or receive little more than perfunctory paperwork processing.



Some states are trying to provide a broader range of services to families and children, but they are hampered by a number of factors. Resource constraints are the most visible, but there are larger, less tangible problems as well, including distorted public understanding of the nature of child welfare issues and of the limitations on what public agencies can do. There are also basic questions about the ability—or appropriateness—of a social service agency to address singlehandedly such fundamental social problems as poverty, homelessness, inadequate health care, and a drug epidemic. Issues of philosophy exist as well. Furthermore, the government cannot intervene in all aspects of family life, nor can a social service agency respond to every child and family in trouble. Yet, no one can deny that a social service crisis faces children and families in many communities, and particularly in large cities.

Admittedly, impressive and effective child welfare initiatives exist—family preservation, Homebuilders, and family support are examples.[5] But these innovations are not typically a standard part of state or county service delivery systems; in many areas society's response to child and family welfare issues is simply inadequate.

Agencies also face an impending personnel crisis. Staffing problems are growing, especially on the front lines of child welfare. Many social workers have moved to mental

health treatment settings. At the same time, attempts to make child maltreatment reporting and investigation more accountable have put added burdens on the workers who remain. Further, the measures that were implemented to ensure adherence to the philosophy of Public Law 96-272 often transformed professional positions into fragmented, tightly monitored administrative routines.

Many professionals have left the field because jobs have changed so radically. Others have fled because of public attacks on workers who appear to be responsible when cases blow up. And even in agencies that have been spared such incidents, workers flee the endless pressure to avoid errors or catastrophes in a world where almost everything is beyond their control. Consequently, agency directors gradually loosen job criteria and recruit people with less education and experience—often from outside social work. Job expectations are adjusted downward. Some exceptional jurisdictions stand out, but their administrators wonder how long they can hold the line.

What Can Be Done?

Based on our findings, we offer some suggestions for improving the child and family social service system. Resources can be enriched and expanded while the balance between child protective services and other types of services is reasserted. Successful reforms will require the active support of both federal and state governments. The federal government, which has held back funds, leadership, and technical aid since 1981, must reclaim a larger responsibility—both practically and politically—for child welfare. State financial participation has increased. Some states have been creative and innovative, and many want to do more, but they cannot do so without help. Social services are not big budget items, but any serious reform will require new funds. Federal support is needed both to provide additional money and to allow greater flexibility in the use of existing funds.

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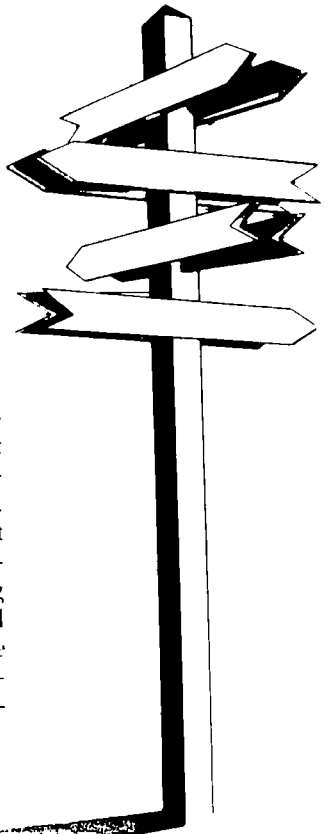

Our specific conclusions and recommendations, which are intended to encourage discussion, follow.

A strong child protective service is essential, but it alone is not sufficient to meet the needs of children and families. All localities require strong protective services. CPS agencies should be expected to meet carefully developed standards. Several national standard-setting groups—including the National Association of Public Child Welfare Administrators, the Child Welfare League of America, and the American Association for Protecting Children—have promulgated guidelines for policy and service development.

Nonetheless, child and family social service systems must not be limited to child protective services and foster care. Targeting services to the most severely abused and neglected children is certainly understandable, but it is not a sufficient societal response to the needs of children. Others in the society are seriously troubled and troubling. If these families and children are not identified and helped, their problems will become acute. We must not intervene coercively with families where there is no statutory mandate to do so. Neither, however, should we overlook people truly in need of services.

