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### Problems and Prospects in Society's Response to Abuse and Neglect

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**Problems and Prospects in Society's  
Response to Abuse and Neglect**

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at the University of Chicago**

**May 1995**

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## Summary

This paper presents an analysis of the current situation in child welfare--the explosion of foster care caseloads, the proliferation of family preservation programs, and the principles underlying these approaches--and suggests new ways of thinking about reform of the child welfare system.

We begin with a review of the increase in out-of-home care. We then turn to an analysis of the three basic principles underlying the current child welfare system: permanency, least restrictive alternative, and reasonable efforts. We devote a major part of the paper to the family preservation programs that embody these principles. We describe what we perceive to be certain flaws in these principles and suggest an alternative set of principles to serve as the basis for future reforms. We argue that the sharp demarcation between in-home and out-of-home services is inappropriate and constrains the development of effective responses to abuse and neglect. The paper concludes with a set of specific actions we believe should be taken and with recommendations as to research that should be undertaken.

### An Expansion in Mission and an Increase in Caseloads

Until the 1960s, child welfare was concerned with the care of children who were orphaned, abandoned, or otherwise dependent, including those who had suffered severe abuse or neglect. At that time, our society began to take on expanded responsibilities for the protection of children from abuse and neglect.

To a large extent, the current approach to abuse and neglect is bifurcated into substitute care (largely foster care) and services to intact families. The explosive increase in foster care in recent years has created great strains and increased costs in child welfare systems. In response, these systems have turned to the development of family preservation programs.

### Three Basic Principles

The actions of child welfare systems are currently underpinned by three basic principles: that the care of children should be guided by a plan for their permanent placement, with their own families or in substitute care; that the placement should be the least restrictive among available alternatives; and that reasonable efforts to maintain families must be made before a child is removed.

Family preservation programs embody these principles. A review of the research literature on family preservation suggests, however, that family preservation programs have very modest effects on family and child functioning. We suggest that it is not realistic to expect dramatic results in this area, given the number and magnitude of the problems faced by many child welfare clients and the short-term nature of family preservation services.

But this is not to suggest a sweeping and final negative judgment concerning family preservation. Many questions remain. For example, little attention has been paid to investigation of differential effects of family preservation programs for subgroups of families, the relative effectiveness of different approaches, or contextual factors that may affect outcomes (including community characteristics, availability of community services, and follow-up or aftercare services).

Despite what research suggests about the limitations of family preservation programs, and what we don't yet know about its potential in certain circumstances, family preservation programs continue to proliferate.

### Issues in Child Welfare Reform

So what is to be done? Solutions to the problem of abuse and neglect will not come easily. It is tempting to suggest that nothing less than massive reform of societal structures will do: alterations of basic relationships in society, together with major shifts in cultural values regarding responsibilities we have for each other. But, however desirable, that is unlikely to be achievable, at least in the near future, so we are left to devise more incremental approaches. These approaches must be based on a set of principles and on a thoroughgoing understanding of limitations. They must also deal with a set of core issues that will profoundly affect attempts at child welfare reform.

Among the core issues are:

Social conditions, including poverty, racism, inadequate housing, drug abuse, poor education, and community violence, are probably the most significant limitations on reform.

Locus of responsibility, meaning the relative responsibility of various levels of organization in our society and of the private and public sector for the protection of children from abuse and neglect, poses numerous questions, including the role of the state in general and of the several levels and branches of government in particular, the role of communities, and the role of voluntary versus imposed services.

Time horizons are a central issue in the consideration of reforms--that is, whether we take short- or long-term view, at both the family and system levels. Though long-term solutions are desirable--to improve the situation of families, and to relieve demand on system--it appears that we lack the technology to reliably effect long-term solutions.

Protective vs. treatment functions--the tension between the value of protecting children and that of respecting family integrity results in a tension between these two functions. This is most evident during investigations of allegations of harm to children.

Treatment vs. prevention is a central issue for the child welfare reformer--that is, the extent to which reliance is put on prevention of harm as opposed to treatment of families in which harm has already occurred.

Fragmentation of services is the perennial unsolved problem in child welfare, though much has been written about it and vast sums have been expended to combat it. The problem is often attributed to lack of coordination. But there are problems even in the presence of coordinating mechanisms for service delivery. These include multiple assessments and divergent views of case needs on the part of multiple involved providers; the sharp distinction now drawn between in- and out-of-home services, which leads to unnecessary discontinuities in services; and the division within family preservation programs between placement prevention and reunification programs, which leads to similar discontinuities.

Limitations of service technology include the lack of technology to bring about high levels of

motivation in all clients and the limited success of drug treatment programs.

Limitations in targeting technology are often powerful enough to doom a program. Problems arise in the attempt to balance perceived need for services and presumed benefits from them. The target groups that are defined by these two principles are by no means the same: persons with great need may or may not benefit from the provision of a service, and those who benefit most from a service may not be those in greatest need.

### Toward a New Vision

Given the current crisis in demand for child welfare, the uncertain benefits of family preservation, and the issues sketched above, it may be that a new set of principles--replacing permanency, least restrictive alternative, and reasonable efforts--is needed for effective child welfare reform. The underlying principles of a new vision for reform might be as follows:

Responsibility of the State: The most important requirement in reform is to be clear on the responsibilities of the government. We expect both too little and too much of the state--too little because government could facilitate resolution of the social problems that contribute to child maltreatment, too much because the state cannot prevent or even respond to all harms to children. We suggest that the state limit its response to physical injury to children caused by either abuse or neglect. We would include risk of harm as well as actual harm, but would confine it to high risk of serious harm to minimize state intervention into family life.

The Line between In-Home and Out-of-Home Services: We believe that the sharp division between the realms of in-home and out-of-home services is not helpful to families and children. In- and out-of-home services should instead constitute a continuum, with movement between a substitute care placement and the child's home made easier in all cases where that would be appropriate. Placement should be viewed as a step in the process of helping that need not always indicate failure. Placements can often be thought of as a respite from caretaking responsibilities, and more use should be made of voluntary placements. Such changes should be accompanied by a broadened view of the idea of permanency planning-- not just as placement prevention or reunification, but with the original meaning of a permanent living arrangement for a child.

Housekeeping and Staffing: Analyses of failure in the child welfare system often focus on what might be called "housekeeping" issues. Solving such problems--of communication, coordination, and staffing--in child welfare organizations would substantially improve the responsiveness of these systems. Most systems would benefit from improved computerized databases that are more widely available to those involved, including the courts, and most child welfare systems operate with too few staff and with staff who have too little training and inadequate supervision. We know how to solve these problems. What is missing is the will to make the necessary investments.

Services: A vision of services in a reformed child welfare system must recognize that there is little evidence that many of the programs currently being tried have more than minimal effects. In particular, family preservation efforts have not produced the major results that were expected. In our view, this means that we must continue to experiment with service approaches. We believe that family preservation programs should be a part of the service mix in child welfare, but perhaps a smaller part than has sometimes been advocated. In our view, any reasonable reform of the child welfare system will involve a substantial increase in the volume of services available to families, with

perhaps some shifts of resources currently in the system. There should be many more alternatives for families and for workers who are trying to help them.

### A Need for Research

The program for change suggested above includes many assumptions that need to be tested and proposals for programs that need to be evaluated. We present one research agenda of many that are conceivable. The agenda is based on the conception of the child welfare system sketched above and on the directions for the field that we have suggested. It includes the following components: research on the roots of abuse and neglect, program evaluations, research on kinship care, research on the careers of families in the service system, research on decision making in the child welfare system, and studies of the courts.

## Problems and Prospects in Society's Response to Abuse and Neglect

### Introduction

In this paper, we discuss the foundations of our society's system for responding to the abuse and neglect of children and we suggest some directions for reform of that system. At the end of the paper we consider needs for knowledge development to support those reforms.

Until the middle of this century, child welfare was concerned with the care of children who were orphaned, abandoned, or otherwise dependent, including those who had suffered severe abuse or neglect. During the 1960s our society began to take on expanded responsibilities for the protection of children from abuse and neglect (Antler 1978, 1981, Nelson 1984, Anderson 1989, Costin 1992). In the last thirty years we have seen increasing efforts to identify children who have been harmed or who are at risk of harm and to provide them protection. As a result, the child welfare system has become focused more and more on the problem of abuse and neglect.

To a large extent, the current approach to child abuse and neglect is bifurcated into substitute care (largely foster care) and services to intact families. In recent years there has been an explosion (or at least, the perception of an explosion) in out-of-home care, and that increase is considered to be the major problem facing the field. The expansion of foster care has caused great strains in child welfare systems and has led to considerable increase in the costs of substitute care for children. Efforts to contain the explosion have centered on the development of family preservation programs. We begin this discussion with a review of the increase in out-of-home care. We then turn to an analysis of three

basic principles underlying the current child welfare system: permanency, least restrictive alternative, and reasonable efforts. Family preservation programs are the embodiment of these principles and we devote a major part of the paper to a discussion of those programs. We describe what we believe to be certain flaws in these principles and suggest an alternative set of principles to serve as the basis of future reforms. We argue that the sharp demarcation between in-home and out-of-home services is inappropriate and constrains the development of effective responses to abuse and neglect. The paper concludes with a set of specific actions we believe should be taken and with recommendations as to research that should be undertaken.

### The Explosion of Foster Care

The increased concern about the plight of children who are abused or neglected has resulted in a system in which persons who suspect that children are being harmed or even at risk of harm are encouraged to report their suspicions to state authorities. Some individuals, by virtue of their professional standing, are required to report their suspicions and everyone is encouraged to do so.<sup>1</sup> These reports are screened and those that are deemed to be significant are investigated.

A substantial proportion of the reports that are investigated are "unfounded" (nationwide, about 60%, National Center on Child Abuse and Neglect 1993) but in those cases in which abuse or neglect is determined to have occurred, state child welfare staff must determine what to do about it. A number of cases are simply closed, the situation is not considered serious enough to require action and the child is thought to be unlikely to incur further serious harm in the foreseeable future. In a relatively small proportion of cases the child is deemed to be at such risk of further harm that he or she is removed from the home and placed in foster care or other substitute care (nationally about 18% of

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<sup>1</sup> In some states, all residents are theoretically under the obligation to report, see Hutchinson 1993.

founded cases). Court orders are required to maintain the placement of a child in substitute care. The cases in between, that is, those that are neither closed nor placed, are opened in the child welfare system and are provided a variety of "in-home" services. Some are simply "monitored," that is, watched to see if further harm occurs, while others are provided services which are intended to do something to reduce the risk of further harm. In these "non-placement" cases the courts may or may not be involved.

While children are placed in substitute care in only a small proportion of cases in which harm has occurred, in recent years there has been a substantial increase in the numbers of children in substitute care. Unfortunately, national data on substitute care are incomplete and quite problematic, making it difficult to develop a full understanding of the reasons for changes in caseload. Data currently available depend on the voluntary provision of data by states and sometimes states fail to submit information or it is incomplete. Usually the data are in aggregate form, rarely are case level data available for analysis. States vary considerably in definitions of important terms. For example, what is included as a "placement" differs considerably. States treat placements with relatives in various ways (see below). They also treat short term and shelter placements differently. Furthermore, definitions and practices have changed over time, making interpretation of changes problematic. Some states do have relatively sophisticated data systems which allow for greater confidence in interpretation. We present here some national data and data from selected other states.

The Voluntary Cooperative Information System (VCIS) of the American Public Welfare Association has collected data from the states on substitute care since 1982. Data for fiscal years 1986 to 1992 are shown in Table 1. These data must be taken as estimates because of problems such as those suggested above. The data suggest an increase of 60% (from 273,000 to 442,000) in the substitute care population of the United States from the beginning of 1985 to the end of 1992. The most substantial increases occurred in 1988 and 1989, with a reduction in the rate of increase since.



The number of children in foster care at any one time is a function of the numbers of children entering care and the numbers leaving care. The number leaving care is influenced by the length of time they spend in care. Foster care caseloads may increase either because there are more children entering care or because children are spending more time in care (that is, fewer children are leaving care). Both entries and exits increased sharply in 1987, dropped in 1988, and have been generally increasing since, with a dip in entries in 1991.

Table 2 presents similar data for Illinois. As can be seen, foster care admissions and discharges remained stable and about equal through 1986, so the caseload was also stable. Beginning in 1987, entrants rose to a new level while exits remained at previous levels, so that the caseload steadily rose. Children entering care may be further divided between those entering care for the first time and "recidivists." Over the period from 1981 to 1992 the number of first entrants rose much more (72%) than reentrants (24%). Infants and African-Americans increased as percentages of first entrants. The percentage of first entrants who were children under 1 year of age rose from 15% in 1981 to 21% in 1992 while the percentage of African-Americans rose from 40% to 69% in the same period.

The fact that more children were entering than leaving care indicates that they were spending more time in care. From 1981 to 1985 lengths of time in care dropped (larger percentages were leaving care earlier). In 1985, length of time in care began to increase. Of children placed in 1985, 55% left care within one year, 75% within three years. For children entering care in 1990, the figures were 35% and 50%<sup>2</sup> (see also Tatara 1993).

Detailed data on admissions and discharges are available in the Chapin Hall Multistate Foster Care Data Archive for the period since 1988 for four states in addition to Illinois: California, New York, Michigan, and Texas. The five states vary considerably in their experience. Illinois had the

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<sup>2</sup> Data are from the Chapin Hall Multistate Data Archive. Children in care for four days or less are excluded.

largest percentage increases in numbers of children in foster care while the numbers in New York and Michigan actually declined in the last year (1992). The rate of first entry to foster care per thousand children in the population varies over time and across the states. In New York the rate increased from about 2 per thousand in 1983 to 6 per thousand in 1989 and then decreased to about 3 per thousand in 1992. In Illinois the rate increased from 1.7 per thousand in 1983 to 3.3 per thousand in 1992, the largest increase occurring in 1991. Throughout the period from 1985 to 1992, Texas had the lowest rate, hovering around 1 per thousand. There is also considerable variation among the states in length of time in placement. Median durations of length of first placement spells for children entering foster care between 1988 and 1992 were 9.2 months in Texas, 12.6 months in Michigan, 18.2 months in California, 26.2 months in New York, and 30.1 months in Illinois. Contrary to the experience in Illinois, median lengths of time in placement did not increase between 1988 and 1991 in the other four states, and actually declined in California and New York.

#### Kinship Care

The expansion of kinship foster care has been a major component of the explosion in foster care. In Illinois, placements in homes of relatives account for nearly all of the recent increase in numbers of children entering care. Between 1981 and 1992, the proportion of children in relative care increased from 24% to 53% of all children in foster care.<sup>3</sup>

Relatives have been caring for children since the beginning of time. Previously, such arrangements did not involve the state but now the state actively supports them by paying relatives for care, often at the same rate as other foster homes (Department of Health and Human Services 1992a).<sup>4</sup>

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<sup>3</sup> Other states are also experiencing this trend. See Wulczyn and Goerge 1992.

<sup>4</sup> States vary in their eligibility requirements for relative foster care payments and in their levels of payment. Most require that relative homes be licensed or otherwise certified. Nine states also require that children be eligible for Title IV-E foster care funds, a requirement that has been affirmed by the Ninth Federal Circuit in an Oregon case (Lipscomb vs. Simmons, 1992).

When placement is deemed necessary, many jurisdictions now require consideration of placement with a relative and relatives are often asked if they are willing to take a child. The burgeoning of kinship care has raised many issues, some of which we note below.

#### Foster Care Bounce

One of the most problematic aspects of foster care for many children is the instability of placement, the fact that many children experience multiple placements during their time in the care of the state. Multiple placements may occur for many reasons, including changes in circumstances in foster homes and problems foster parents have in caring for sometimes difficult children. Goerge (1993) tracked a sample of 851 children placed in Illinois in 1988. Through June 30, 1992, 26% of these children experienced five or more placements and slightly more than half (51%) had three or more. Only 24% had one placement. Children who were not reunified during the observation period were much more likely to experience multiple placements (93% of those not reunified had more than one placement compared to 59% of those who were reunified). Reduction of the bouncing of children among foster care placements is clearly a major challenge to the field of child welfare (see also Tatara 1993).

#### Reentry

While most children who are placed in foster care are reunified with their parents, some later return to foster care. Goerge and Wulczyn followed children placed in fiscal 1986 in two states, New York and Illinois (Goerge and Wulczyn 1990). Children in Illinois were followed until June 30, 1988 while those in New York were followed until March 31, 1989. Of those who left foster care, about a quarter returned to care during this period (26% in Illinois and 27% in New York). Of course, this is an underestimate of the proportion returning to care, since these children were followed for relatively

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Ninth Federal Circuit in an Oregon case (Lipscomb vs. Simmons, 1992).

short periods of time. Other estimates suggest that about one-third of children returned home will again experience a foster care placement.

#### From Report to Placement

Our concern in this paper is with child abuse and neglect, but, although maltreatment is the reason for a substantial proportion of placements, the above numbers include placements for other reasons, most notably for dependency and child behavior problems. In some states the data include placements for delinquency. Unfortunately, it does not appear to be easy to separate out those cases in which placement occurred because of abuse or neglect. Furthermore, much of this paper is concerned with placement prevention programs. These programs usually target services on cases in which there has been a recent allegation of abuse or neglect. However, placements also occur in cases that enter the substitute care system through other routes, for example, in the course of work with a family in which abuse or neglect had previously occurred it may be determined that placement is in the best interests of a child even though there has not been a recent incident of harm.

