

**FAMILY PRESERVATION:  
A STUDY OF CHANGE IN FAMILY FUNCTIONING**

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**A practicum report  
presented to the Faculty of Graduate Studies  
in partial fulfillment of the requirements  
for the degree of**

**MASTER OF SOCIAL WORK**

**Faculty of Social Work  
University of Manitoba  
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**Family Preservation: A Study of Change in Family Functioning**

**BY**

**Karen E. Schilling**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University  
of Manitoba in partial fulfillment of the requirements of the degree**

**of**

**Master of Social Work**

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## ABSTRACT

This study on family preservation services examined the relationship between certain family characteristics and their impact on child placement rates. Information on families that received family preservation services was collected using the Family Assessment Form (1993). The variables that were assessed included family environment, characteristics of the primary caregiver, and family interactions. Overall family functioning was examined to determine the nature and degree of change families were making through preservation services.

The purpose of this practicum study was to achieve learning goals that were determined to provide an understanding of family preservation services as well as data collection and analysis in the field of child welfare. The process of collecting information on child placement and assessing data that was collected by the In-Home Crisis Resolution Program provided an excellent learning opportunity to achieve these goals.

The families that were included in this study maintained their children at a rate of 86.8% at the termination of preservation service. After six months 71.7 % of families had avoided child placement. After a period of one year, this rate had dropped to 59.1% of families that were able to maintain all their children out of Agency care.

The results of this study found that children were more likely to be placed in foster care if they had been in care prior to treatment. Single parents status increased the risk of child placement. Environmental factors such as financial conditions, and opportunities for young children to have peer contact were significantly related to family maintenance. Characteristics of the caregiver that included such factors as a history of alcohol abuse, current alcohol abuse, paranoia/ability to trust, as well as inconsistency in discipline were all found to have a significant relationship with child placement. The attachment between parent and child was an important factor in family maintenance. Change in family functioning was assessed using McCroskey and Meezan's (1997) six-factor solution to family functioning. Improved family functioning was observed in all six domains.

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## **CHAPTER I**

### **INTRODUCTION**

This practicum study examines family preservation services and the relationship between certain family characteristics and child placement. Information on families that were receiving family preservation services from the In-Home Crisis Resolution Program was collected using the Family Assessment Form (1993). The variables that were assessed in this study included the environment of the families, characteristics of the primary caregiver, and family interactions. Overall, family functioning was examined to determine the nature and degree of change families were making through preservation services. The process of collecting information on child placement and assessing data that was collected by the In-Home Crisis Resolution Program has offered this author an excellent learning opportunity for advancement in knowledge in the area of data analysis and research.

#### **Family Preservation Services**

Since 1995, Winnipeg Child and Family Services has offered both preservation and reunification services. These programs have provided intensive family-centred service to families that have been experiencing crises. Family preservation and reunification programming was developed as a preventative service that has been offered as an alternative for families that are at risk of having their children placed in foster care.

Although Winnipeg Child and Family Services offers both preservation and reunification services this practicum study will focus on family preservation services.

The tenet behind family preservation services and “variously called home-based, family-centred, in-home, and intensive family preservation services, involves the primacy of the family as a major social institution” (Corcoran, 2000, p. 76). Recognition of the importance of the parent–child relationship has been the foundation in the development of family preservation programming. The philosophy of family preservation services is rooted in the belief that:

- children need permanency in their family relationships in order to develop into healthy, productive individuals;
- families should be the primary caretakers of their children; and
- social service programs should make every effort to support families in this function (Downs, Moore, McFadden & Costin, 2000, p. 276).

In theory, family preservation services appear to offer many advantages to traditional child welfare practice. Providing family-centred services to minimise the unnecessary placement of children in foster care has both service and financial advantages. Families benefit by being given the opportunity to learn improved parenting techniques, as well as better coping and problem solving skills. Ideally, the present cost of maintaining children in the foster care system would be better served by using the funds to facilitate long-term change within the family unit thereby keeping children out of the foster care system.