We must establish locally based, comprehensive child and family service systems that will provide for continuity of care both over time and across service systems. A limited attempt to enhance child protective services will not resolve the broad structural problems plaguing the system. We need to develop new child and family services that are family focused rather than child-focused. These services will include CPS, but only as one element of a more comprehensive system. In particular, such child and family services should address the long-term problems of chronic parental neglect that endanger and deprive children. They should offer effective assistance to drug-addicted and HIV-positive babies, as well as disabled, retarded, and disturbed children.

Several proposals have been advanced. Some focus on a core of intensive family services—the family preservation model. Others call for a cluster of family support services, such as drop-in centers, counseling, and intensive home-based services. Still another is built around a restructured child welfare agency—with neighborhood access and a well-developed core of case management and counseling services.

One attractive model now being tested involves neighborhood-based, family-focused services that give clients access to information and referral, brokerage, and advocacy services. In this model, case managers ensure that various community agencies provide specialized treatment and remediation services. Variations of this model have been proposed since the 1970s, and new projects are underway in several communities.

Still another approach involves a series of categorically defined doorways, such as abuse and neglect, status offense, dependency, developmental disability, and severe mental disorder. These would all lead to one comprehensive service continuum, delivered by a system ensuring responsible case management, program coordination, and the pooling of supportive categorical funds. The

system would cover in-home and clinic-based services, individual and institutional treatment, foster care, and respite and institutional care.

Neighborhood-based, comprehensive, integrated child and family services are another option. They would link child protective services, family support services, therapeutic interventions, and residential and nonresidential services in a single community development program.

The Center for Family Life in the Sunset Park neighborhood of Brooklyn, New York, is such a program. It stresses individualized assessment of family needs and refuses to label clients by problem category. Moreover, it does not accept funds that require such classifications. Modeled after 19th-century settlement houses, but built around sophisticated therapeutic concepts, the center provides the continuum of care required to sustain high-risk families. The program counters forces contributing to family disequilibrium and alienation, fosters access to normalizing opportunities and resources, and contributes to local community development and service planning processes.

Cross-system issues facing social service delivery systems require major reforms. Child and family problems do not neatly divide themselves into service categories. The same children may appear in different systems at different times, or at the same time: mental health, juvenile justice, or foster care, for example. The most difficult child and family problems in any system involve multiple diagnoses. To effectively help these people, the service system must be restructured and the most successful strategies for cross-system cooperation, coordination, and administration must be identified. The reorganizations that created state human service superagencies in the 1970s have established professional leadership and organizational mandates that could facilitate the process. Some states have shown the way.

Some jurisdictions have restructured their child welfare agencies as family service agencies. These new organizations include part or all of the child protective service components of other systems, including juvenile justice, special education, and mental health. Other jurisdictions have created discrete children's agencies. Thus far, there is no evidence that restructuring alone will solve current child welfare problems. Nonetheless, those communities that have moved toward reorganization should monitor their programs to determine if service delivery has been enhanced by reform.

Coordination strategies, including case management, pooled funding, and multidisciplinary case review teams all offer interesting new possibilities. These efforts can help ensure that multiproblem youngsters promptly and efficiently receive needed services.

Child and family services must develop richer, more effective interventions to respond to the complex and intertwined needs of children and families. The current limited array of service options must be overhauled. Revision demands innovation, enrichment, expansion, and updating. There are encouraging beginnings with family preservation, case management, family support, and other service and practice efforts. Such expanded services should be routinely available in all states, rather than limited to pilot programs or demonstration projects—and their impact must be monitored as expansion takes place.

Solutions must be sought on many levels: federal and state leadership, resources, personnel, delivery structure, and interventive technology.

Foster care must be a major component of any reform in child and family social services. The foster care system faces its greatest challenge in a century. Children are experiencing new and complex problems. Demographic and labor force changes affecting the supply of foster parents pose other challenges. Creative efforts will be needed to recruit foster parents and upgrade their status and compensation. The move toward a component of specialized "professional" foster care needs examination and experimentation.