The number of children who enter foster care during an investigation of abuse or neglect may be thought of as a function of the number of reports, the proportion of those reports that are founded, and the proportion of the founded reports that result in the placement of a child. National longitudinal data of this kind do not appear to be available. Estimates of the number of children reported are available and are shown in Table 3. This table indicates that the number of reports has risen by 148%, from 1,154,000 to 2,857,000 in the period 1981 to 1992. Of those reported in 1992, 34.8% (993,000) were substantiated or indicated victims, a rate of 15 per 1000 children in the population (see also Daro

and McCurdy 1991).<sup>5</sup> In that year, 39 states reported that about 134,000 children were removed from their homes, 18% of the substantiated victims.<sup>6</sup>

Data on reports and what happened to them for Illinois are shown in Table 4.<sup>7</sup> The number of reports of abuse and neglect has increased each year, with a huge increase in 1987, a large increase in 1989, and another very large increase in 1992. The proportion of reports that are indicated has steadily dropped, to about one-third in 1992, somewhat less than the national figure. The drop in proportion of cases indicated may be due to an increased number of reports of situations that are "truly" not abuse or neglect or it may be due to changes in the threshold of what is considered abuse or neglect in the child welfare system. It is possible that one way the system adjusts to pressures of more reports is to restrict the meaning of abuse and neglect (Wolock 1982). The percentage of indicated reports resulting in protective custody of one or more children has stayed in a fairly narrow range from 17.2% to 19.8% except for 1985 when the percentage was 20.8. In 1992, this percentage increased to 19.7 from levels below 18% in the previous years (this is similar to the national figure of 18% for calendar 1992 cited above). The number of children taken into protective custody has varied, sometimes increasing and sometimes decreasing, with a vary large increase (32%) in 1992. However, the data on number of

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<sup>5</sup> Some states use two different categories: substantiated or founded and indicated or reason to suspect.

<sup>6</sup> These data are for calendar years. The number reported for Illinois is 7,975 which compares to the Illinois DCFS annual report figure of 7,878 for fiscal 1992. Note that "children removed from their homes" includes children in care for brief periods, perhaps in shelters, and those in care awaiting a court hearing.

<sup>7</sup> Actually, these data do not reflect reports per se. Rather, the numbers of reports shown here are numbers of reports investigated. Workers at the Illinois child abuse and neglect hotline screen reports to determine whether they should be investigated and a substantial number of reports are not investigated. DCFS reports the total number of calls to the hotline but this does not indicate the number of reports since it includes callbacks when the caller was unable to get through the first time or was told to call back later, multiple calls on the same incident from different reporters, and simply requests for information. As a result, accurate data on the number of incidents reported do not exist.

protective custodies in years before 1992 are questionable, as indicated in the note to Table 4.<sup>8</sup> The number of protective custodies is not an indication of the number of children entering foster care following an investigation of abuse or neglect. The taking of protective custody by an investigator must be followed within 48 hours by a court hearing at which time the child is placed in "temporary custody" or released to his or her caretaker. In some cases the protective custody is terminated before the court hearing while in others the court vacates custody. We know of no reliable data on the numbers of cases in which protective custody is terminated without temporary custody.

A number of factors have contributed to the increase in reports of maltreatment: changes in what is considered to be abuse and neglect, changes in reporting practices by those who are in a position to report abuse and neglect, changes in the conditions in families, and changes in broader social conditions that may affect the conditions in families. We will discuss each of these factors.

There has been a steady enlarging of the definition of abuse and neglect in the past thirty years. It has expanded beyond actual physical harm to children to risk of physical harm, to emotional harm, and even to "educational neglect" (many cases of educational neglect were formerly considered the child's problem and labeled "truancy"). But there have been more subtle changes as well. In the past, grandparents have often provided care for grandchildren when parental duties were shirked, now the state may become involved in these arrangements. The ability to detect abuse and neglect has also improved, resulting in further widening of the net, beginning with advances in radiology that led to the

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<sup>8</sup> It is of interest to compare the numbers of children taken into protective custody in fiscal 1992 (7,878) with the number of children entering foster care in calendar 1992 (from table 2, 11,960). The number entering foster care is much higher than the number of children taken into protective custody. For reasons stated earlier, the data on placements and the data on protective custodies are not strictly comparable (besides the fact that one is a fiscal year and the other a calendar year number). Some children taken into protective custody are almost immediately returned home from shelters and may not show up in the foster care numbers. On the other hand, as explained above, there are a number of foster care entries that do not come through the abuse and neglect reporting system, a fact that is evident in the comparison of these figures.

labeling of the "battered child syndrome" (Kempe 1963).<sup>9</sup> There is increasing concern for "failure to thrive" infants and physicians are exploring cases of "sudden infant death syndrome" to detect situations in which the child was suffocated.<sup>10</sup> Physicians are also detecting more cases in which violent shaking has resulted in injury or death.

Those who are in a position to report abuse and neglect appear to be increasingly doing so. Public education efforts and the ready availability of hotlines have contributed to this trend as has publicity about the prevalence of harms to children. Public sensitivity has been raised, people appear to be more likely to entertain suspicions about their neighbors and relatives, and to report those suspicions. Laws mandating reports of suspected abuse and neglect by professionals have increased professional responsibility for reporting (Antler 1981, Meriwether 1986, Myers 1986, Hutchinson 1993). And grandparents who are saddled with the care of grandchildren are more likely to report their children for neglect.

Conditions in families and in society that lead to increases in the numbers of reports of abuse and neglect are intertwined. Among these are well documented increases in the numbers of children in families in poverty, increases in the numbers of children being raised in one parent families (often headed by teenaged mothers), the increase in violence, particularly in the inner city, and the increase in the use of drugs.

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<sup>9</sup> Kempe's famous article (1963) galvanized the concern of medical and social service professionals for the "battered child." However, it is of interest that the radiological advances occurred much earlier, along with the recognition that intentional mistreatment might be the cause of mysterious fractures in the long bones of children. See Caffey 1957, Antler 1981.

<sup>10</sup> The identification of the failure to thrive syndrome dates back at least to Chapin's observations of institutionalized children in 1915. After disappearing from the literature for a while, Spitz (1945) refocused attention on the phenomenon. See Oates 1986. For discussions of SIDS, see Christoffel 1992, Berger 1979, and Lundstrom and Sharpe 1991.

While all of these factors have contributed to the increase in reports, the effects of drugs are perhaps most salient for workers who investigate allegations of abuse and neglect. A substantial proportion of their cases involve abuse of drugs or alcohol. An important subgroup that has grown dramatically in the last few years is that of "cocaine babies," infants who are found to have cocaine in their bodies at birth. In Illinois, the number of reports involving "substance affected infants" (primarily cocaine) jumped from 181 in 1985 to an estimated 2770 in 1991 (Illinois Department of Children and Family Services 1991). There is considerable confusion in the child welfare system as to what to do about cocaine babies. In many jurisdictions, medical personnel are required to report such cases to state abuse and neglect hotlines and in some jurisdictions (e.g., Illinois) the diagnosis of cocaine baby results in an automatic finding of child abuse by the mother. But should such children be considered to be ipso facto at risk and placed in substitute care? There appears to be much variation in the answers to this question (Larson 1991, Madden 1993). In some areas, placement of cocaine babies occurs frequently, while in others, placement occurs only if a previous child was exposed to cocaine or there is other evidence of serious risk. The confusion is fed by lack of understanding about the long-term effects of in-utero exposure to cocaine and evidence that there is a great range of responses of young children to such exposure (some children appear to be unaffected while others may be seriously damaged) (Zuckerman 1991, Kronstadt 1991). It should also be noted that this is another area in which advances in technology have had substantial influence. The ingestion of intoxicating, addictive, and harmful substances appears to have begun before recorded history (Encyclopedia Britannica 1990, Barber 1967, Roueche 1960).<sup>11</sup> Use of these substances by pregnant women is probably just as

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<sup>11</sup> According to the Encyclopedia Britannica (1990) "The origin of alcoholic beverages is lost in the mists of prehistory." Roueche (1960) writes, "That epochal hour [when man first encountered alcohol], like so many beginnings, is lost in the deeps [sic] of time." And Barber (1967) says "Opium in some form has been used in many different parts of the world, and apparently for as far back as we can read history."



ancient in origin. But it is only recently that we have become aware of the possible effects of such use and been able to detect it. These observations also raise the question as to how far the state should go in attempting to govern the behavior of pregnant women. For example, it is known that smoking may be detrimental to fetal growth so should a woman who smokes during pregnancy be convicted of abuse of her child?

### Principles Governing the Provision of Services

As we noted at the beginning of this paper, responses to abuse and neglect are divided between in-home and out-of-home alternatives. Central to the decision as to which alternative is chosen is the tension between two values, the value of assuring the safety of children from harm and the value of respecting the integrity of the family. In the "integrity of the family" we include respect for individual preferences in manner of child rearing and a sense that family life ought to be private. Hence, families ought to be able to regulate the extent to which their ways of relating are known to others, as long as those ways of relating do not cause harm to their members. Perhaps most important, maintaining the family is thought to be in the best interests of the child in most, though not all cases.

The investigator of abuse and neglect must balance these two values, or, more properly, must determine which holds precedence in an individual case. The society and its child welfare system influence that decision through custom, law, regulations, and available responses (such as services). The default position is to respect the integrity of the family, that is, non-intervention. This default is overturned only if the child has been harmed significantly or is thought to be at risk of significant harm. We cannot prevent all harms to children. The problem here is that harm and particularly risk of harm lie on a continuum. No child survives without some harm and all children live with some risk. The alternative of taking all children from their families at birth to put them in safer circumstances is neither desirable nor feasible. So we have a threshold problem, where do we draw the line between

state intervention and non-intervention? And where do we draw the multiple lines between various interventions?

In the past fifteen years three principles have dominated the search for the lines in individual cases and have dominated the development of child welfare systems. These principles are permanency planning, reasonable efforts, and least restrictive alternative. The principles were codified in the Federal Adoption Assistance and Child Welfare Assistance Act of 1980 (PL 96-272) which conditioned federal financial participation in states' costs of foster care on the provision of services based on these principles.

It is now appropriate to subject these principles to scrutiny. In examining these principles a fourth issue will be encountered, that of money. It is clear that concerns for cost have often overwhelmed attempts to honor other principles.

#### The Parent-Child Bond

Two of these principles, reasonable efforts and permanency, grew out of a belief that, in the absence of serious contraindications, children are better off in their homes of origin than anyplace else and a belief that children may be harmed by foster placement. The belief that children belong in their own homes comes out of child development research and is based at least in part on evidence of a special bond between children and mothers. It is claimed that the interaction that comes from biological relatedness and perhaps from the closeness involved in bearing and being borne (and born) cannot be duplicated in other relationships (Bowlby 1952, 1969-73, 1988).<sup>12</sup> This biologically based altruism ought not be disrupted and barriers to its expression ought to be removed when possible.

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<sup>12</sup> This view differs somewhat from that of Goldstein, Freud, and Solnit (1973): "Normally, the physical facts of having begotten a child or having given birth to it have far-reaching meaning for the parents as confirmation of their respective sexual identities, their potency and intactness. . . . By contrast, for the child, the physical realities of his conception are not the direct cause of his emotional attachments."

The notion of a special bond is supplemented by an almost religious belief on the part of some advocates in child welfare that "all families want to do right for their kids." While there is considerable evidence that a special bond exists between most mothers and their children, experience suggests that it may not be quite universal. Some mothers do reject their children or fail to display the most elemental of caring or nurturing behaviors. This phenomenon is sometimes attributed to lack of knowledge, lack of resources, the temporary influence of drugs, emotional or psychological problems, or other barriers to performance. In any event, the desire to do right for one's children appears to be submerged in some parents.

The idea that foster care is detrimental to children is even more problematic, both theoretically and empirically. We encounter here a conflict of time horizons, between concerns for the immediate safety of children and their long term development. While some children are abused or neglected in foster care, the rate of abuse and neglect in foster care is less than in families in which harm has previously occurred. So, statistically at least, children who are placed are safer than if they had been left in their own homes. But it is claimed that foster care is detrimental to the long term emotional, cognitive, and social development of children. This is because a foster home is not the child's real home and "natural" bonds are missing.

In assessing such claims, one must make distinctions among ideal foster care, bad foster care, and average expectable foster care. Children in foster care are often exposed to multiple placements and these frequent moves are clearly devastating to their growth. Foster homes are sometimes approved after inadequate investigation with the result that children experience neglect and abuse in them. Foster homes are often inadequately supervised. But there is little evidence that children in stable, adequate foster homes fare significantly worse than similar children left in their own homes (Wald et al. 1988, Fanshel and Shinn 1978, Kadushin 1978, Institute for Research on Poverty 1992).

## Reasonable Efforts

As codified in the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272), states are required to show, in each case in which a child is placed in substitute care, that alternatives to placement have been tried or at least considered. Judicial certification of these "reasonable efforts" must accompany court orders for substitute care. Further, states are required to make reasonable efforts to reunify children who are placed in substitute care.

How has reasonable efforts worked in practice? We may have here the problem of whether the glass is half-full or half-empty. On the one hand, nearly every state now has some version of a family preservation program intended to prevent the placement of children. But it has taken a long time for these programs to develop and they vary in their coverage. There is also some evidence that many workers with responsibility for decisions about placement (notably investigators of abuse and neglect allegations) have largely adopted the reasonable efforts principle in that they place children only when it is truly the last resort (for an extensive review of the reasonable efforts principle, see Shotton 1989-90).

On the other hand, there continue to be substantial barriers to full implementation of the reasonable efforts principle. First is the problem of interpretation. "Reasonable" is quite ambiguous and given to multiple interpretations. In many locations adherence to the reasonable efforts requirement is purely formal and perfunctory. Judges have a standard form they sign to certify compliance, perhaps adding a phrase or two in a bow to individualization. Instead of recognizing that reasonable efforts is a requirement in each case, compliance is sometimes claimed simply on the basis of the existence of a family preservation program which might or might not be available for a particular case.

Implementation has also been hampered by lack of resources. The federal government has not provided adequate funds to the states to meet the mandate and most states have failed to implement

family preservation programs on a wide scale or with adequate resources. Furthermore, most of the emphasis has been on placement prevention while reunification efforts have gotten short shrift.

### Permanency

The permanency principle requires that efforts be made to provide the child with a permanent home.<sup>13</sup> It is well established that children need a "psychological parent," a nurturing relationship that is stable over the long term (Goldstein, Freud, and Solnit 1973, 1979). The permanency principle is often linked with the idea of least restrictive alternative to produce the notion that children should be in a permanent situation that is as "home-like" as possible. Curiously, the permanency principle is expressed as a requirement for "permanency planning," thereby seeming to put the emphasis on planning rather than doing. Thus, the stage is set for formal rather than substantive compliance since the criterion for compliance is the existence of paperwork rather than some outcome for children.

In its narrowest form, the permanency principle might be thought of as combating the "bounce" phenomenon, the fact that many children in foster care experience multiple placements. But as used in practice, the emphasis is on keeping children in or returning them to their own homes, rather than finding the best long-term living situation (Fein and Maluccio 1992, Maluccio, Warsh, and Pine 1993). When children are placed, the permanency plan (or "permanency goal") is almost always "return home." Our observations in Illinois indicate that this goal is almost never changed, no matter how unlikely its achievement. The reluctance to give up on returning children home no doubt arises in part from the belief that all parents want to do right for their children and that family ties should be broken only as a last resort but it is also related to the reluctance of the state to commit the resources required for long term placement or to seek termination of parental rights. This reluctance is at times not beneficial for children and in fact is a violation of the permanency principle.

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<sup>13</sup> See the discussion below of the origins of this principle in the first White House Conference on Children in 1909.

### Least Restrictive Alternative

The least restrictive alternative principle is grounded in the basic idea in our society that freedom should be maximized. The notion of least restrictive alternative found its first expression in the context of responses to psychiatric disorder: persons with mental illnesses were to be restrained only as far as necessary to assure their own and others' safety (Lake vs. Cameron 1966).<sup>14</sup> They should be provided a setting for their care that is as unrestrictive as possible. Beyond the apparently inherent American suspicion of state authority, the least restrictive alternative principle is based on the idea that people develop best when they are given maximum freedom.

The combination of permanency planning and least restrictive alternative in child welfare has resulted in a hierarchy of alternatives for children.<sup>15</sup> Most desirable is living in the home of origin, followed by adoption, foster care in the home of a relative, long term foster care in the home of a stranger, and finally care in an institution. When the child is old enough, independent living is added to the hierarchy. There are sub-alternatives, like group homes and guardianship, which must be fit into the hierarchy and there is sometimes argument about the precise location in the hierarchy of certain alternatives, like kinship care, but the idea of a hierarchy is well established in the minds of child welfare practitioners and provides guidance for their decisions.

### The Principles Considered Together

As noted above, these principles are vague and therefore do not provide clear guidance for action. The combination of the fact that they are vague and codified in law gives rise to no end of bureaucratic and legal maneuvering to find stretched interpretations of the law and produce

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<sup>14</sup> An early case requiring the states to pursue their purposes with minimal restrictions on individual liberties is *Shelton vs. Tucker* 1960.

<sup>15</sup> The 1909 White House Conference developed a very similar hierarchy (*Proceedings of the Conference on the Care of Dependent Children*, 1909).

questionable evidence of compliance. Compliance may become largely formal and non-substantive. These conditions, present in nearly every state, provide openings for class-action lawsuits alleging noncompliance and demanding reform. In fact, they make litigation nearly inevitable.

Another problem with the principles is that they are potentially in conflict, at least in some cases. In dealing with a very troubled child, the principles of reasonable efforts and least restrictive alternative often lead workers to begin with the least restrictive placement, perhaps foster care (with relatives or others) and resort to other alternatives only when that alternative does not work out. The child may then be subjected to a series of successively more restrictive placements (perhaps under the guise of more intensive treatment). Thus the principle of permanency is violated in the bouncing of the child from one placement to another. Because his or her needs have not been met, the child is likely to be worse off because of the bouncing around than if he or she were placed in a more restrictive environment in the first place (Testa 1982).

The principle of reasonable efforts exists to combat a supposed tendency to place children when that is not necessary and to prod authorities to try to return children home when they are in placement. But it is particularly ambiguous. Besides the difficulty in determining what is "reasonable," there are at least two shadings of meaning, depending on whether one puts the emphasis on "reasonable" or on "efforts." One might interpret the phrase to mean that efforts should be taken but that they should not be "unreasonable." Hence, twenty-four-hour-a-day surveillance might be interpreted as unreasonable while daily visits might be reasonable. A service that is not available might also be considered unreasonable (it is unreasonable to be required to provide a nonexistent service). Alternatively, emphasis on "reasonable" focuses attention on the family and its circumstances, so that if it is unreasonable to expect that the child can be adequately protected with services short of placement, efforts to prevent placement need not be taken. The distinction between these two meanings might also be put in the form of a question: Must reasonable efforts be made or only considered? It is

likely that child welfare practice uses a combination of these meanings but we believe that the emphasis is on the first, that is, efforts should be made unless there are very compelling contraindications.