Winnipeg Child and Family Services has been following this service trend by offering family-centred programming as a preventative solution to placing "high risk" children in protective care. The primary objective of this approach to child welfare is to

change the focus of service delivery from child placement to facilitating permanent changes within the family unit. In the past, children may have been removed from their families for what many have considered a lack of viable options. Parents who have placed their children in high-risk situations have often been deemed as part of the problem and not part of the solution. As a result, parents traditionally have not been included in the decision making process prior to their children being placed into foster care or in the decision as to what type of treatment would lead to family reunification (Whittaker & Tracy, 1988).

While placing a child in foster care may temporarily protect the child from neglect and abuse it does not necessarily improve the family's functioning. Parents that have had their children removed from their care often experience an overwhelming sense of failure and low self-esteem. This in turn can serve to further decrease the parents' ability to function effectively. The remaining children in the home are often left to cope with parents that are under increased stress and as a result they are placed at higher risk for abuse and neglect (Kinney, Haapala, & Booth, 1991). Angelou's (1985) criticism of traditional child welfare is summarized as follows: "Too often our system, in focusing on the individual, endangers the group. When a child is protected, but its family is shattered, we are forced to question if indeed our process has succeeded" (p. iv).

If children are not residing with their families, it is difficult for their parents to learn to successfully cope with problems associated with parenting. Family preservation services are committed to avoid the pain of family dismemberment whenever possible.

The option of placing and maintaining children in foster care is expensive.



Winnipeg Child and Family Services has experienced a steady increase in the amount of revenue allocated to foster care and special rate care. For the year ending on March 31, 1999 Winnipeg Child and Family Services spent \$38, 968, 003 on foster care and special rate funding which was an increase from the previous year of \$1,378,848 (Winnipeg Child and Family Services 1998/99 Annual Report). In addition to direct spending on foster care and residential placement alternatives the placement of children involved high legal costs. For these reasons, Winnipeg Child and Family Services, as well as the families that the Agency serves, has a vested interest in reducing the number of children that are placed in protective custody.

In Manitoba the right to services which preserve the family unit is acknowledged under Manitoba's Child and Family Services Act. The Act states under the Declaration of Principles that "Families are entitled to receive preventative and support services directed in preserving the family unit" (p. 1). This does not negate the fact that some children are in high-risk situations that deem them in need of protection. Although children continue to be placed in the care of Winnipeg Child and Family Services there has been an increased effort to offer more services that focus on keeping high-risk children with their families.

Winnipeg Child and Family Services has made an effort to reduce the number of children that have been brought into foster care by implementing preventative measures. It is not clear from the data presented in the Annual Report what degree of success the Agency has experienced in reducing the number of children in care over the past five years.

According to the Winnipeg Child and Family Services 1999/2000 Annual Report, in 1997 there were 2,683 "Children in Care as of March 31" whereas in 2000 there were 2,636. Although there were fewer children in care as of March 31, 2000, the "Total Days Care for the Year" increased slightly. In 1997 the total days care for the year were 749,474 and in 2000 they were 766,860 which is an increase of 2.4%. This seems to indicate that there has been some success in avoiding further increases in the number of children that have more recently been brought into Agency care.

In the 1999/2000 fiscal year 48% of the children in care were permanent wards of the Agency, 12% were temporary wards, 11% were under apprehension and 17 % were placed in care under a voluntary placement agreement. The costs of maintaining children in the system for a prolonged period of time, such as permanent wards, is one of the factors that has caused an increase in the overall spending on children in care. One of the realities of in-home service is that it allows workers further insight into a family's problems. This can be a double edged sword in that although the opportunity to help solve family problems is increased so is the worker's ability to produce compelling court evidence that can yield long term orders if the family does not follow through in making changes.

At the November 1999 Board meeting of Winnipeg Child and Family services a motion was approved that specifically focused on service direction for the following year. The motion read as follows:

**WHEREAS:** Manitoba in general, and Winnipeg in particular, has one of the highest numbers per capita in care in Canada.