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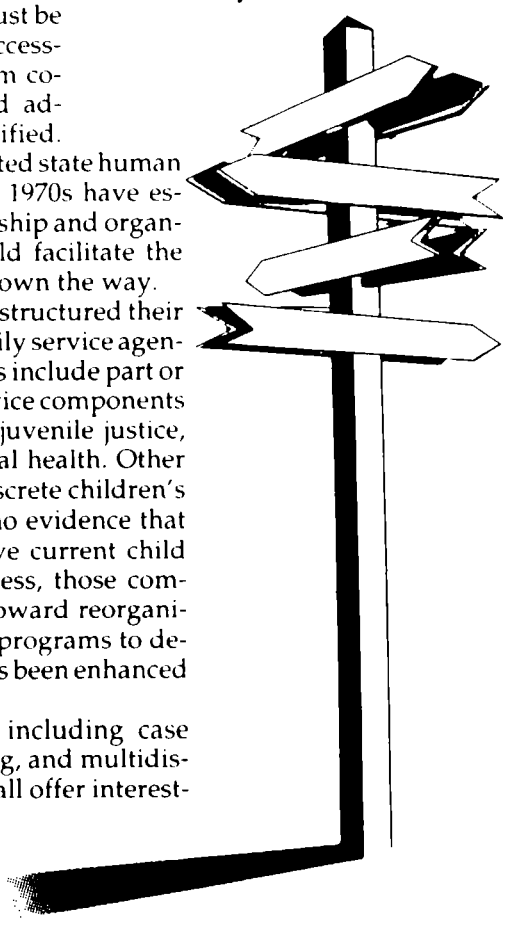

Social service reform alone is not enough. Even if all our recommendations are implemented and prove successful, troubled children and families will remain. Social services hold no mystical power to wipe away human suffering. At best, we can hope to sustain, rehabilitate, and perhaps enrich people's lives. But these limited accomplishments are vitally important, and social service reforms are urgently needed to bring them about. We also need to do more. Social service reforms should be but one facet of a comprehensive crusade against the root causes of pain and misery: poverty, substance abuse, homelessness, hunger, and disease. Only a committed effort on all levels of society can eliminate these scourges and finally produce lasting benefits for children and families. ***PW***

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For "Notes and References," see page 46

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RYCRAFT Redefining Abuse and Neglect

The author gratefully acknowledges the assistance and comments on earlier drafts of this article by Dr. Kathleen Proch, associate professor, University of Denver, and Dr. James R Moran, assistant professor, University of Denver

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FINKELHOR Reporting

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5. In child protection parlance, the synonymous terms "unfounded" and "unsubstantiated" do not really mean false or scurrilous, as they do in colloquial usage. Rather, they mean "not" founded or "not" substantiated, where founded and substantiated have a technical administrative implication. Not founded may simply mean not investigated. Although Besharov sometimes writes about increases in the percentage of "unfounded" cases, it is clearer to talk about *decreases* in the percentage of founded cases, or decreases in the substantiation rate.

6 Besharov's continued use of this figure illustrates the poorly documented foundation of his argument. The citation is to page 11 of the American Humane Association (AHA) report on 1976 data, which reads, "The number of validated cases reported by the fully participating states was 47,167 or 47 percent of the total reported cases. The reported validity in the past has been 60 percent and the validity rate in 1976 for the other states reporting only aggregate data was 66 percent."

AHA has consistently based its estimate of substantiation—synonymous in this report with "validation"—on the fully participating states, which submitted data on individual cases, because this was more complete data of known quality compared with states that just provided aggregate figures. Thus, the true figure for comparison with later figures should be 47 percent, not 66 percent. (Presumably Besharov's 65 percent is a rounding off of the 66 percent.)

The 60 percent "validity in the past" cited in the AHA study is not a reliable figure. The first year in which national data were collected and published was 1976, and any earlier figures must have been based on small numbers of states, using idiosyncratic methods of tabulation at a time before the reporting and data tabulation system was fully established and monitored

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