But sometimes efforts to avoid placement or to return children home are not appropriate. Some situations require placement and some children require restrictive environments and those children should not have to suffer attempts to keep them at home or in environments which they cannot handle. Countering that observation is the suggestion that in many cases we do not know what is best for the child, that we are often not in a position to assess the risk to the child, or that we cannot assess the likely response of a family to services. The principle of reasonable efforts provides a guideline for action in situations of uncertainty. The point raises an important problem: the limitation in assessment technology. The reasonable efforts principle may be justified if we do not have adequate technology for determining the most appropriate action at the outset, leaving us to engage in a process of trial and error. When that is the case, it seems appropriate to begin by trying to keep the child at home. However, while there are considerable limitations in assessment technology, there are cases in which it is not reasonable to leave children at home and then there is no point in invoking the principle. For these reasons, we believe that the principle of reasonable efforts should play a lesser role than at present while the ideas of permanency and least restrictive alternative should be reaffirmed and revitalized, in ways that will prevent mere formal adherence.

The Special Case of Kinship Care. Kinship care often embodies conflicts between the principles and the need of the state to restrain the costs of foster care. Workers think of kinship care as upholding the principles of least restrictive alternative and permanency. It is thought that homes of relatives are usually similar to the natural home of the child and thus serve the principle of least restrictive alternative. In fact, workers think of homes of relatives as being almost the same as the natural home (or better because the risk of harm is usually less) so they are legitimate permanency



plans. Kinship care may also be thought of as meeting the requirements of reasonable efforts. Thinking of such arrangements as potentially permanent, with ongoing state support, obviously conflicts with the policy maker's desire to reduce placement in order to reduce the costs of foster care. As would be expected, given the attitudes of workers, lengths of time in relative foster care are, on average, longer than in other forms of care.<sup>16</sup>

It has been observed by many that the availability of state support for kinship care arrangements has created perverse financial incentives (Testa 1993). Relatives who care for children may realize that they can be paid for this care if they report the child's parent for neglect. Furthermore, in most jurisdictions foster care payments substantially exceed public assistance payments (Testa 1993, Link 1990, Department of Health and Human Services 1992b).<sup>17</sup> Hence, a family unit consisting of a mother, children, and grandmother which receives public assistance for the children would receive more money if the grandmother were to become the children's foster parent. Although these incentives for kinship foster care exist, the extent to which they have resulted in more placements is not clear (for a suggestion that this may not be a major issue see Department of Health and Human Services 1992b).<sup>18</sup>

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<sup>16</sup> Testa (1993) estimates that for Illinois children entering care in 1987-88, reunification rates for children who were ever placed in home of relative care are 50-60% lower than for those never placed with relatives.

<sup>17</sup> A federal Supreme Court decision in an Illinois case requires that payment for licensed kinship care be made at the same rate as for nonkin care (Miller v. Youakim 1979). However, other states are not following this decision.

Testa (1993) notes that in Illinois, rates for foster care (whether with kin or nonkin) increase linearly with increasing numbers of siblings while AFDC rates level off. Thus, with larger sibling groups the disparity between AFDC and foster care payments is greater. This is likely the case in other states as well.

<sup>18</sup> Recent analyses of data on the movement of Chicago children at the time of initial placement indicates that the "percent of children placed with relatives that did not move rose steadily from 1987 (11.3%) to 1990 (20.3%) and then decreased slightly in 1991 (17.7%)" (Goerge, Harden, and Lee 1993). The percentages are highest for African-American children. See also Testa 1993.

Kinship care arrangements also raise issues for the maintenance of foster care standards and the assurance of children's safety. In many jurisdictions, the investigation of a kinship foster home is considerably less detailed than that for other foster homes and standards for acceptance are much less stringent. Furthermore, workers have expressed concern about the safety of children placed with a grandparent or other close relative who also may have been an abuser. In Illinois, and perhaps elsewhere, prospective kin foster parents must "pass" a check of the state's child abuse tracking system and a fingerprint check, but that obviously does not assure that the individual has not previously caused harm to children. Kinship care may result in inadequate protection of children because of unrestricted and unsupervised contact with parents. On the other hand, kinship care may also result in the parent being denied access to a child because of conflict between the parent and the caretaker.

Finally, kinship foster homes often receive inferior services from child welfare agencies compared to nonkin homes (Testa 1993, Link 1990). In the face of high caseloads, workers sometimes ignore kinship placements and kin may be less likely to demand services. In some jurisdictions (e.g., Mississippi) relative foster parents are not required to be licensed, and those that are not are excluded from services provided to licensed foster parents (Department of Health and Human Services 1992a).

Clearly, much more needs to be understood about kinship foster care. Research is needed on the motivations of kin for taking on the care of children, on the extent to which kinship care is being used for income maintenance, on the extent to which it is viewed as and becomes a permanent plan, on the adequacy of care in kinship homes, and on the dynamics of reunification in kinship care.

### Family Preservation

The family preservation movement in child welfare developed as a way to implement the ideals outlined above while addressing the foster care explosion. By maintaining the nuclear family we

uphold the principles of least restrictive alternative and reasonable efforts and we hope that the family will stay together, thus serving the goal of permanency. We also avoid the heavy cost of foster care.<sup>19</sup>

Family preservation programs have now been implemented in nearly every state, at least on a trial basis. The programs vary considerably in conception and in the activities they undertake. Typically, the programs are intended to be delivered to families in which there is a risk of placement of a child and families are referred to them during investigations of allegations of abuse or neglect. Versions of these services are also used to facilitate the reunification of families in which a child has been placed and, in Illinois at least, a version has been implemented to intervene in cases in which adoptions might be disrupted.

Various advocates for family preservation services have suggested lists of the "hallmarks" of such services. These lists often include such things as the following:

1. Services should be "family centered" rather than "child centered," that is, services should be directed at enhancing family functioning as a whole so that the child can remain in the family.
2. Services should be "home based," that is, in so far as possible they should be delivered in the home, not in an agency office.
3. Services should be crisis oriented, taking advantage of the dynamics of crisis to bring about change. As such, services should begin immediately upon identification of the crisis, should be intensive in nature, and should be time limited. Services should be available 24 hours a day, seven days a week. An implication of this principle is that caseloads should be small.
4. Services should "empower" families, which we take to mean developing in families the ability to solve their own problems. This involves the belief that families have strengths that can be developed in the service of problem-solving.

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<sup>19</sup> The term "family preservation" was first used in connection with attempts to prevent the placement of children in other fields, that is, in child mental health and juvenile corrections.

5. Services should be "community oriented." Families should be "connected" with extended family and community resources, both formal and informal.
6. "Case management" approaches should be used to obtain, coordinate, and monitor resources for the family.

The idea of family preservation is often traced to the first White House Conference on Children in 1909, although there are probably earlier sources. In response to the extensive use of foster care and institutions in the latter half of the 19th and early part of the 20th centuries, the conference declared that "home life is the highest and finest product of civilization." The conference went on to suggest that children should not be deprived of home life "except for urgent and compelling reasons" (Proceedings of the Conference on the Care of Dependent Children 1909; see also Bremner 1971, McGowan 1990, Jones 1989, Mayer, et al. 1977, Pecora 1991). However, the pronouncements of the conference did not result in concrete steps to reduce the numbers of children in care. McGowan observes that the Aid to Dependent Children provisions of the Social Security Act of 1935 and its successor program, Aid to Families with Dependent Children, "undoubtedly contributed more than any other social program to the goal of enabling children at risk of placement to remain in their own homes" (McGowan 1983).

The roots of many of the approaches of current family preservation programs may be found in the early history of social work. Home visiting was a central feature of social work with families in the early years of this century. Social work was heavily involved in the development of short term crisis intervention work in the years after the Second World War. In the 1950s, the St. Paul Family Centered project, focusing on "multi-problem" families, had many of the characteristics of current family preservation work, including home visiting, a focus on the provision of concrete services, and a crisis orientation (Birt 1956, Frankel 1988, Horejsi 1981, Wood and Geismar 1989). However, an

approach developed by two psychologists in Washington State in the 1970s has come to dominate much of the discussion about ways to approach family preservation. This approach, called "Homebuilders," was originally developed for work with families of adolescents who had become involved with the juvenile justice or mental health systems. Homebuilders pushes the short term and intensive features of the work almost to the limit. Families are to be seen for four to six weeks and caseloads are to be kept to not more than two families so that workers can spend many hours a week with families. Workers are to be available to clients 24 hours a day, seven days a week. Cases are served by a single therapist (with backup), a feature that contrasts with other approaches using teams of workers. The approach has a strong "cognitive-behavioral" component. Clear, specific, and concrete goals are set for family members and use is made of the armamentarium of tracking devices popularized by behavioral psychology and behavioral social work, devices such as behavioral checklists. Also prominent in the Homebuilders model is the provision of concrete services (Kinney et al. 1991, Whittaker et al. 1988, 1990).

Homebuilders has been widely (though not universally) adopted. It has a great deal of appeal largely because it is a well developed, systematic approach, focused on the practical needs of families and on their relationships. But other approaches to family preservation are in use, most notably, the "family systems" approach, which uses ideas from "structural family therapy" developed by Salvador Minuchin and his colleagues in Philadelphia (Minuchin 1974, Minuchin and Fishman, 1981). As the name implies, the family systems approach focuses on the family as a social system and on subsystems within the family (Nelson and Landsman 1992). Relationships with larger systems are also important with attention given to improving connections with the community. Among the notions employed is that dysfunctional patterns of relationships develop over multiple generations. Some programs have used approaches found in the standard family therapy literature, usually centering

around interviews with the entire family. Families tend to be seen for longer periods of time than in the Homebuilders approach (3 to 12 months).

Other models have sometimes been employed in family preservation programs, usually involving longer periods of contact with families. These include models based on psychodynamic theories and behavioral approaches.<sup>20</sup> Differences in the prescriptions of various models for the activities of workers presumably arise out of differences in views as to the causes of human problems and in how problems change and should be addressed. The models differ in the extent to which they provide explicit theories of human problems and problem resolution.

A great deal of emphasis has been put on the matter of "models" in family preservation. In particular, researchers have been urged to determine which of the several models are most effective. However, it is possible that the most important elements in a family preservation program (those things that "explain the most variance" in outcomes) are not the activities that distinguish models of practice. Instead, characteristics of practice that are peripheral to model formulations or that all models attempt to incorporate may be most important. We are thinking here about such things as the imagination and "zeal" of the worker. Of course, in the end, the issue of whether models matter is an empirical question.

### The Research on Family Preservation

What is known about the effects of family preservation programs? In this section we review previous research on programs designed to prevent out-of-home placement of children. We also review what is known about the effects of social interventions aimed at preventing child abuse or neglect. We find little evidence that family preservation programs result in substantial reductions in the placement

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<sup>20</sup> For more extensive descriptions of models of family preservation practice, see Nelson, et al. 1990, Nelson and Landsman 1992, and Barth 1990.

of children. Claims to the contrary have been based largely on non-experimental studies that do not provide solid evidence of program effects. The results of controlled studies suggest that difficulties in targeting services to families at risk of placement contribute to the lack of program effects on placement. Prevention of child maltreatment has also been an elusive objective in family preservation and family support programs.

### Placement Prevention

Since the central concern of family preservation programs has been the prevention of placement, this has been a major, sometimes singular, focus of evaluations. Most evaluations of programs designed to prevent placement have used non-experimental designs.<sup>21</sup> The results of these studies suggest that most families remain intact during and shortly after family preservation services. One of the earliest studies of the Homebuilders' model (Kinney, Madsen, Fleming, and Haapala 1977) found that 97% of 80 families remained intact three months after the intervention had ended. Since then, evaluations of the Homebuilders program have found that 73 to 91 percent of families were intact at 12 months after referral for service (Kinney, Haapala, and Booth 1991). Studies of other programs have found that at least two-thirds of families remain together within a year after the end of services. For example, 66% of 747 families who received family preservation services in Iowa

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<sup>21</sup> Studies that did not employ comparison or control groups include Bartsch and Kawamura (1993); Wheeler, Reuter, Struckman-Johnson, and Yuan (1993); Berry (1992); Kinney, Haapala and Booth (1991); Smith (1991); Fondacaro and Tighe (1990); Thieman, Fuqua, and Linnan (1990); Bribitzer and Verdieck (1988); Van Meter (1986); Hinckley and Ellis (1985); Landsman (1985); Leeds (1984); Florida Office of the Inspector General (1982); and Kinney, Madsen, Fleming, and Haapala (1977). Studies which employed non-equivalent comparison group designs include Bergquist, Szejda, and Pope (1993); Reid, Kagan, and Schlosberg (1988); and Pearson and King (1987). Previous reviews of this literature have been provided by McDonald and Associates (1992); Nelson and Landsman (1992); Rossi (1991); Fraser, Pecora, and Haapala (1991); Davis (1988); Frankel (1988); Jones (1985); Stein (1985); and Magura (1981).

Studies of programs designed to prevent placement of status offenders (Nugent, Carpenter, and Parks 1993) or delinquent and emotionally disturbed children (Cunningham, Homer, Bass, and Brown 1993) have also relied on non-experimental designs.

remained intact one year after termination (Thieman, Fuqua, and Linnan 1990). A study of family preservation services in Connecticut found that 69% of 591 families remained intact one year after services and 82% of the 1,588 children in these families were not placed during this period (Wheeler, Reuter, Struckman-Johnson, and Yuan 1993). Eighty-eight percent of 367 families in the In-home Family Care Program in northern California were intact one year after services ended (Berry 1992).

The Families First program in Michigan has received a great deal of attention because of its claimed success in preventing placement. An evaluation of the program compared 225 children who were thought to be at "imminent risk of placement" at the time their families were referred to the program with a matched comparison group of 225 children who had recently exited foster care.<sup>22</sup> It is not clear to us how this group can be considered to be an adequate comparison group. Children at risk of placement and those recently discharged from care are likely to differ in many respects, including their likelihood of experiencing future placement. An adequate comparison group should be composed of children who are in similar circumstances and who have similar probabilities of placement at various points in time. It is not at all clear that the comparison group here meets these requirements. With that caveat in mind, 76% of the children in the Families First group remained in their homes at 12 months after the intervention while 65% of children in the comparison group remained in their homes for 12 months after they had returned from foster care (Bergquist, Szejda, and Pope 1993). Additional claims for the effectiveness of the program, made by the State of Michigan, have been based on a decrease in the number of children placed in foster care in 1992, four years after the initiation of the Families First program.<sup>23</sup> However, Schwartz and his colleagues (forthcoming)

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<sup>22</sup> To create the comparison groups, one child who was designated "at imminent risk of placement" within each Families First case was matched with a child who had exited foster care within 90 days of the date the Families First case was initiated. The pairs of children were also matched on age, county of residence, type of referral, and prior involvement with protective services.

<sup>23</sup> The Michigan Families First program began in 17 counties in 1988 and was quickly expanded to the rest of the state. During that time, the number of new foster care placements in that state increased steadily from 6,490 in 1988 to 8,299 in 1991, followed by a decrease to 7,632 new



examined the Michigan data in terms of rates of foster placement per thousand children; their results are inconclusive.<sup>24</sup> In any event, changes in foster care rates over a few years do not provide evidence of the effects of family preservation programs because such rates are affected by many other factors. In many jurisdictions, foster care caseloads are increasing despite the presence of family preservation services; it is possible that these increases would be greater in the absence of family preservation efforts.

These findings have been used to suggest that family preservation programs reduce the need for out-of-home placement of children.<sup>25</sup> However, nonexperimental studies such as these do not provide convincing evidence of program effects, since it is not clear whether families would have experienced placement of children in the absence of these services. Claims that children were at "imminent risk of placement" at the time of referral have not been supported by evidence. Although referring workers are often uncertain about whether and when placement may (and should) occur, they may assert that placement is imminent in order to obtain intensive services for families.<sup>26</sup>

Randomized experiments provide the only means to determine what would have happened in the absence of family preservation services and, thus, experiments provide the best estimates of the effects of these programs. Below we review the results of controlled studies of family preservation programs; these studies are described in greater detail in Table 5.<sup>27</sup> Early studies (those conducted in the late

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placements in 1992. The foster care caseload in Michigan grew from 15,878 in 1988 to 17,124 in 1992 (Michigan Department of Social Services 1993).

<sup>24</sup> This analysis shows a slight increase in the rate of foster care placements per 1,000 children (under age 18) in the counties in which Families First began. In fiscal 1987, children in these counties were placed in out-of-home care for the first time at a rate of 2.5 per 1,000; the rates were 2.8 in 1988, 2.6 in 1989, 2.8 in 1990, and 3.1 in 1991. A similar rise in placement rates was found in the rest of the state (Schwartz et al. forthcoming).

<sup>25</sup> See Hartman 1993; Berry 1992; Pecora, Fraser, and Haapala 1992; Kinney, Haapala, and Booth 1991.

<sup>26</sup> Our interviews with child protective services workers in Illinois suggest that this practice is viewed as advocacy on behalf of the client.

<sup>27</sup> Other reviews of this literature are Jones (1985); Stein (1985); Frankel (1988); Fraser, Pecora, and Haapala (1991); Rossi (1991); Wells and Beigel (1991); and Nelson and Landsman (1992).

1970s and early 1980s) involved smaller groups of clients than more recent evaluations. We pay particular attention to the methods and findings of larger and more recent studies.

### Early Studies

The New York State Preventive Services Demonstration Project, conducted in the mid-1970s, provided intensive services to families over approximately 14 months (Jones, Neuman, and Shyne 1976). The project may be considered a precursor to current family preservation programs. During the Spring and Summer of 1974, the project served cases in which placement was thought to be imminent, families with children in placement, and those in which children had recently been returned home. The goals of the project were to prevent placement, reunify families, and prevent reentry into foster care. Here we focus on the subgroup of families in which children were living at home at the time of referral. Families of 525 children were randomly assigned to the program or a control group. At the end of treatment, placement rates were significantly lower in the experimental group than in the control group (7% versus 18%). Six months after the termination of services 8% of children in the program group and 23% of those in the control group had been placed (Jones, Neuman, and Shyne 1976). A follow-up study of a subsample of 243 children in the experiment was conducted five years after the project ended. At that time, 34% of the children in the experimental group and 46% of those in the control group had been placed in foster care, a statistically significant difference (Jones 1985). Thus, the program appears to have had beneficial effects on placement, although the differences between the experimental and control groups were not large, and sample loss at the time of the five-year follow-up (less than 50% were followed) limits the usefulness of the data.