**BE IT RESOLVED THAT:** Management develop a plan to reduce the numbers of children coming into care of the Agency through more

effective utilization and extension of family supports so that children remain in their families and communities unless there are clear and compelling reasons for apprehending a child.

The Board of Winnipeg Child and Family Services clearly recognizes the importance of maintaining children with their families and community. This motion indicates a commitment to explore alternative measures to placing children in foster care.

Although, family preservation offers a promising alternative to placing children in care, this means of service delivery has recently received a great deal of criticism. Research has found that the original success rates of family preservation services in maintaining children with their families were not as high as originally predicted (Corcoran, 2000; Downs et al., 2000; Pecora, Fraser, Bennett & Haapala, 1991; Schuerman, Rzepnicki, & Little, 1994). Child welfare agencies that offer family preservation services have often not been able to cope with increasing trends in drug abuse, violence and poverty which place children at risk of abuse and neglect (Corcoran, 2000; Levy & Orlans, 1998; Pelton, 1997). Other criticism has focused on the risk to the child while their parents are in the process of making life-altering changes through family preservation services. Recently attention has also been focused on the risk to young children and their ability to bond when they are in the care of parents who are not able to facilitate attachment development during their formative years (Levy & Orlans, 1998).

## **Purpose and Objectives of the Practicum**

This practicum study examines family preservation services and the relationship between certain family characteristics and child placement. The process of collecting information on child placement and assessing data that was collected by the In-Home Crisis Resolution Program offered me an excellent learning opportunity to advance my knowledge in data analysis and research. More specifically this exercise was to provide exploratory and descriptive information relating to aspects of the family preservation services that were offered by Winnipeg Child and Family Services–Northwest Area from 1995-1999. Initially when family preservation/reunification services were implemented at Winnipeg Child and Family Services the agency was divided into four geographical areas. Each area offered its own version of family preservation services which was designed to best serve the needs of the client population in their area. Northwest Area's In-Home Crisis Resolution Program was based on the Homebuilders model of service delivery.

Research that has been conducted on family preservation programming has produced conflicting results on the success of this form of service delivery in keeping children out of foster care. This practicum study examined whether a sample of the families who had received service from the In-Home Crisis Resolution Program were able to maintain their children for six months and one-year after the termination of service. This study has also assessed whether there were determining factors that could be related to successfully maintaining children with their families. Such factors as the

family's living environment, financial situation, and the family's support network were examined as well as historical issues of the caregivers, their marital status and presenting problems. Presenting problems and characteristics of the families that received this service were reviewed to determine if there were any correlated relationships between these variables and the family's success in maintaining their children.

Data collection on the families that received service from Northwest's In-Home Crisis Resolution Program between the years of 1995-1999 was collected using the Family Assessment Form (1993). The data was collected by the social workers that were providing preservation services to the families that participated in the program. The completed Family Assessment Form (1993) provided information on the families from an ecological perspective "assessing context as well as transactions among family members and their environment" (McCroskey, Sladen & Meezan, 1997, p. x). The form was designed to document the "family strengths as well as problems and concerns, supporting practice approaches that recognize and build upon a family's strengths and potential for resilience" (McCroskey et al., 1997, p. x).

A great deal of effort was placed into the collection of the data by the staff of the Northwest Area's In-Home Crisis Resolution Program. Due to the reorganization of Winnipeg Child and Family Services in 1999, the In-Home Crisis Resolution Program was incorporated within the other family preservation programs that had been offered by the various service areas. For this and other reasons the data that was collected was not compiled and analyzed. One of the goals of this practicum was to assess the data that was collected to provide information that may prove useful to present family preservation

programming. For example, the assessment may produce results that indicate that certain characteristics of a family are associated with child placement in foster care. Factors such as a lack of support, financial problems or inadequate living conditions may be a greater predictor of child placement than specific characteristics of the parents. If this is the case a more ecological perspective to service delivery could be considered.