Special Services for Children, a public agency in New York City, provided intensive services to families with children "at risk of placement." Halper and Jones (1981, reviewed in Stein 1985) reported the results of a randomized experiment involving 120 families with 282 children. During the

project, 4% (6) of the 156 children in the experimental group and 17% (22) of 126 in the control group were placed in substitute care (a statistically significant difference).

The Hudson County Special Service Project was conducted in New Jersey in the late 1970s. The program served families whose children were thought to be at "risk of placement within the next two years" (Magura 1981, Stein 1985). Ninety families were randomly assigned to program and control groups. At the end of the three-year demonstration project, 24% (11) of families in the program and 18% (8) of those in the control group experienced placement (a non-significant difference). Children in the control group were more likely to be placed in restrictive settings (such as residential treatment) and less likely to be placed with relatives than those who received more intensive services (William and DeRubeis 1981).

Nebraska Intensive Services to Families at Risk served families at risk of placement because of actual or suspected child maltreatment (Nebraska Department of Public Welfare 1981, reviewed in Stein 1985). One hundred and fifty-three families were randomly assigned to experimental or control groups. Control cases required more public foster care, compared with experimental cases which were more likely to be placed with relatives and friends. Although the exact number of children placed is not known,<sup>28</sup> available data show that 4% (3) of 80 families in the experimental group and 11% (8) of 73 families in the control group had one or more children placed in out-of-home care (Stein 1985), a non-significant difference.

The Home Based Services Demonstration Project of the Ramsey County (St. Paul), Minnesota child protective services department (Lyle and Nelson 1983) involved random assignment of 74 families to one of three traditional child protection units or an experimental, family-centered, home-based unit (Frankel 1988). Three months after services ended, 33% of families in the experimental

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<sup>28</sup> Data on informal placements with relatives and friends and on placements outside the project county were not available.

group had experienced placement of one or more children, compared with 55% of families in the control group. Of the children who were placed, those in the experimental group spent significantly less time in substitute care (Frankel 1988).

Family Study Project in Hennepin County, Minneapolis involved random assignment of 138 cases to experimental and control units of the county agency (Hennepin County Community Services Department 1980, reviewed in Stein 1985). The families served had children under age 15 who "were at risk of placement, but who were judged by intake workers not to be at imminent risk of abuse or neglect" (Stein 1985, p. 116). The experimental group had a higher number of children placed in foster care (123 versus 84 children in the control group); however, the total number of children in each group was not reported (Stein 1985). Of those placed, children in the experimental group spent slightly fewer days in placement (mean of 199 days) than those in the control group (mean of 208 days).

A Social Learning Treatment Program in Oregon, reported by Szykula and Fleischman (1985), involved a randomized experiment with families of 48 children to test the effects of a social learning treatment program compared with regular child protective services.<sup>29</sup> Clients were parents with children between the ages of 3 and 12 who were considered at risk of placement because of child abuse and neglect. Cases were identified as more or less difficult by workers, based on numbers of prior abuse reports and types of family problems.<sup>30</sup> Cases within each difficulty group were randomly assigned to program or control services. The experimental program appeared to reduce the risk of

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<sup>29</sup> The authors describe another study, involving an A-B-A reversal design that focused on the numbers of substitute care placements in Jackson County, Oregon before, during, and after installation of a social learning treatment program. Although the authors suggest that placements declined during the nine months period in which the program was in operation, the results are not convincing since placement was a fairly low-incident event among the target group in this county (only 58 placements were recorded during the entire 49-month study period).

<sup>30</sup> The "less difficult" group included families with fewer than three reports of abuse, no serious housing or transportation problems, and children with conduct problems. Those in the "more difficult" group had three or more prior reports; serious problems with employment, transportation, and housing; and "major problems outside of their relationship with their child" (Szykula and Fleischman 1985, p. 281).

placement among less difficult cases: 8% (1 of 13) of the children in the less difficult experimental group and 38% (5 of 13) of those in the comparable control group were placed. However, there was no significant difference between program and control groups in placement rates for more difficult cases: 64% (7 of 11) of children in the more difficult experiment group versus 45% (5 of 11) in the control group. The overall effect of the program (for both groups) was not significant.

FamiliesFirst in Davis, California, an intensive, in-home service program was based on the Homebuilders model (Wood, Barton, and Schroeder 1988). An overflow comparison study was conducted in conjunction with researchers at the University of California at Davis. Families were referred to the project by child protective services staff. Eligible families had children who had been abused or neglected and were thought to be at risk of having at least one child placed out of the home. One year after intake, 25% (15) of the 59 children in the in-home services group were placed compared with 53% (26) of 49 children in the comparison group (a statistically significant difference). Children who were the focus of intervention were placed more often than their siblings.

Thus, the results of early experimental studies of family preservation programs were mixed: some found little or no effects on placement while others found that the programs achieved slight reductions in placement. However, in all studies, relatively few control group families experienced placement. This means that services were generally not delivered to the target group of families at risk of placement.

#### More Recent Studies<sup>31</sup>

Family Preservation Services in Hennepin County, the second study conducted in Hennepin County was an evaluation of a program conducted by the county Child Welfare Division (Schwartz

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<sup>31</sup> Our review of these studies is adapted from Schuerman, Rzepnicki, Littell, and Budde (1992).

and AuClaire 1989; Schwartz, AuClaire, and Harris 1991). The program consisted of intensive home-based services delivered by eight "specially trained social workers." The service was intended to last for four weeks. The evaluation of this program involved a non-random comparison group. There were 58 cases in each group, selected during the period August through December 1985. Three of the experimental group cases were in placement during the entire follow-up period and were excluded from outcome analyses. Follow-up extended until December 31, 1986. The authors believed that since the comparison group was almost certain to have a placement at the beginning of the study period (actually, 5 were never placed during the study period), it would be appropriate to compare their placement experience after that placement with that of the home-based service group. These "adjusted" comparisons are reported here. There were 76 placement episodes involving 31 (56%) of the 55 experimental cases and 81 (adjusted) placements involving 34 (59%) of the 58 comparison cases. Fifty-five percent of cases in the family preservation group and 64% of those in the comparison group experienced multiple placements.

The Bronx Homebuilders Program, modeled after Homebuilders, began accepting clients in May 1987 (Mitchell, Tovar, and Knitzer 1989). A preliminary evaluation involving 45 families referred in the first year is available. Cases were referred from two sources, the city Child Welfare Administration (CWA) and the Pius XII Court Designated Assessment Service (Pius). The average length of service was 35 days. A one year follow-up was conducted. An overflow comparison group of 12 families was available for the Pius group, one of these 12 families was lost to follow-up. Families in the overflow group had relatively fewer placements than those in the service group. At three months, 19% (4 of 21) CWA, 23% (5 of 22) Pius treatment, and 9% (1 of 11) Pius comparison families had experienced a placement. At 12 months, 24% (5) of the CWA, 27% (6) of the Pius treatment, and 18% (2) of the Pius comparison families had experienced placement. Apparently, all children who were placed were still in placement at the end of the follow-up period.

The Family-Based Intensive Treatment (FIT) Study (Pecora, Fraser, and Haapala 1992)

involved 453 Utah and Washington families in intensive home-based services based on the Homebuilders model and 26 families in an overflow comparison group in Utah.<sup>32</sup> A 12 month follow-up was conducted with 263 families. In Utah a 60-day service model was provided in two sites by the state child welfare department while in Washington a 30-day service was provided in four sites by Homebuilders (under contract with the state agency). The criteria for referral were risk of imminent placement, safety of the child with service, and willingness of at least one parent to cooperate with service. At termination, 9% of the 172 Utah children and 6% of the 409 Washington children in the treatment groups had been placed. At the 12 month follow-up, 41% of 97 Utah children and 30% of 245 Washington children had been placed. In the Utah comparison group of 27 children, 85% were placed during the 12 month follow-up period.

Unfortunately, 54% of the cases served in the Washington project during the study period did not participate in the study.<sup>33</sup> In addition, 32% of the cases in the overflow comparison group were not tracked. The biasing effects of these losses are not known. The researchers note that the overflow comparison group was quite small and that they relied on interviews with referring workers for information on outcomes for this group (in contrast, placement data were obtained from both clients and workers in the Homebuilders programs). Missing data for the overflow comparison group seriously compromises the interpretation of differences. In addition, referring workers can often manipulate an

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<sup>32</sup> The overflow group consisted of 26 of the 38 families that were referred to the family preservation program but not served because program staff had full caseloads. They received traditional child welfare or mental health services. Twelve of the 38 families were referred to the program early on and could not be traced. The remaining 26 cases were tracked for one year or until a child at risk was placed, whichever came first (Pecora, Fraser, and Haapala 1991).

<sup>33</sup> Of the cases that did not participate, slightly more than half (51%) were asked not to participate by their worker (for reasons that are not entirely clear), 24 percent refused to participate, 20 percent did not have the opportunity to participate because of research administration problems, and 5 percent were excluded for treatment reasons (Pecora, Fraser, and Haapala 1991).

overflow design in order to ensure that cases that really "need" intensive services receive them. For example, some cases may be referred repeatedly until there is an opening for services.

California's AB 1562 In-home Care Demonstration Projects, evaluated by Walter R. McDonald & Associates (1990), was an intensive, in-home services program conducted in eight counties. The program operated from 1986 to 1989. Cases thought to involve "imminent risk of placement" due to abuse or neglect were referred by county child protective services offices.<sup>34</sup> Families were served for an average of 7 weeks in programs conducted in eight sites by seven private agencies and one public mental health agency. Data were collected on 709 (96%) of the 741 families served by these programs over a three year period.

A sub-study involving the random assignment of cases to the new services and to regular services of the county child welfare agencies was conducted with 152 families in each group. Five of the eight in-home service programs participated in this sub-study. Families in the control group received "traditional services" provided by the local child protective services office, either directly or through referrals to other community resources. Detailed data on the types and amounts of services provided to cases in the control group are not available.

Cases were followed for 8 months after random assignment. Outcome data were available for 293 (96%) of the cases in the randomized experiment. It was found that in 20% of the control group families and 25% of the experimental group families a placement occurred between two and 8 months after referral--a difference that is not statistically significant.<sup>35</sup> (A similar proportion of the entire

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<sup>34</sup> During the second year of the study, "imminent risk" was defined as the expectation (based on statements from the referral source) that action would be taken to remove the child(ren) within two weeks unless intensive services were provided. The authors reported that many caseworkers found this definition too stringent and confusing.

<sup>35</sup> Placements that terminated within 8 weeks of random assignment were not included in analyses of placement rates; in these cases, children were considered to be reunified with their parents during the intensive service period. A child-level analysis showed that 18 percent of children in the project group and 17 percent of children in the control group were placed between 2 and 8 months after random assignment.



group of 709 families experienced placement in the study period.) There were no substantial differences in lengths of time in placement and costs of placement.<sup>36</sup> Of the children placed, those in the control group were more likely to be placed with relatives.

The New Jersey Family Preservation Services (FPS) program was modeled after Homebuilders. Services were provided by private agencies in five counties for a median of 6 weeks. Referrals came from local child welfare offices, county family court or crisis intervention units, and regional community mental health centers. The FPS programs served "several waves" of families before a randomized experiment was instituted by the state. Data are available on 117 experimental and 97 control cases that were randomly assigned in four of New Jersey's 21 counties (Feldman 1991). Another 33 families were "turned back" after random assignment to the experimental services (because they did not meet selection criteria, the caretaker refused to participate in the program, or the children were deemed at imminent risk of harm and were removed from the home); these cases were not included in the analysis. The exclusion of 22% of the cases assigned to the experimental group casts doubt on the initial comparability of the experimental and control groups.

During the intervention period (approximately 6 weeks) 17% of the families in the control group experienced placement of at least one target child, compared to 6% of families in the experimental group. At 6 months post-termination, 50% of control group families and 27% of families in the experimental group had experienced at least one placement.<sup>37</sup> At one year post-termination 57% of families in the control group and 43% of those in the experimental group had experienced placement. (Differences between groups were statistically significant at each point in time.)<sup>38</sup> There is

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<sup>36</sup> Control group children tended to be placed more quickly than those who received intensive in-home services. Rossi (1991) has termed this the "moratorium effect" of family preservation programs in delaying, but not necessarily preventing, placement.

<sup>37</sup> For control group cases, termination was defined as "6 weeks after referral to FPS or actual termination of community services, whichever came first" (Feldman 1991, p. 69).

<sup>38</sup> Differences between groups were computed at termination and at 1, 2, 3, 6, 9, and 12 months post-termination.

some evidence that the program delayed placement but the magnitude of this effect dissipated over time. For the first target child to enter placement in each family, there were no significant differences between the experimental and control groups in types of placements,<sup>39</sup> numbers of placements, or duration of time in placement.

Other outcomes that were examined included changes in measures of family functioning, perceived social support, goal attainment, and client satisfaction. There were some differences between experimental and control groups in the amount of change in these measures (favoring the experimental group) but they were quite limited (Feldman 1990, 1991).

The Family Support Project in Los Angeles provided in-home family support services to families referred by the Los Angeles County Department of Children's Services to two private child welfare agencies. Referrals were based on "caseworker judgment about need for the services" and were not limited to cases in which children were thought to be at imminent risk of placement (Meezan and McCroskey 1993).<sup>40</sup> Families referred to the project (N=240) were randomly assigned to in-home services or regular child protective services. Data on placements were available for 231 families. At the beginning of the project 37 (34%) of the 108 families in the program group and 30 (24%) of 123 families in the control group had one or more children in placement. During the project, 19 (6%) of the 335 children in the experimental group were placed, compared with 34 (8%) of 424 children in the comparison group. At the end of the project (12 months after services ended), families in the experimental group had more children in out-of-home placements than those in the comparison group

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<sup>39</sup> Types of placements included homes of relatives, foster homes, emergency and runaway shelters, residential centers, detention, independent living, mental health in-patient facilities, and teaching family homes.

<sup>40</sup> The project also accepted some referrals from schools, hospitals, mental health clinics, and other community agencies. Compared with families referred by DCS, cases that were referred by other sources were seen by the in-home services workers as having less severe problems at referral (Meezan 1993).

(38% versus 24%) (McCroskey and Meezan 1993). Below we report the study's findings regarding program effects on family functioning.

The Illinois Family First Program. The Family First program of the Illinois Department of Children and Family Services (DCFS) was begun in late 1988. An evaluation of the program was conducted by the Chapin Hall Center for Children (Schuerman, Rzepnicki, and Littell 1994). By 1990, 60 private agencies throughout the state were providing services under contracts with the state. Intensive services were provided for 90 days, with the possibility of extensions. Services were usually provided by teams of caseworkers and homemakers and caseloads were kept small (a median of 5 cases per team). There was considerable variation among agencies in the character of services, although most agencies adhered to a "family systems" orientation. Referrals came primarily from investigators of abuse and neglect. Eligibility criteria included the requirement of a child 12 or under who was in imminent danger of out-of-home placement and the family had not previously been the subject of more than three confirmed reports of abuse or neglect.

In the evaluation of the program, Chapin Hall gathered data on case characteristics, services provided, and various outcomes for over 6000 cases served. Data on the effects of the program came from an experiment involving a subsample of 18 program agencies in six regions of the state (two in Chicago and four downstate). In the experiment, nearly 1600 families were randomly assigned to Family First or to the regular services of the Department. Assignment to the experimental groups occurred over a two year period, from April 1990 to April 1992. Cases were tracked through March of 1993. Outcomes examined included placement, subsequent maltreatment, closing of the case by DCFS, and various measures of child and family functioning.

Families in Family First experienced placement of children at a slightly higher rate than those in the regular services group, a difference that disappeared when case characteristics were taken into account. When placement did occur, there was no difference between Family First and regular services

in the length of placement or in the type of placement (that is, whether the placement was in the home of a relative). However, the most striking result was the low rate of placement in both experimental groups. The risk of placement in the regular services group in the first month was about 7%, in three months, 13%, and after one year, about 21%. Hence, as in previous studies, most of the families receiving Family First services did not have a child at "imminent risk of placement."

Relationships between Case Characteristics and Placement Rates. Several studies have reported results of analyses of the characteristics of families that are likely to experience placement during or soon after family preservation services.<sup>41</sup> These findings have sometimes been used to describe the kinds of cases in which family preservation services are more or less likely to be "successful." However, analysis of relationships between case characteristics and outcomes within groups receiving intensive services does not provide information about the relative effects of services for various

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<sup>41</sup> For example, in a review of eleven programs in six states, Nelson et al. (1988) found that the risk of placement was higher for children with prior group or institutional placements, families with more severe problems, families with problems related to adolescence, and families who were not motivated to receive services. McDonald and Associates (1990) found that placement rates were higher for families on public assistance, families with a disabled caretaker, and families who had subsequent investigations of abuse or neglect or children at high risk of neglect. Compared with other children, the risk of placement was greater among younger children, disabled children, children who had been placed previously, and children who were court dependents (McDonald and Associates 1990). Fraser, Pecora, and Haapala (1991) reported that placement rates were higher when parents requested placement, were openly hostile to their children, or had poor verbal discipline skills, and when children had intensive intervention histories, drug involvement, truancy, delinquency, oppositional behaviors, or mental illness. Feldman (1991) found that placements were more likely among minorities, families with poor parenting skills, and children with behavioral or emotional problems. In Iowa, placement was more likely among families with "multiple functioning problems," low incomes, and children with delinquency problems (Thieman, Fuqua, and Linnan 1990). Haapala (1983) and others have found that younger children are more likely to be placed than older children. Reid et al. (1988) compared 31 families with a child in placement with a matched sample of 55 intact families. The placed cases included a higher proportion of children whose problems were numerous and serious, adolescents (who were placed because their behavioral problems were more numerous and were seen as a threat to the community), and families with fewer resources who used services less, made less progress, and were less satisfied with the agency's efforts on their behalf. Parents in the placed group were more likely to see the child as the problem and were reluctant to acknowledge family problems, compared with intact families. See also Nelson and Landsman (1992), Nelson (1991), and Yuan and Struckman-Johnson (1991).

subgroups. This is because the "base rates" of outcomes, in the absence of these services, vary across subgroups. To identify subgroups that benefit most, it is necessary to look within subgroups, comparing cases that received family preservation services with those that did not. Two studies have conducted this type of analysis, although findings in both are based on very small numbers of cases. Feldman (1991) found that family preservation services appeared to result in reduced risk of placement for single-parent families. Overall, single-parent families were more likely to experience placement within one year after program termination. Approximately two-thirds (68%) of the single-parent families in the control group experienced placement, compared with 49% of the single-parent families who received family preservation services. The study by Szykula and Fleischman (1985) described above suggested that efforts to prevent placement may be more successful for families in which child abuse and neglect are not chronic and other family problems are relatively less severe.

In the Illinois evaluation, rates of placement in the experimental and control groups were examined for various subgroups of families, defined in terms of family problems, family structure, and prior involvement with the child welfare system. The Family First program increased the risk of placement for single parent families but had no effect for other subgroups.

Relationships between Service Characteristics and Placement. Several studies have examined correlations between service characteristics and placement outcomes.<sup>42</sup> However, since these studies did not randomly assign clients to different types of treatment these findings are difficult to interpret. It is not clear how case characteristics were related to differences in the provision of services. In the

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<sup>42</sup> For example, McDonald and Associates (1990) found that placement was more likely among families who received less intensive family preservation services. Nelson et al. (1988) reported that placement rates were lower in programs that offered more focused, shorter-term, office-based services to families with fewer risk factors (versus more comprehensive, in-home services for families with more risk factors). Nelson and Landsman (1992) found that placement was less likely when caretakers participated in most or all treatment sessions. The provision of paraprofessional services was correlated with reduced placement rates among child neglect cases, while reduced placement rates were related to the receipt of marital counseling in cases of physical abuse.

Illinois Family First program, duration of services, amount of contact with workers, and number of concrete services provided to families were not related to rates of placement.

Summary. Although many non-experimental studies have suggested that high percentages of families remain intact after intensive family preservation services, the results of randomized experiments provide more convincing tests of the extent to which "placement prevention rates" can be attributed to the effects of these programs. The findings of the controlled studies we reviewed are decidedly mixed: Six of the ten randomized experiments (Willems and DeRubeis 1981; Nebraska Department of Public Welfare 1981; Hennepin County Community Services Department 1981; Szykula and Fleischman 1985; McDonald and Associates 1990; Meezan and McCroskey 1993) and two comparison group studies (Mitchell, Tovar, and Knitzer 1989; Schwartz, AuClaire, and Harris 1991) found that the programs did not produce significant overall reductions in placement. Four randomized experiments (Jones, Neuman, and Shyne 1976; Halper and Jones 1981; Lyle and Nelson 1983; Feldman 1991) and two overflow comparison studies (Wood, Barton, and Schroeder 1988; Pecora, Fraser, and Haapala 1992) found significant reductions in placement in favor of the experimental groups.

In studies that found significant reductions in placement, differences between groups were relatively small. For example, in New Jersey, the difference between groups in the proportion of cases in placement at one year after treatment ended was 14% (Feldman 1991). Although larger differences were found in the overflow studies, serious questions about the comparability of groups in these studies remain. Small samples sizes are also a concern, particularly in the earlier projects.

The fact that placement occurred within a short period of time after group assignment in less than half of the control or comparison cases in most studies suggests that these programs were generally not delivered to families with children at risk of placement. (The placement rate in a control group is an estimate of the risk of placement for both groups in the absence of experimental services.)

When the risk of placement among family preservation clients is low, it is unlikely that a program will demonstrate significant reductions in placement. It is not meaningful to talk about preventing an event if the event wouldn't have happened anyway.

Finally, available evidence sheds little light on whether family preservation programs have differential effects on placement for different kinds of families or on the relative effectiveness of different approaches to placement prevention.

### Prevention of Subsequent Child Maltreatment

The hope in family preservation programs is to prevent the placement of children without further harm to them. Few studies have examined the effects of family preservation programs on the recurrence of child maltreatment. In her five-year follow-up study, Jones (1985) found that 21% of 98 families in the experimental group had experienced one or more indicated reports of child maltreatment, compared with 25% of 44 control group families. The difference between groups was not statistically significant. Similarly, McDonald and Associates (1990) reported that approximately one-quarter of families in both the program and control groups experienced an investigation of child abuse or neglect within 8 months after referral. Very similar results were found in our study in Illinois (Schuerman, Rzepnicki, and Littell 1994). As with placement, the rates of maltreatment in both the experimental and control groups in these studies were low. Had placement been prevented, the results could be taken as indicating that this benefit was attained without increased harm to children. However, most children in both groups remained in their homes, and the results indicate that the experimental services did not reduce an already low rate of subsequent harm.

### Impact on Child and Family Functioning

Several studies have compared measures of family functioning obtained before and after family preservation services<sup>43</sup> but few randomized experimental studies have examined program effects on child and family functioning.

In the New Jersey study, both the treatment and control groups made gains on the Family Environment Scale, Interpersonal Support Evaluation List, and Child Well-Being Scales, but there were few statistically significant differences between groups in the amount of change (Feldman 1991). In Meezan and McCroskey's (1993) study, family functioning was measured on six scales: parent-child interactions, living conditions of the family, interactions between caregivers, supports available to parents, financial conditions of the family, and developmental stimulation of children. Families who received in-home services and those in the regular services comparison group generally reported that they did not have significant problems in family functioning at case opening and did not see significant change in these areas at case closing. However, families in the in-home services group reported more improvements in living conditions and financial conditions at one year after termination, compared to families who received regular child protective services. Parents in the program group also reported more improvements in their children's behavior between referral and case closing, although there were no differences between groups one year after services had ended. In contrast to parents' views of family functioning, workers who provided home-based services reported that the families had significant problems in all areas of family functioning at case opening and made significant

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<sup>43</sup> See Wells and Whittington 1993; Berry 1992; Fraser, Pecora, and Haapala 1991; McDonald and Associates 1990; Mitchell, Tovar, and Knitzer 1989; and Jones 1985. Other studies have compared measures of functioning for clients who received home-based services and those with children in foster care (e.g., Wald, Carlsmith, and Leiderman 1988); however, interpretation of the findings is complicated by the fact that initial differences between these groups are many.



improvements in four of six domains at case closing.<sup>44</sup> (The four areas in which improvements were noted were: parent-child interactions, living conditions, supports available to families, and developmental stimulation given to children.) The validity of workers' ratings of change in cases in which they are invested is open to question. Further, since caseworkers' reports were not available for the control group, we cannot be sure that changes reported by workers were due to the services provided.

In the Illinois evaluation, child and family functioning was assessed in a series of interviews with primary caretakers in a subsample of families in the experiment in three regions. Two or three interviews were conducted with each caretaker over a period of 9 months to 3 years following random assignment to the experimental groups. Eight domains of family functioning were examined. Small differences favoring the Family First group were found in a few areas of functioning in two of the three regions studied but these differences were not sustained over time.

#### Cost Effectiveness of Family Preservation Services

Family preservation programs have been promoted as a cost-effective alternative to foster care. However, claims of cost savings are based largely on non-experimental studies which assume that some or all of the families who receive intensive, home-based services would have required placement in the absence of these services. The costs of intensive services are then compared with estimated costs of placements.<sup>45</sup> As we have shown, the assumption that placement would have occurred in the absence of services is highly problematic.

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<sup>44</sup> Some cases were referred from the Los Angeles County Department of Children's Services (DCS) while others came from other agencies. Workers reported significant improvements in all six domains of family functioning for non-DCS referrals, while changes were observed in four domains for DCS cases (Meezan 1993).

<sup>45</sup> For examples of these types of cost estimates, see Bartsch and Kawamura (1993); Bergquist, Szejda, and Pope (1993); Kinney, Haapala, and Booth (1991); Hinckley and Ellis (1985); and Florida Office of the Inspector General (1982).

Few controlled studies have examined costs in treatment and control groups. In an overflow comparison group study, Wood, Barton, and Schroeder (1988) reported that the cost of 4 to 6 weeks of in-home services for 25 FamiliesFirst cases plus the cost of placements that occurred in these cases over a one-year period totaled \$124,783, compared with \$176,015 in placement costs alone for 24 cases in the comparison group. Information on the costs of other services provided to program and comparison cases was not available.

Only one randomized experiment has examined costs in both treatment and control groups. McDonald and Associates (1990) found that the placement costs for in-home services and control cases were comparable (\$141,375 versus \$145,388) for the 152 families in each group. In addition, the average cost of providing intensive, home-based services was \$4,767 per family served, over \$700,000 in total (McDonald and Associates 1990). Unfortunately, data on the costs of non-placement services provided to the control group were not available, but it is reasonable to assume that these were considerably lower than the cost of intensive, in-home services. Thus, it is quite likely that the total costs for cases in the family preservation program exceeded the costs of services to control cases.

On balance, evidence for the cost effectiveness of family preservation programs is scant and the results of available studies are mixed.

### Prevention of Child Abuse and Neglect

We look briefly at studies of other programs aimed at preventing or treating child maltreatment.<sup>46</sup> A number of approaches have been developed in an effort to prevent maltreatment in families thought to be at high risk of harming their children or in families in which children have been

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<sup>46</sup> We confine this review to studies that concern the physical abuse and neglect of children. There is an extensive literature on the prevention and treatment of sexual abuse, which is not considered here.

harmed in the past.<sup>47</sup> There is little evidence that such programs are successful in reducing the incidence (or recurrence) of child abuse and neglect (Kaufman and Zigler 1992). While some studies of programs aimed at preventing child abuse and neglect have reported positive outcomes, much of this research is methodologically flawed. Studies often provide insufficient information on characteristics of clients, maltreatment, and interventions (Blythe 1983) and lack adequate controls for threats to internal validity (Daro 1988).

Cohn and Daro (1987) reviewed four studies on 88 federally-funded demonstration projects conducted between 1974 and 1982.<sup>48</sup> These programs served families at "high risk" of child maltreatment and those who had been the subject of substantiated reports of maltreatment. Some projects focused on specific subgroups including families in which there had been sexual abuse, substance abuse, maltreatment of adolescents, or child neglect. Each of the studies compared groups who received different services, but clients were not randomly assigned. Two studies reported rates of subsequent maltreatment during treatment that ranged from 44% to 47%; a third found that severe maltreatment occurred during treatment in 30% of families in the study; data on maltreatment rates were not available in the fourth study. In the two largest studies, over half of the families were judged by caseworkers as likely to abuse or neglect their children following termination.

Lutzker and Rice (1984) conducted a comparison group study of the effects of Project 12-ways, an in-home services program, on the recurrence of child abuse and neglect. Families were referred to the project by state child protective services units in southern Illinois. Families in the

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<sup>47</sup> For a discussion of various approaches to the prevention of child abuse and neglect, see Willis, Holden, and Rosenberg (1992) and Daro (1993).

<sup>48</sup> The studies reviewed included Berkeley Planning Associates' evaluation of 11 demonstration programs conducted between 1974 and 1977 with a sample of over 1,600 families; Abt Associates' study of 488 families served by 20 demonstration and treatment projects between 1977 and 1981; White's evaluation of 29 service improvement grants conducted between 1978 and 1981 with a sample of 165 families; and Berkeley Planning Associates' evaluation of 19 demonstration projects that served 1,000 families between 1978 and 1982 (Cohn and Daro 1987).

program had significantly fewer incidents of child abuse and neglect than a random sample of other child protective services cases in the same geographic area, but the comparability of groups prior to service is unknown.

Olds and Kitzman's (1990) review of randomized trials of prenatal and postnatal home-visitation programs for economically disadvantaged women and children included three studies which examined program effects on child abuse and neglect. These included Gray et al.'s (1979) study of a Denver program that combined intensive pediatric consultation with weekly home visits by public health nurses and paraprofessionals from infancy through the first two years of a child's life. The second study compared a Greensboro, North Carolina program of early and extended contact between mothers and newborns and nine home visits by paraprofessionals during the first three months of the children's lives with a no-treatment control (Siegel et al. 1980). The third trial tested the effects of nurse home visiting during the prenatal period in Elmira, New York (Olds et al. 1986, Olds and Henderson 1989). In all three of these studies there were no statistically significant differences between program and control cases in rates of child maltreatment.<sup>49</sup>

Barth, Hacking, and Ash (1988) evaluated a home-visiting program for women who had been identified by community professionals as at risk of child abuse. Fifty women were referred to the project during pregnancy or after childbirth and were randomly assigned to program or control groups. Experimental services involved six months of home visiting by paraprofessional women and linkage to

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<sup>49</sup> Gray et al. (1979) found no program effects on reported or verified incidents of child maltreatment or the number of accidents that children had. However, children in the experimental group were less likely to be hospitalized for serious injuries; apparently none of the 50 children in the program suffered serious injury, while five of the 50 children in the control group were hospitalized for serious injury and one for failure-to-thrive. Siegel et al. (1980) found no differences between groups in child abuse or neglect. Olds et al. (1986) found that the incidence of child maltreatment was 10 percent in the control group compared with 5 percent in the treatment group, a non-significant difference. Differences between program and control cases were greater among poor, teenage, single parents (within this subgroup, child maltreatment occurred in 19% of control cases versus 4% of those in the treatment group;  $p=.07$ ).

formal and informal community resources; women in the control group received "traditional community services." Although the program resulted in some advantages for the experimental group,<sup>50</sup> there were no significant differences between experimental and control groups in the number of reports or substantiated reports of child abuse.<sup>51</sup>

The National Academy of Sciences Panel on Research on Child Abuse and Neglect concluded that

Evaluations of home visitation programs, school-based programs for the prevention of child sexual abuse and violence, and other community-based child maltreatment prevention programs are quite limited. Many evaluations are compromised by serious methodological problems, and many promising preventive interventions do not systematically include child maltreatment as a program outcome. Children and families who are most at risk for child maltreatment may not participate in the interventions, and those that do may not be sufficiently motivated to change or will have difficulty in implementing skills in their social context, especially if they live in violent neighborhoods (1993, p. 14).

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<sup>50</sup> Mothers in the experimental group reported better prenatal eating habits and less discomfort during child birth. Children in the experimental group were not as easily distracted as controls; in addition, they received better medical care, had fewer emergency room visits, and were less likely to be removed from the home by a police officer or social worker or cared for by a neighbor because the mother was not available. There were no significant differences between groups in measures of maternal anxiety, mastery, or child abuse potential; informal or formal support; number of prenatal visits; birth outcomes including pregnancy problems, hospital stay, birth weight, and maternal worries; or children's activity level or illnesses.

<sup>51</sup> Reports of maltreatment were filed during or after services in 5 of the 24 cases in the home-visiting program and in 5 of the 26 control cases. Reports were substantiated in 2 (8%) of the program cases and 3 (12%) of the control cases.

Thus far, the prevention and effective treatment of child abuse and neglect appear to be elusive goals. Although a variety of strategies have been tried, there is little evidence of the effectiveness of any particular approach. Kaufman and Zigler (1992) suggest that the equivocal findings of research in this area may be explained by preoccupation with simple main effects (does the program work or not?), rather than identifying conditions under which certain approaches may be effective.

Several controlled studies have examined the effects of family support programs on parents' knowledge of child development, parenting skills, and stressors that may contribute to child abuse and neglect. Siegel et al. (1980) found no significant differences between experimental and control groups in maternal attachment or health care utilization. Taylor and Beauchamp (1988) conducted a randomized trial of a 4-week program of postnatal visiting of first-time mothers by student nurse volunteers. Subjects were not screened for potential for abuse; 30 mothers participated in the study. Dependent measures were collected by research staff who were blind to group assignments. At three months postpartum, mothers in the experimental group demonstrated greater knowledge of child development, more democratic views of child-rearing, and more liberal attitudes toward discipline. They provided their infants with more verbal stimulation and generated a greater number of solutions to child-rearing problems. Larson (1980) conducted a study in which 80 pregnant women were randomly assigned to three groups: 1) a prenatal home visit, postpartum hospital visit, home visits for the infants' first six weeks, and additional visits throughout the first year; 2) home visits during the child's sixth through fifteenth weeks; and 3) no visits. Children in the first group had significantly lower accident rates and were more likely to receive immunizations than those in the other two groups.

### Summary and Conclusions

The results of nonexperimental studies can be misleading--and nowhere is this more apparent than in the evaluation of family preservation programs. In addition, early studies of family preservation

programs involved samples that were so small that it would have been quite difficult to detect significant program effects. Further, information about the nature of interventions was often incomplete. In response to these problems, recent evaluations have used larger samples and increasingly more sophisticated methods--including the use of comparison or control groups; systematic collection of data on family problems, services, and outcomes; and attempts to understand factors related to outcomes for families.

As to the effects of intensive in-home services on placement and maltreatment, many of the programs studied did not focus on populations that had high rates of placement or maltreatment and, thus, these rates in both experimental and control groups were low. Hence, the possibility of detecting effects on placement or maltreatment was low. It is not surprising, then, that few studies have demonstrated program effects in these areas or that, in the studies that have found such effects, they tend to be small and short-lived. It should also be noted that the approaches that have been tried tend to focus on the parent or the family and often ignore conditions in the community or larger social environment that may contribute to child maltreatment.

Our review suggests that family preservation programs have very modest effects on family and child functioning. Researchers have found few significant differences between program and comparison groups in levels of child and family functioning after services have been provided and the results of available studies are conflicting. We suggest that it is not realistic to expect dramatic results in this area, given the number and magnitude of the problems faced by many child welfare clients and the short-term nature of family preservation services.

Many questions remain. For example, little attention has been paid to investigation of differential effects of family preservation programs for subgroups of families, the relative effectiveness of different approaches, or contextual factors that may affect outcomes (including community characteristics, availability of community services, and follow-up or aftercare services).

## Where Does Family Preservation Stand?

Family preservation programs continue to proliferate and expand. Each year more states implement programs and states with existing programs are expanding them. The Omnibus Budget Reconciliation Act of 1993 provides for a program of grants to states for family preservation and other programs, finally putting significant resources toward the realization of the objectives of PL 96-272. But in the midst of this expansion there are a number of disquieting factors. The research has found little evidence of placement prevention effects and has uncovered the targeting problem. There is reason to believe that these programs have been oversold, that expectations for their accomplishments have been too high. Programs which have been implemented on a large scale have encountered the problems of maintaining quality and of "model slippage." Programs often depend on nonexistent or inadequate external services such as day care and drug treatment. Finally, broad social conditions such as poverty, poor housing, inadequate employment opportunities, and the inadequacies of urban education limit the effects of such programs. We discuss each of these issues in more detail below.

### The Hypothesis of Poor Implementation

Advocates for family preservation have responded to discouraging research results by suggesting that when rigorous evaluations have been conducted they have concerned programs that have not been well implemented or that do not represent the best practice. In particular, the Homebuilders model, favored by many as the only "pure" model of family preservation, has yet to be evaluated using an experimental design, and it has been suggested that when it is, the results will be more promising. The hypothesis of poor implementation has been invoked with particular vigor in explaining the results of our evaluation of the Illinois program. In Illinois the family preservation program was implemented through some sixty private agencies throughout the state. Although broad guidelines were established by the state (services of not more than 90 days, small caseloads, etc.) the agencies had considerable latitude in developing their programs. Question has been raised as to how



good most of these programs were, given the lack of state guidance and oversight. Furthermore, it is suggested that one cannot know what the research results mean, since there was considerable variability in agency programs.

The attempt to discredit the research results on the grounds of poor implementation cannot be completely countered. An evaluation is always a study of a particular instantiation of an idea for service and that instantiation will have some unique features. In the evaluation of a single program one can never know for certain whether the results are due to the core ideas or the unique elements. That is one of the reasons that evaluations should be replicated.

However, certain realities of program implementation must be taken into account. Programs never implement models perfectly, the real world intervenes. They adjust to local conditions and change over time. "Model slippage" occurs, despite the best training and retraining efforts. Workers may not be as talented as the model requires or perhaps they are inadequately trained in the model. The problems increase when programs are "taken to scale," when they are implemented on a large scale, for example, statewide. The available technology may simply be inadequate in the face of the problems it is expected to solve. Hence, we think that programs like that in Illinois that have been rigorously evaluated may well represent the realities of program implementation.

Program failure is often attributed to inadequate training or supervision, so efforts to maintain quality are usually focused on training and on improving supervision. Maintaining quality is also enhanced to the extent that activities can be standardized, as can be done in many medical procedures and in the determination of eligibility for benefits like social security. But often, the degree to which standardization in social programs can be achieved is limited. It is quite difficult to standardize activities in family preservation programs. At the risk of appearing overly idealistic, we suggest that truly useful program ideas should be those that are "robust" for variations in implementation, if only because services must be tailored to conditions in a particular community. That is, a program model

should work even if it is not implemented exactly as prescribed. Obviously there are limits to the violations that can be tolerated, but a program model that demands exact adherence is unlikely to succeed. Perfect adherence to a program model should not be required to produce positive results.

### Problems Arising from the Context of Family Preservation Programs

The success of family preservation programs appears to be very much conditioned on aspects of the environment in which they are implemented. Unfortunately, such contextual factors are often not taken into account in planning for implementation. Most programs depend on referrals to other services, services that are sometimes nonexistent or inadequate. In our evaluation of family preservation in Illinois we have often heard from workers about the unavailability of drug treatment, housing services, day care, etc. And there is the problem of follow-up. Families usually need continuing help after the short term family preservation services and that help is often not available (we believe the matter of aftercare is an area needing particular attention, there is relatively little theory as to how this should be thought of). Finally, social conditions such as poverty, the ready availability of drugs, poor housing, inadequate employment opportunities, and the inadequacies of urban education limit the effects of such programs. Family preservation is often expected to solve major social problems one case at a time.

### Are Short Term Models Effective?

Since the beginning of the family preservation movement, the idea that services should be short term has been perhaps its most controversial element. Time limited services have long been advocated for their ability to "concentrate the mind" (Reid and Epstein 1972, Reid 1978, 1992, Epstein 1988, 1992). Time limits put the onus on both the worker and client to get things done. It is thought that client motivation and concentration can be better maintained if there is a clear time limit at the outset. In contrast, the greater leisureliness of services without time limits may dissipate energy and lead to a bogging down of the process. Furthermore, most episodes of casework treatment are fairly

short anyway, because of "unplanned terminations" precipitated by the client. Finally, there is cost. The cost of short term service is both limited and predictable.

The idea of short term service is often connected to the notion of crisis intervention, another central tenet of many family preservation approaches. Crisis intervention attempts to marshal energy around the resolution of the crisis in ways that will result in a higher level of functioning than the family previously displayed. The state of crisis is thought to provide opportunities for growth that may not otherwise occur. But crisis intervention was originally developed as a way to respond to natural disasters and social "crises" may have quite different characteristics.

It is thought that families referred to family preservation programs are in a state of crisis. This proposition is based on the assumption that the incident of abuse or neglect and the events leading up to that incident must have constituted a crisis for the family. The investigation and the threat of losing the children intensify the crisis. Finally, there is the coerced involvement in services, which may deepen the sense of crisis further.

However, crisis may not always accompany an investigation of abuse or neglect. In many families, abuse or neglect has been occurring for some time before the state becomes aware of it. The conditions leading to the report are often long-standing. Many of these families have had a number of contacts with state agencies, including the child welfare agency, so that state involvement, while no doubt usually unwanted, is familiar. They are aware that the state more often threatens action than takes action, so they may quite reasonably perceive threats as empty.<sup>52</sup> Besides, some parents would be quite relieved to be rid of their children.

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<sup>52</sup> For a further discussion of limitations in use of crisis theory see Barth 1990.

## The Problem of Targeting

As we have seen, a significant problem in the implementation of family preservation has been that of targeting. The intended target group for family preservation programs is families in which there is an "imminent risk of placement." It is not entirely clear what is meant by that phrase, but it is evident in a number of studies that relatively few of the families served would have had a child placed in substitute care in the absence of services (for discussions of efforts to define imminent risk, see Berry 1991 and Tracy 1991). To the extent that this is true, family preservation programs cannot be expected to reduce the rate of placement.

Problems in the targeting of social programs are not new. "Creaming," the acceptance into a program of persons who are relatively well off or most likely to benefit from the program, has been observed in a number of social programs. A prominent example is community mental health centers, many of which were originally set up to serve chronically mentally ill patients being discharged from large state psychiatric hospitals and now devote most of their resources to treatment of less severely ill patients. Other examples of creaming are family support centers, job training programs, and many Head Start centers.

The fact that relatively few cases in which there is an imminent risk of placement are referred to family preservation programs is taken by some as evidence of "creamng." We believe that it is an over-simplification to attribute creaming to most family preservation programs. There is evidence that the families served, while not at risk of having a child immediately placed, are generally quite troubled and in great need of help. Many have received considerable benefit, though the benefit does not show up in reduced likelihood of placement, in part because that likelihood was low at the outset.

A related problem is that of "net-widening." Net-widening occurs when more families become involved in the public system than would have without the program. There is evidence of some net-widening in our evaluation of the Illinois family preservation program. The net-widening effect has

also been observed in some other social programs, most notably programs to deflect juveniles from involvement in the juvenile corrections system (Ezell 1989, Binder and Geis 1984, Blomberg 1977, 1983, Polk 1984). Net-widening is a particularly disturbing phenomenon, since it means that the program has caused more families to become involved in a system that by its nature contains coercive elements. Thus, at least in part, programs having the intent of diverting families from the public child welfare system may have had the opposite effect.

What are the sources of the targeting problem? It is tempting to blame it on poor implementation of the program, inadequate training or supervision, incompetence of referring workers, or a desire by workers to frustrate the policy makers. However, we believe that the reasons for the targeting problem are more complex.

The Meaning of "Imminent Risk of Placement". To begin, there are problems with the phrase used to define the target group for family preservation programs: cases in which there is an "imminent risk of placement" (Berry 1991, Tracy 1991). While it is not unusual for criteria for social programs to be somewhat vague, this one is particularly ambiguous. All three of the operative words in this phrase are subject to multiple interpretations. "Imminent" is a term that conveys a sense of immediacy, but how "imminent" is left to judgment. "Risk" implies a prediction of the future, presumably a prediction of some behavior, but the prediction of human behavior is a notoriously uncertain matter. While "placement" may seem relatively unambiguous, it too may be interpreted in various ways. Is care by a relative a "placement"? Does "placement" imply involvement of a court or payment by the state? What about informal arrangements that do not involve the courts or foster care payment by the state? How long must a child be out of home to be considered "placed"?

The phrase "risk of placement" is problematic for other reasons as well. Why is the term "risk" used at all? After all, the person making the determination of "imminent risk of placement" usually must also make the decision on whether placement is needed now. Why not simply make that

decision, then follow it with a decision as to whether the child is likely to be safe if the family is referred to family preservation?

All of the confusions around the phrase "imminent risk of placement" could be avoided by replacing it with a somewhat simpler and less ambiguous criterion such as "immediate placement is necessary unless family preservation services are begun immediately." We suspect that there would be considerable resistance to such a criterion. Important interests are served in maintaining the ambiguity of the criterion. Ambiguity allows for more discretion in decision making and gives workers greater latitude in referring cases they believe will benefit from the service. But the cost of the vagueness is increased referrals of cases in which placement would not occur and increased likelihood of disappointing evaluation results.

The "Placement Bias." There are other sources of the targeting problem. No one claims that all cases in which placement occurs are suitable for family preservation services. Some cases involve continuing and immediate risks of severe harm to children such that chances cannot be taken. This is recognized by adding to the criterion "imminent risk of placement" the phrase "and can be protected if family preservation services are provided." The development of large scale family preservation programs is based on the assumption that there are a large number of cases in that category. Part of the reason for believing the group is large is an assumption that there is a bias in the system in favor of placing children. Unfortunately there are no adequate estimates of the size of the group in which placement could be prevented with the provision of services. We believe that this group may be smaller than is often supposed. Proponents of social programs often overestimate the applicability of programs and thus the size of the target group.<sup>53</sup>

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<sup>53</sup> This observation is similar to one made by Robert Boruch about the conduct of experiments. Boruch has pointed out that when experiments are implemented the number of cases that appear to need the service often drops precipitously.

Of course, mistakes are made in the decision to take placement. Mistakes are also made in the other direction: children are sometimes left at home when they should be taken into custody, and serious harm ensues. It is these cases that are often sensationalized by the media. But the assumption that there is a bias in favor of placement may be incorrect.<sup>54</sup> It is possible that in most cases of placement, no services would adequately control the risk to children, at least no services short of virtually constant monitoring. Many investigative workers believe that even before family preservation programs were instituted they were preserving families whenever possible. Alternatively, it may be that the problem of "over-placement" is limited to certain jurisdictions, those with investigators, state's attorneys, or judges with a bias toward placement.

It has been suggested that the large number of cases in which children are returned home shortly after placement "proves" that there are many cases in which placement could have been prevented, presumably because this indicates that either a mistake was made or the family quickly changed for the better. We think otherwise. Short term placements are sometimes beneficial, despite the wrenching experience they often entail for children and families. Sometimes a short term placement enables a family, perhaps with help from the child welfare system, to change in ways that would otherwise have been unlikely. In other cases, a very severe risk may dissipate quickly, as when an abusive caretaker is no longer in the home. It has also been suggested that the variation among states in placement rates demonstrates that in some states there must be a bias in favor of placement. Unfortunately, the data on placement rates in various states are not adequate to reach that conclusion. In particular, the definition of "placement" varies from state to state.

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<sup>54</sup> Chapin Hall has undertaken some research to test the assumption that there are large numbers of cases in which placement could be prevented, including a study of the extent to which investigative workers in fact think about placement and family preservation services as alternatives and a study of the accuracy of decisions to place.

Other Referral Criteria. There are usually other, at least implicit, criteria for referral to family preservation programs. A common criterion is the willingness of the family to participate in services. Again, this criterion is a bit vague and subject to many interpretations, which are more or less restrictive. But again the question of how many families fit the criterion is relevant. Motivation for making use of help is a major part of the decision as to whether to place the child. So it has been suggested that any family that meets the requirements for referral to family preservation would not have a child placed anyway.

We suggest below some alternative ways to think about the problem of targeting of family preservation programs and other programs in child welfare.

### The Risks in Family Preservation

On those occasions that family preservation services are targeted on cases in which placement of a child is imminent, it must be recognized that there are risks, to the child and to the system. No program is perfect and mistakes will be made. Hence, it is practically inevitable that the incidence of serious harm to children, including child deaths, will be higher in a program in which children at risk are left at home rather than taken into foster care. Although some children are harmed in foster care, the incidence of harm in foster care is considerably lower than in families in which there has been a founded incident of abuse or neglect.<sup>55</sup> In family preservation programs attempts are made to minimize risks to children through frequent monitoring and surveillance but these efforts are not successful in all cases. Hence, family preservation programs may result in more harm and deaths of children. Traded off against the potential of higher (hopefully only slightly higher) mortality is the hope that many more children will presumably benefit from growing up in their own families. Of

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<sup>55</sup> Barthel (1992) quotes National Center on Child Abuse and Neglect statistics indicating that 30 out of 1000 children in foster care are abused. Recidivism rates for families with founded reports are at least ten times higher. Of course, this does not take into account psychological harms that may occur due to separation from the family and to repeated moves while in placement.



course, tradeoffs involving higher mortality are common in the making of public policy. Speed limits are raised, we decide not to provide adequate funding for immunizations of children, and we decide not to prohibit the production and sale of handguns, all actions that result in increased deaths. The fact that such tradeoffs are made is usually ignored by policy makers.

#### The Limited Orbit of Most Family Preservation Programs

Still another limitation on the effectiveness of family preservation programs in reducing the numbers of children in foster care is the fact that many receive referrals from only one of the "stages" of child welfare cases: the investigative stage. That is, many, if not most, programs seek to prevent the placement of children from families that are being investigated for a recent incident of abuse or neglect. However, a significant number of children are taken into care in the course of service to open cases, cases in which abuse or neglect may have occurred some time ago. In these cases, placement occurs because of a subsequent incident of harm or because conditions of risk have not improved sufficiently or have gotten worse. Still other placements occur for reasons other than abuse or neglect, including "dependency" (the unavailability or inability of parents to provide for their children) or adolescent incorrigibility. It is quite reasonable to limit the scope of referrals to family preservation programs, since to broaden it could weaken program focus and risk trying to be all things to all families. But it must be recognized that this limits the effect of the programs on placement caseloads.

## Changing Goals in Family Preservation Programs

Among social programs, family preservation programs as originally conceived were remarkable (though perhaps not unique) for their singularity of purpose: the prevention of placement. A number of observers have suggested that the goals of family preservation programs be broadened to include other objectives, including improvements in family and child functioning, the delay of placement, or other desirable outcomes. There have even been suggestions that we determine success through "process" measures, indications of services offered and delivered. A cynic might suggest that this is tantamount to a "bait and switch" tactic. The matter of expanding goals has divided the advocates, some purists insist on maintaining the preeminence of the placement prevention objective, while others embrace broader goals (Littell et al. 1993; Haapala et al. 1991).

Sometimes measures of success are suggested because of their presumed relationship with more ultimate objectives. For example, one reason to measure improvements in family and child functioning is that they are assumed to be related to things like placement. If the family is functioning better, the risk of placement should be lower. The problem here is that while such relationships may exist, they are often not strong. We then have a chain of causal connections in which the connections are relatively weak: intervention is somewhat related to improved family functioning and family functioning is somewhat related to placement so the relationship between intervention and placement is quite small.<sup>56</sup> Thus, achievement of intermediate objectives should never be assumed to assure the achievement of ultimate objectives. One might measure child and family functioning as ultimate outcomes but not because they are assumed to be related to other things. Ultimately desired effects should be examined directly.

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<sup>56</sup> This idea is captured in path analysis, where the effect of a cause at one end of a causal chain on an effect at the other end is the product of the intermediate effects (assuming that there is no direct effect). Since the effect coefficients are usually less than one, the product is usually considerably less than any one of the intermediate effects.

These considerations also apply to other presumed effects of family preservation and other social programs. Family preservation programs are sometimes assumed to reduce the need of families for other social services, perhaps for sometime to come, with concomitant savings in costs to society. An extreme example is the claim that family support programs reduce the likelihood of future serious offenses by children, thereby reducing costs of incarceration. Claims such as these depend on long and quite shaky causal chains.

Even shakier is the determination of the success of a program on the basis of "process" measures. We refer here to measures of the intervention itself. In family preservation programs these might include hours of contact, the delivery of various services, the quality of the services, measures of the quality of the relationship between the worker and family, and the satisfaction of the client with the services. Such variables are obviously important in assessing the quality of implementation of the program but they cannot be taken as outcome measures. Any assumption that such things are related to ultimate outcomes begs the main question of evaluation: did the services help? We again have the problem of assumed chains of causality.

A major problem in evaluation of social programs arises from the fact that services are often highly individualized, a central feature of family preservation programs. Services are individualized because the goals for individual families (at least the proximate goals) vary. It is, therefore, often suggested that evaluations seek ways to measure the achievement of individualized goals, through approaches like goal attainment scaling (Kirusek and Sherman 1968). There are considerable technical difficulties in using individualized measures like these, primarily those of comparability of objectives and of workers' ratings of achievement.<sup>57</sup> We think it is useful to attempt to deal with these problems

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<sup>57</sup> For example, in the Illinois evaluation, workers were quite inconsistent in the "level" of objectives specified for clients. Some identified improvements in functioning (e.g., reduction in drug use) while others identified activities like attendance in a drug program. In addition, it appears that there was considerable variation in the standards workers used to assess achievement.

and try to get at achievement of individualized objectives. However, such measures can never take the place of summary assessments of the effects of family preservation programs. After all, these programs are intended to have broad social benefit, so individual achievements should add up to measurable effects for society.

Whenever a program has multiple goals the question arises as to how these goals are to be combined in an assessment of the program. This is partially a political problem, but the evaluator must weigh in with his or her interpretations of the data. How will it be determined that the program gets a "passing grade"? Must all of the objectives be met or only one? Or is the grade to be assigned on the basis of a combination of achievements on the objectives? Perhaps the "tests" should be weighted in some way so that one objective predominates (the "final exam"?). Multiple goals lead to much debate about these questions among the constituents of the program. Since these questions are rarely answered definitively, ambiguity remains about how the outcomes of programs are to be judged. This is one of the sources of arguments about just how much existing programs have accomplished.

A single, unambiguous goal is nirvana for the evaluator, a nirvana that is destroyed when practitioners or policy makers discover multiple goals. Evaluators must deal with the problem of how data on the achievement of multiple goals are to be combined. Beyond that, measures must be found of things like child and family functioning. Despite all of these problems we believe that it is appropriate for programs like family preservation to have multiple goals and to examine their achievement in evaluations. Programs do have multiple effects, some of which are desirable, and it is reasonable to consider those effects as objectives of the programs. Furthermore, the effects of social programs are limited. A program's accomplishments in regard to any one objective may be unremarkable but the sum of its effects may justify the social investment. And it must be noted that the political process appears to require some ambiguity, multiple goals are used to appeal to diverse constituencies.

### The Overselling of Family Preservation

During the build-up of family preservation programs extensive claims have been made by advocates: substantial numbers of placements will be prevented at little risk to children with benefits to the children in maintenance of familial bonds and substantial, if not enormous, savings in foster care costs (see, for example, Edna McConnell Clark Foundation 1990). In part, the claims seem to have been motivated by political considerations, to obtain the support of legislatures. Some original supporters of the Illinois family preservation program have admitted to us that they did not really think that the program would have major placement prevention effects but that the claims had to be made in order to get the program passed by the Illinois legislature. For others, the claims of benefits appear to have been simply an excess of zeal. In any event, as has too often been the case in the selling of social programs, expectations were too high (Howard 1992). These expectations must now be tempered in light of the research results.

### Is a Backlash Coming?

The family preservation movement involves an attempt to change the balance between safety of children and maintenance of the family. The new balance that is sought may not be a stable one. Those who adhere to a view that children must be protected from all potential harms will, sooner or later, find opportunities to attack family preservation programs.

In fact, such a backlash has already begun in earnest in Illinois. Participants in the attack include newspapers, state legislators, a congressman, and the Cook County Public Guardian, whose office is responsible for providing Guardians ad Litem for children in the Cook County Juvenile Court. The attack was precipitated by the deaths of several children in families who had been involved with the state. Some of these families had participated in the family preservation program. Critics pointed to what they believed were mistakes made by the state child welfare agency and the courts, mistakes such as the return of children to homes that were unsafe or leaving children with parents who were clearly

abusive. The results of our evaluation of the family preservation program (evidence that the program had failed to prevent substantial numbers of placements) have been used to bolster the attack. The attack reached a *crecendo* following the death of Joseph Wallace, a three year old whose mother allegedly hung him. Joseph had been placed in foster care and returned home three times, despite his mother's history of mental health problems. Blame for the situation was spread widely: to the state child welfare agency, the judge who returned the child home, the Public Guardian's Office, and others who had been involved in the case. It should be noted that the Wallace family was not involved in the Family First program.

Critics have alleged that among the causes of such tragedies is the "policy of family preservation" (columnists often display their dismay at the idea by putting it in quotes) and federal legislation requiring that policy has been ridiculed. These critics claim that the idea of family preservation has been allowed to supersede the best interests of the child. Furthermore, it is claimed that family preservation programs "reward" families for their abuse of children. The response has been that common reaction to things gone wrong in our society: the laws must be changed. Late in 1993 the governor of Illinois signed a bill that sprinkles the phrase "best interests of the minor" throughout the Juvenile Court Act. A bill requiring court approval of referral to family preservation of parents who have severely abused their children was overwhelmingly passed by both houses of the state legislature but vetoed by the governor.

The rush to legislative remedies recalls the old truism that extreme cases make bad law. We are witnessing another example of policy being driven by sensational cases. These legislative actions clearly ignore certain realities. Responsible child welfare professionals have always considered the best interests of the child to be preeminent. The preservation of families whenever possible is thought to be best for children. No society can monitor the workings of all its families and no legislation can completely eliminate bureaucratic or judicial errors. Court review of services in abuse cases will

further clog already overtaxed courts. And although mistakes are clearly made in the referral of cases to family preservation programs, there is no evidence that judicial review will improve such decisions. Judicial review did not save Joseph Wallace's life.

Nonetheless, it must be noted that the experience in Illinois points up one fact about family preservation services that is often ignored by their advocates. These services are not perfect and insofar as children in families provided these services are at risk, leaving them in their homes will result in an increased likelihood of harms, including death (Gelles 1993). This is an inescapable result of the attempt to find a new balance between protecting the child from harm and maintaining the integrity of the family. This may seem to be in conflict with our suggestion that many families that are not at imminent risk of having a child placed (because there is not risk of serious harm) are referred to these programs. Of course, it is possible that both are true--most families are not at imminent risk but a few errors are made in referring cases in which serious harm ensues. Furthermore, there is the problem of the uncertainty of prediction. Things do change. Cases that appear to be quite "nonserious" can deteriorate quickly. And sometimes children can be protected in families in which serious harm has occurred in the past.

Rather remarkably, given the atmosphere in Illinois, state appropriations for family preservation services have been maintained. Part of the reason for this is the existence of a consent decree entered into by the department of child welfare in federal court requiring a substantially increased investment in services (B. H. vs. Suter). However, the program is bound to be affected by the intense publicity and by the legislative actions. Already there is evidence that judges, guardians ad litem, and social workers are much more reluctant to return children home from foster care. Workers are being asked by lawyers and judges to "guarantee" the safety of children before they are returned home, a guarantee that is obviously impossible to provide. In the last few months the foster care rolls have mushroomed. No doubt the system will find ways to live with the increasingly restrictive

legislation. The system has a remarkable capacity to make use of ambiguities in law and regulation to adjust to pressures. Nonetheless, it is evident that the idea of family preservation has suffered a substantial setback in Illinois. It remains to be seen whether other states will have similar experiences.

### The Present and Future of Child Welfare

Many observers have declared that the child welfare system in the United States is in disarray. It is a system with impossibly high expectations: to solve major social problems by responding to individual cases. The technology for that response is underdeveloped and unable to meet the demands placed on it. The expectations are not only high, they are conflicting: we must protect children and preserve families and do it all with less money. And the major new development in the last twenty years, family preservation, appears to have come up short.

So what is to be done? Solutions to the problem of abuse and neglect will not come easily. It is tempting to suggest that nothing less than massive reform of societal structures will do: alterations of basic relationships in society, together with major shifts in cultural values regarding responsibilities that we have for each other. But however desirable, that is unlikely to be achievable, at least in the near future, so we are left to devise more incremental approaches--meliorations (some would say mere palliatives).

Our incremental approaches must be based on a set of principles and on a thoroughgoing understanding of limitations. They must also deal with a set of core issues in the field. We begin with a discussion of these issues.

#### Core Issues

Social Conditions. Probably the most significant limitation on reform is that created by social conditions. Poverty, racism, inadequate housing, drug abuse, poor education, community violence, and



poor prospects for achieving personal goals form a constellation of interrelated social conditions that severely limit the impact of any reforms in the child welfare system itself. Not all poor families abuse their children but abuse and neglect are found disproportionately in poor families. In families with fragile relationships, poverty is an extreme and chronic stress that increases the likelihood of child maltreatment. Significant improvements in such things as placement rates will depend on improvements in broader social conditions, conditions that are outside the purview of the child welfare system, at least as that system is currently constituted.

Locus of Responsibility. A second major issue concerns locus of responsibility. We refer here to the relative responsibility of various levels of organization in our society and of the private and public sectors. At present, the primary responsibility for responding to problems of child maltreatment rests with the state, with that responsibility carried out by county government in some states. As in many social programs, the federal government provides funding, promulgates regulations interpreting federal legislation, and attempts from time-to-time to set broad directions. Communities have come to have a relatively small role to play in responding to identified child abuse or neglect, although it has not always been that way and as we will suggest below, need not be that way in the future. A related issue is the extent to which dependence should be placed on voluntary services as opposed to services that are authoritatively imposed.

As to the division of responsibility between the public and private sectors, in most jurisdictions, public agencies increasingly depend on private agencies for services to families, both in- and out-of-home. Generally, responsibility for investigation of allegations of abuse or neglect remains with the state (perhaps as an expression of the police power of the state), although this is not universal and could be altered.

Another issue having to do with locus of responsibility has to do with the courts, a matter which we have not previously considered in this paper. Child welfare services involve coercive actions

by the state, and the courts must often, though not always, approve those actions. The involvement of the courts in child welfare cases varies greatly between and within states. Sometimes courts are relatively passive, usually approving recommendations brought to them by social service workers. In other locales, judges are central players in the system, actively making decisions about services to be provided and about the living arrangements to be provided for children. In many locations, the courts are viewed by others in the system as obstructions, delaying the implementation of decisions and preventing the realization of permanency plans. The involvement of attorneys who represent various parties in court also varies greatly from one jurisdiction to another. At the system level there has been a proliferation of class action suits seeking reforms of various kinds. Obviously, reforms of the system must consider the role of the court, both at the level of the individual case and at the system level.

Time Horizons. A central issue in the consideration of reforms has to do with time horizons: whether we take a short or long term view. This may be considered at both the family and the system level. As for families, do we seek long term solutions for individual families or will we be satisfied with temporary improvement in their situations? The impulse is to find long term solutions, to fix families so that they will not trouble the state in the future. The problem is that we lack technology to reliably effect long term solutions. Hence, we would put the emphasis on relatively short term approaches recognizing that this is less than totally satisfying since it means that the child welfare system or other systems of social support are likely to encounter these families repeatedly. In those cases in which substantial long term change is possible, help to achieve it should be available.

Either a short or long term view can be taken with regard to system changes as well. The usual approach is short term, finding ways to deal with immediate fiscal pressures or with the latest child death splashed across the headlines. Here we hope for a longer term view, a significant reform of the system having long range implications. In most states, such a reform will require a substantial increase in resources devoted to child welfare.

The Protective vs. Treatment Functions. The tension between the values of protecting children from harm and respecting the integrity of the family results in a tension between protective and treatment functions of service. This tension is seen most clearly during the investigation of an allegation of harm to a child. To what extent should the activities of the investigative worker be directed at determining guilt and level of risk as opposed to determining what should be done to help the family? Some may hope that these are not opposing objectives, but in practice they are. The tension is often expressed in terms of the difference between a "social work" and a "police" approach to investigation of harm and often both social workers and individuals with backgrounds in law enforcement are involved in the work. In most jurisdictions today the emphasis is on investigation, although workers may be urged to provide services (usually through referrals). Service delivery is clearly secondary.

While the tension between investigation and helping is clearest in the investigation of possible harm, it may occur throughout services to a case. Workers who provide services must monitor conditions in the home while trying to help. To the extent that workers are expected to detect harm or risk of harm, their effectiveness as helpers may be hampered.

Treatment vs. Prevention. The extent to which reliance is put on prevention of harm as opposed to treatment of families in which harm has already occurred is a central issue for the child welfare reformer. The sentiment in most fields leans to prevention. It is clearly better to keep something bad from happening than to deal with it once it has happened. There are a number of possible confusions here. The term "prevention" is used in various ways, including activities that are designed to prevent harm in the first place as well as efforts to prevent recurrence of harm that has already occurred. Here we refer to prevention of harm in the first place.

Prevention may occur on a number of levels. As we have suggested above, broad social conditions contribute to the incidence of abuse and neglect so a major step toward prevention would

be to change those social conditions. But prevention is often thought of in a narrower sense: the provision of services to families that are at risk of harming their children. These services are found in many "family support" programs. Such services include visiting new mothers, parent education, support groups, drop-in centers for parents, and efforts to identify parents who are "at risk."<sup>58</sup> So far, evidence of the effects of such preventive efforts is not encouraging, these services may be quite beneficial for parents but there is little evidence that they significantly reduce the incidence of child maltreatment. Part of the reason for this may be a targeting problem. By their nature, services to prevent a problem are usually delivered to a range of individuals, many of whom would not have developed the problem in the absence of the service. Family support programs are largely delivered to voluntary clients, those least likely to mistreat their children.

As is evident from the discussion so far, we favor preventive efforts on the grand scale (the elimination of poverty and drugs, the provision of adequate housing for all, the opportunity for education and employment) but we are skeptical about individually oriented prevention programs, at least insofar as they are directed at the prevention of child maltreatment. Family support programs and other child abuse prevention programs are laudable efforts because of the benefits they provide to families. But many of these services should be available to all families who might benefit rather than seeing them as preventing maltreatment.

Fragmentation of Services. Much has been written about the problem of fragmentation in social services and vast sums have been expended in efforts to combat it. It is the perennial unsolved problem in the field. Child welfare program initiatives usually depend on external service resources, in the community and in other branches of state or local government. These initiatives often founder when resources are not available or when access to them is restricted. The problem is often attributed

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<sup>58</sup> A program in Hawaii, called "Healthy Start," is often cited as a model for such efforts.

to lack of coordination, so various coordinating mechanisms are devised. Even when such mechanisms are present, difficulties continue to be encountered in the form of multiple assessments of cases by various providers of service and divergent views of case needs by providers.

In child welfare there are other sources of service fragmentation within the public system. The distinction between in-home and out-of-home services is sharply drawn, giving rise to unnecessary discontinuities in services. Within family preservation programs, the division into placement prevention and reunification programs leads to similar discontinuities. We believe these old distinctions should be rethought. We return to this issue below.

Limitations of Service Technology. No doubt there are ways to improve the services delivered through family preservation programs but we think that there are likely to be significant limitations in the extent to which they can have effects on outcomes such as placement rates. While these services help some families, their effects are likely to be marginal and short-lived. The dominant influence of broad social conditions has been noted above. By the time families come to the attention of the child welfare system, dysfunctional patterns of relationship have often become ingrained. Thus the services provided often come too late. In particular, the effectiveness of counseling services is often limited with involuntary clients. These services depend to at least some extent on involvement of clients in efforts to help them. While a degree of involvement may sometimes be coerced and motivation for improvement may be developed in some clients, there are limits. The technology does not exist to bring about high levels of motivation in all clients. Given the prevalence of substance abuse among clients of child welfare agencies, it is important to note that most available drug treatment programs have limited success (Hubbard et al. 1989).

Limitations in Targeting Technology. The experience with family preservation programs suggests that failure to address the problem of targeting may doom a program. First, there are problems in the process of reaching decisions to refer cases. Referral agents are usually found in

public child welfare agencies and face significant problems in doing their jobs. These workers are often inadequately trained, have caseloads that are too large, and must make decisions based on little contact with families. These are at least theoretically solvable problems but beyond them is a deeper difficulty: information needed to make good referral decisions is often not available at the time the decisions must be made. This is due not just to the fact that there is insufficient time to get to know the family. The problem is that it is often not possible to determine how well a family will respond to service efforts until such efforts are begun. Significant factors in service outcome, for example, the motivation of the family for help, may not be determinable, even in the best circumstances, at the time a referral decision is made. Information on these factors emerges in the course of service, rather than being evident at referral. Insofar as this is the case, it constitutes an inherent limitation on targeting technology.

As to issues in the specification of target groups, the targeting of a program may be based on perceived need for services or on presumed benefit. The target groups that are defined by these two principles are by no means the same. Persons with great need may or may not benefit from the provision of service and those who benefit most from a service may not be those in greatest need. Those who determine social policy have a great urge to target those people who have the greatest problems, who are worse off, or those who are costing the state the most money. Such targeting may also be justified on equity grounds. But those people may be those least likely to benefit from our efforts to help. The idea of triaging in the response to medical emergencies is relevant here: cases that are very serious are considered hopeless so that services provided to them would be wasted (although minimal services may be provided to reduce suffering). Very mild cases are also treated in a minimal way since they are not likely to experience lasting disability in the absence of treatment. Cases in the middle are presumed to be able to make the most of service.

In programs that are aimed at the alleviation of social problems, effective targeting depends on the provision of service to a group of people who are likely to benefit from the service. But programs are usually provided to at least some people who do not receive benefit. Such people fall in three groups: those who do not have the problem for which the program was designed, those who have the problem but who will get better even if they do not receive the service, and those who have the problem, receive the service, and do not get better. The task of targeting technology is to find ways to identify cases that have the problem and will get better if they are given the service but would not get better without the service.

There are a number of possible targeting strategies. We have mentioned two above: "worst case" targeting and triaging. Targeting can be either inclusive or selective, broad or focused. Two concepts may be used in considering the problem of targeting: problem impact and targeting efficiency. Problem impact is the number of cases that benefit from a program (perhaps as a proportion of the number of cases that have the problem) and targeting efficiency is the proportion of cases receiving the service who benefit.<sup>59</sup> It is of interest that these two ratios are somewhat independent, one can have a relatively large problem impact with low targeting efficiency by targeting very broadly. Vaccination programs are an example. Alternatively, one could target narrowly, achieving high target efficiency, and have little overall impact on the problem. Obviously, one could also have both low target efficiency and low problem impact.

In programs like family preservation, it would be desirable to maximize both targeting efficiency and problem impact. However, there are likely to be significant limitations on the extent to which this ideal can be achieved. There are always pressures to expand or shift the target group of a program. Some of these pressures are political, arising out of the need to gain the support of diverse

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<sup>59</sup> Other ratios may also be important, for example the success rate, which may be defined as the proportion of cases who benefit in the group that receives the service and would not recover spontaneously.

constituencies, but others are experienced "on the ground." Workers often encounter cases that they believe would benefit from a program even though the cases do not fit the criteria for referral. The criteria can always be stretched to accommodate those cases (social programs nearly always have at least one vague criterion that invites the use of judgment). To the extent that the target group is broadened, targeting efficiency is likely to suffer, since those in the broadened group are less likely to have the problem for which the program was designed. Sometimes the target group is subtly shifted away from that originally specified, as opposed to just being broadened (we have suggested that may have happened in the case of family preservation programs). To the extent that the target group is shifted, problem impact will suffer.

Other limitations on achievement of both targeting efficiency and problem impact arise from deficiencies in targeting technology discussed above. These deficiencies limit the extent to which we can identify cases that will not get better without the service but will get better with it. It is likely that these difficulties will have greater relative impact in large programs compared to small programs because of the greater difficulty in maintaining control of an ambiguous referral process in large programs.

### The Basis of a New Vision

Efforts at reform must take into account the issues and limitations identified above. They must also be based on a set of principles. Reform must seek a reasonable balance between safety of the child and maintenance of family ties, recognizing that maintenance of those ties is usually in the best interests of the child if harm can be prevented. But reform must recognize that there can be no guarantees, total avoidance of maltreatment cannot be achieved and risks must be taken as part of any balance.



## The Responsibility of the State

The most important requirement in reform is to be clear on the responsibilities of the government. We expect both too little and too much of the state. Too little because government could facilitate resolution of the social problems that contribute to child maltreatment. Too much because the state cannot prevent or even respond to all harms to children. Expectations of the state must reflect the limitations of technology and resources. The expansion of the purview of the child welfare system that has occurred in the last few decades should be stopped and reversed. This requires that lines be carefully drawn between our aspirations and what can be reasonably expected.

It may be useful to distinguish between responsibility for outcomes and responsibility for opportunities (this is similar to the distinction in civil rights law between equal outcomes and equal opportunities). The state cannot accept responsibility for the optimal development of all children. Nor should it even endeavor to assure the "well being" of all children, given the difficulty of achieving that goal, even if "well being" could be adequately defined and measured. On the other hand, the state can be seen as having a responsibility for encouraging the development of opportunities for advancing child development and for reducing as much as possible outright harms to children.

The determination of the responsibilities of the state in dealing with abuse and neglect must begin with a specification of the harms to which it will respond. We suggest that these harms be limited to those involving physical injury to the child, including injuries caused by either abuse or neglect. We would eliminate harms such as educational and all but the most serious emotional neglect. Emotional harms can, of course, have serious effects on the child, on his or her development, and the state should encourage the development of services to help parents better relate to their children. But these services should be voluntary, outside the abuse and neglect response system. The scope of state investigative and coercive action must be limited and it is quite difficult to provide a definition of emotional harm that is both unambiguous and not overly inclusive (nearly all parents have at some

time caused mental anguish in their children, for a discussion of efforts to define emotional abuse, see Giovannoni and Becerra 1979).

We suggest that physical injury to the child should be reason for state involvement but of course we do not mean to include all injuries. While we might like parents to abandon all corporal punishment, it is unreasonable to expect that it could be outlawed. And every parent is guilty of minor neglects that may cause minor harm to his or her child. So we must exclude "minor" physical injuries and injuries due to accidents in which neglect is not an issue, recognizing that this requires distinctions that may be fallible.

Another issue here is whether to condition state intervention on actual physical harm to a child or allow for involvement in cases in which there is risk of such harm. Including situations of risk as well as actual harm invites intrusion of the state into many more families, often on the basis of rather flimsy evidence. Again, it courts the operation of unfettered judgment. Nonetheless, we believe that the possibility of state involvement in situations of risk should not be precluded. We suggest that this be done only when there is "high" risk of "serious" harm, recognizing that those qualifiers may be criticized as ineffective hedges rather than substantive restrictions.

#### The Line Between In-Home and Out-of-Home Services

We believe that the sharp division between the realms of in-home and out-of-home services is not helpful to families and children. The bright line that is drawn when a child is placed in substitute care should be blurred (Fein and Maluccio 1992). Placement of a child is unavoidably disturbing to the child and family but it is made more traumatic by the way the system handles it. We suggest that efforts be made to lessen the sense of trauma that accompanies placement. Where it is appropriate, it would be made clear to all involved that efforts will begin immediately to return the child home. Under this conception, in-home and out-of-home services would constitute a continuum and movement between placement and home would be made easier. Placement should be viewed as a step in the

process of helping that need not always indicate failure. Placements are often quite brief, and this should be recognized by emphasizing the anticipation that the child will return home shortly. Placements can often be thought of as respite from caretaking responsibilities and more use should be made of voluntary placements.

Such changes should be accompanied by a broadened view of the idea of permanency planning. At present, "permanency planning" is interpreted in most instances as placement prevention or reunification, rather than the broader meaning it originally had: the seeking of a permanent living arrangement for a child (Fein and Maluccio 1992).<sup>60</sup> Further, there is often more emphasis on planning than achieving permanency.

### Housekeeping and Staffing

The reports of commissions, task forces, and investigative committees that are set up when disasters such as the death of a child occur often focus on what might be called "housekeeping" issues. Problems are often attributed to lack of responsiveness (or lack of responsible responsiveness) on the part of the various entities that become involved in cases of abuse or neglect. Often these problems are blamed on lack of coordination and communication. Mechanisms for improved communication and

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<sup>60</sup> Adoption is also a permanent plan, an element of the child welfare system that we have not considered in this paper. Efforts to improve adoption services are clearly needed, including enhanced recruitment of adoptive parents and greater supports for adoptions. But we think it unreasonable to expect adoption to play a much greater role in the system than at present. This is because of a mismatch between the number of children who might be adopted and the number of adoptive parents we can expect to recruit and a mismatch between the characteristics of children available for adoption and the expectations of prospective adoptive parents. There are far more children available for adoption than there are adoptive parents willing to adopt them.

This raises the issue of termination of parental rights. Some observers have suggested that we should move more aggressively toward the termination of parental rights in those cases in which natural parents are clearly unable or unwilling to provide adequate caretaking, in order to free the child for adoption. We believe that it may often be useful to terminate parental rights to indicate that a decision has been made that the child will not return to his or her natural parents. However, to do this as a step in the direction of adoption is often illusory and holds out false hopes to the child who is unlikely to be adopted.

bureaucratic reorganizations are proposed to deal with these difficulties. Caseloads that are too big, lack of adequate personnel to get the job done, and inadequate training and supervision are also often identified as central problems.

As our discussion implies, we believe that the solution to problems in the child welfare system must go beyond these kinds of issues. Nonetheless, solving problems of inadequate communication, coordination, and staffing would substantially improve the responsiveness of child welfare systems. Most systems would benefit from improved computerized databases that are more widely available to those who are involved. As an example, in Illinois, investigations of the death of Joseph Wallace have suggested that the courts should have access to the databases maintained by DCFS and that the computer systems of the courts and the state department be linked. To do this will require solving difficult technical problems, but we suspect that the greater difficulty will be overcoming the desire to protect turf. As to personnel matters, most state child welfare systems operate with too few staff and with staff who have too little training and inadequate supervision. Turnover is often rampant. We know how to solve these problems. What is missing is the will to make the necessary investments.

#### Services

We turn now to the matter of services in a reformed child welfare system. Our approach here must recognize that there is little evidence that many of the programs currently being tried have more than minimal effects. In particular, family preservation efforts have not produced the major results that were expected. In our view, this means that we must continue to experiment with service approaches. We believe that family preservation programs should be a part of the service mix in child welfare, but perhaps a smaller part than has sometimes been advocated.

In our view, any reasonable reform of the child welfare system will involve a substantial increase in the volume of services available to families, with perhaps some shifts of resources currently in the system. There should be many more alternatives for families and for workers who are trying to

help them. We would begin with an expansion of voluntary, community based services. In low income communities, help with housing problems, day care, caretaking respite services, and other supports for parenting is more readily available to families who abuse their children than to those who do not. Often help of this kind is provided too late, after family relationships have deteriorated to the point of child maltreatment. This help should be much more universally available through community based organizations that are responsive to the needs of their neighborhoods.

Part of the integration of the continuum of in-home and out-of-home services should involve a merging of placement prevention and reunification efforts. There is much overlap in the kinds of activities and approaches in these programs (there are some differences too, notably the important role of visitation in reunification programs). Merging these programs would permit continuity of care, workers would not necessarily transfer cases to other workers when children are placed. At the very least, such cases would stay in the same program.

Another direction that we believe would be fruitful is the development of smaller, specialized programs for particular client groups. Family preservation programs are usually "generalist" programs requiring agencies to deal with a wide range of issues. As a result, the acquisition of expertise in dealing with particular problems is inhibited. An example of a specialized effort is a program for young, isolated, single parents, focused on parent training but also dealing with other problems this group encounters. Continuity of care ought to be a central feature of these smaller, targeted programs. There are other reasons to resist the urge to mount large scale undifferentiated programs. Large programs have a high profile and therefore are more vulnerable to attack from detractors in the media and elsewhere. Further, smaller programs are better able to maintain control of the quality of services.

We believe that programs for family preservation should place heavy emphasis on provision of concrete resources for families, the teaching of skills of child rearing, and on resolving issues in the proper care of children. Programs differ a great deal in the extent to which they make use of

"counseling" and "therapy." Counseling in which the efforts of parents are supported and in which they are helped to find better ways to relate to their children clearly has a place in the work. But in early efforts with a family we are skeptical of more elaborate forms of therapy in which more extensive changes in personality or familial relationships are sought in an atmosphere of coercion. Such services may be useful for families later when they can be offered on a voluntary basis.

The emphasis in family preservation programs is on short term intensive work. We believe that short term intervention is appropriate in many, but not all cases. Some families are able to benefit from this kind of service but others require more extended work. Many cases involve problems that will not be resolved in a short term service, no matter how intense. Long term problems tend to take a long time to resolve. Many workers think that drug abuse problems cannot be addressed in short term programs. The chronic mental illness suffered by some parents often requires long term treatment. Perhaps in such cases short term service can be used for assessment purposes, but it ought not be considered to provide solutions. We need a range of service lengths and service intensities available for families. Of perhaps more importance, much more attention needs to be paid to what happens at the end of the program, however long a family has been in it. Whatever the length of service, some families will need continued attention.

### Research Agenda for Child Welfare

The program of change which we have suggested above can be used to formulate research that would be used to support it. There are here many embedded assumptions that need to be tested and a number of proposals for programs that need to be evaluated. Thus a research agenda could be shaped by a conception of the directions in which the field should move. While research should be guided by developments in the field and by a sense of desired direction, we believe that it would be a mistake to establish a single, monolithic conception of the research to be done. No researcher or group of researchers should be allowed to establish the agenda for research. In science the free market works (much better than it does in economic affairs). It is essential that diversity of conceptions and objectives of research be allowed and encouraged.

Hence, we present one agenda of many that are conceivable. This agenda is based on the conception of the child welfare system presented above and on the directions for the field that we have suggested. There are great gaps of knowledge about the origins of abuse and neglect and about how they should be treated. In many ways, we are only at the beginning of developing understanding about child maltreatment, its causes, and the best ways to respond to it.

#### Research on the Roots of Abuse and Neglect

There has been much research on the sources of child maltreatment. These studies have usually come out of either an individualistic or social orientation. The research is largely correlational in nature, attempting to find those factors that are associated with abuse or neglect or the recurrence of abuse or neglect. Since it is difficult to conceive of experimental studies on the origins of maltreatment, the emphasis on correlational work is understandable, but the limitations of such work in determining causes must be kept in mind. We think that in further work in this field that it would be useful to more often employ a dynamic approach, studying the course of events that leads to abuse. Such research would focus on sequences of feelings, behaviors, and interactions (Kadushin and Martin

1981). The possible contribution of genetic and biological factors in maltreatment has been largely ignored and should be incorporated in future research.

### Program Evaluations

As we suggested above, currently available programs (notably, family preservation programs) have largely fallen short of reaching their objectives, so we must continue the search for responses to child abuse and neglect. As we have indicated, we believe that a range of efforts should be tried, in a spirit of experimentation. Such efforts should be accompanied by rigorous evaluations, designed for maximum knowledge yield. Whenever possible, the evaluations should be conducted as randomized experiments, with control groups of "regular services" or comparing two or more approaches. While there are many pitfalls in such designs, it is only through randomized experiments that net effects of services can be accurately estimated. While non-experimental designs do yield some knowledge, the experience with them in evaluations of family preservation provides convincing evidence of the likelihood of misleading results in the estimation of effects. Experiments must contain provision for thorough descriptions of the services provided to both experimental and control groups so that we understand what is being contrasted and so that replications of successful programs can be undertaken.

Since we do not yet have reason to believe that highly effective interventions are now at hand, and since we have suggested that most new programs be more narrowly focused on particular groups of clients, we think that the evaluation experiments should be relatively small in scope. Investment in large-scale evaluation is only justifiable when there is considerable confidence in the efficacy of an approach (for example, when it has been shown effective in at least a few small experiments).

Evaluations will continue to face the problem of specifying the objectives of a program and devising measures of their accomplishment. Of course, to be effective, a program should have clear objectives, a requirement whether or not it is to be evaluated. But, as we have suggested, there are powerful forces leading to blurring of objectives and to the accumulation of objectives. At the same



time, it may be quite reasonable for programs to have multiple objectives, as long as they are not too numerous and are not in conflict. Evaluations must be prepared to examine the achievement of multiple objectives and to deal with the problems of ambiguous objectives and after-the-fact additions to the list of goals of a program.

One of the most significant problems facing evaluations of programs in child welfare is that of the quality of data. Existing evaluations have depended heavily on data obtained from workers and from administrative data systems. These are valuable sources of data but our experience with evaluations of programs in Illinois leads us to be wary of overdependence on them. Whenever possible, these data should be supplemented by information obtained directly from parents and families. Efforts should also be made to employ observations of phenomena by independent observers (for example, observations of interactions between workers and clients and observations of family interaction). Information from third parties (e.g., extended family members, friends, neighbors, and teachers) might also be used if issues of confidentiality can be resolved.

#### Research on Kinship Care

We need much more understanding of kinship care: the conditions under which it is used and its course. We need to understand the motivations of kin to care for children, the extent to which motivation is familial altruism as opposed to other considerations, such as the receipt of foster care payments. To what extent is the present use of kinship care an extension of age-old familial caretaking, now with an overlay of state sanction and state money? Is kinship care being used to supplement the income maintenance programs of the state? It is known that kin care arrangements tend to last longer than other forms of foster care. What is the meaning of this? Is it due to the characteristics of children that are being cared for by kin or is it simply a matter of kin care usually being seen by participants as a stable solution for problems? We also need to know how decisions are

made to use relatives as foster parents and how decisions are made to return children home from kinship care.

### Care Careers

It is well known that some families are involved with the child welfare system for very long stretches of time. These families may have had multiple allegations of harm on several children and often they are involved with many other agencies as well. Many children have multiple placements and reunifications. It is known that some families consume a large amount of public resources. But we do not know the details. We need much more knowledge about the patterns of use of social services by families, including services provided by organizations outside the child welfare system. This requires longitudinal research on the involvement of families in multiple social service systems.

### Decision Making

As we suggested at the beginning of this paper, decisions of workers on cases are critical determinants of the operation of the child welfare system. We need to have much better understanding of the ways decisions are made, of the factors influencing decisions, and of the nature of the errors made in decision making. We are presently engaged in research in this area at Chapin Hall, including a study of the extent to which workers think of family preservation as an alternative to substitute care and an attempt to estimate the proportion of errors made by workers in decisions to place or not place children (the latter study has begun with an investigation of the extent of agreement among experts on these decisions). Much more needs to be done in this area, incorporating knowledge from cognitive psychology and decision research. A thorough understanding of how decisions are currently made will enhance our ability to improve those decisions, perhaps through training, perhaps through altering the contextual influences affecting decisions.

## Studies of the Courts

Given the substantial role of the juvenile court in child welfare, it is remarkable that little research has been done on the operations of the courts and on their interaction with other elements of the system. There is much variation here, both between and within states. We need to understand that variation more fully. We need research on the decision making of judges, on the influences on their decisions, and on the role of other actors in the courts (e.g., states attorneys, public defenders, guardians ad litem, and private attorneys). We also need to study the ways in which the courts affect the behavior of workers and others, whether by explicit orders or by expressions of attitudes. Courts are often viewed as bottlenecks, preventing movement on cases and we need to understand the extent to which this is the case and evaluate approaches to alleviate this problem.

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TABLE 1:  
ESTIMATES OF NUMBERS OF CHILDREN IN SUBSTITUTE CARE IN THE UNITED STATES  
IN THOUSANDS

Fiscal Year	First Day	Entered Care	Left Care	Last Day	% Change
1986	273	183	176	280	
1987	280	222	202	300	7.1
1988	312	199	171	340	13.3
1989	340	222	182	380	11.8
1990	379	238	210	406	6.8
1991	412	224	207	429	5.7
1992*	421	238	217	442	3.0

\* Data for FY 1992 are preliminary estimates.

Discrepancies between last day and first day figures are due to problems in the data as discussed in the text.

Source: VCIS Research Notes, No. 2-9, January 1990-August 1993.

TABLE 4:  
ILLINOIS REPORTING STATISTICS

Fiscal Year	Children Reported	% Increase	Number Family Reports	% Increase	Indicated Investigations	% Of Family Reports	Number PC Reports	% Of Indicated	Number Children PC	% Increase
1980	37476	51.1								
1981	51548	37.5								
1982	59194	14.8								
1983	63432	7.2	36018		15848	44.0	2725	17.2	4382	
1984	67058	5.7	39232	8.9	17858	45.5	3539	19.8	5473	24.9
1985	69627	3.8	41463	5.7	19537	47.1	4057	20.8	6452	17.9
1986	70422	1.1	41498	0.1	20143	48.5	3770	18.7	5956	-7.7
1987	91723	30.2	53229	28.3	22707	42.6	4083	18.0	6480	8.8
1988	94098	2.6	55070	3.5	23877	43.4	4342	18.2	6729	3.8
1989	102267	8.7	60093	9.1	23604	39.3	4078	17.3	6524	-3.1
1990	103485	1.2	60730	1.1	22068	36.3	3929	17.8	6152	-5.7
1991	107310	3.7	62481	2.9	21609	34.6	3667	17.0	5954	-3.2
1992	130585	21.7	73962	18.4	24532	33.2	4845	19.7	7878	32.3

Source: Illinois Department of Children and Family Services, Annual Reports, Child Abuse and Neglect Statistics.

Note: The 1992 report says, "Although it appears that the number of children taken into temporary protective custody during fiscal 1992 represents a 32 percent increase over the number of children taken into temporary custody in fiscal year 1991, this is a statistical anomaly. In January 1991 (mid fiscal year 1991), the Department's computerized child abuse and neglect tracking system was enhanced for the more accurate tracking of data. Before this date, some information, including protective custody data, was not consistently recorded among the various regions in the state; and it is likely that the number of protective custodies was underreported."