This practicum study has the approval of the key stakeholder, Winnipeg Child and Family Services. Initial Agency approval was received from the Quality Assurance Team. This study is not an evaluation of the In-Home Crisis Resolution Program but an assessment of variables that influenced the family maintenance rates of this service. This assessment was limited to data that was collected using the Family Assessment Form (1993) by the family preservation workers.

### **Learning Goals**

The data that was collected by the In-Home Crisis Resolution Program has provided an opportunity to complete a research project on different aspects of family preservation. By formatting the data, I wanted to be able to develop greater insight into the process of data analysis. The following goals were determined to focus my learning experience.

- To review the literature on family preservation services.
- To collect data on child placement rates.
- To further my knowledge of data analysis in the field of social work.
- To make suggestions for further consideration in this area of service delivery.

These learning goals will be expanded upon in the third chapter. There will also be an

outline detailing how these goals will be achieved.

### **Evaluation of Learning**

The intent of this practicum was to provide a learning opportunity that would increase my understanding of family preservation services, data collection and analysis. An evaluation of my learning involved frequent meetings with my advisor to discuss my reflections on the details involved in proceeding with this study. I was also provided with feedback and advice from my committee members. Part of my learning experience involved meeting with a statistician to increase my knowledge of data entry and analysis. The process of completing this practicum report involved self-evaluation in meeting my personal goals and challenging myself to further my knowledge in this area.

### **Guiding Questions**

The data analysis component of the practicum was guided by the following questions:

#### **Child Placement Rates**

- What was the rate of placement for the families in this study that completed the In-Home Crisis Resolution Program?

#### **Presenting Problems**

- What was the range of presenting problems that were identified in families in this study that were referred to the In-Home Crisis Resolution Program?
- Was there a relationship between the presenting problems of the families in this study and the rate in which children were placed in foster care?

### Prior Placement

- How many families in this study had children who had been placed in foster care prior to the start of the service delivery?
- Were children more likely to remain with their families if they had never been in foster care prior to receiving preservation services?

### Current Placement

- How many families in this study had children in care at the time that the intervention commenced?
- Were children more likely to remain in care if they were in Agency care at the beginning of the service intervention?

### Single Parent Status

- How many families had single parent status?
- Were children that were raised in single-parent families more likely than children from two parent families to be placed in foster care?

### Environment

- Does a family's living environment (living conditions of the home, financial means and family/community support) affect the rate of placement?

### Characteristics of the Primary Caregiver

- Do characteristics of the primary caregiver affect the rate of placement?

### Family Interactions

- Is there a relationship between family interactions and the rate of placement?



## Family Functioning

- Do the results found in the data collected by the In-Home Crisis Resolution Program demonstrate internal reliability using the six-factor solution to family functioning?
- Do the six factors that assess family functioning seem to be measuring the same underlying dimensions as those derived from McCroskey and Meezan's study (1997)?
- What was the severity of the problems as rated by the pretest and posttest scores on all six domains of family functioning?
- What was the rate of change on each domain of family functioning?
- For each family in this study, what number of domains of family functioning reflected positive change?
- Do single parent status, current care, prior care, child placement or the presenting problems have a relationship with the change that occurred in each of the domains of family functioning?

## Overview

This practicum contains six chapters. This initial chapter provides a brief overview of family preservation philosophy. This chapter also outlines the purpose and the specific goals of this study. Chapter II consists of a review the literature on family preservation services. This includes both a historical perspective as well as a review of current trends. Family preservation services are defined and an overview of the advantages and risk of this form of service delivery are explored. An overview of family-centred services is

provided as well as a review of some of the research that has been completed in this area. Chapter III presents the research design and methodology that was implemented to analyze the data that was collected by the In-Home Crisis Resolution Program. A brief description of the In-Home Crisis Resolution Program is provided as well as an overview of the Family Assessment Form (1993). Operational definitions are provided to clarify terms used in this study. In this chapter, there is also an overview of the methodological limitations of this practicum. Chapter IV examines the results of this study and presents a discussion of the research findings. Chapter V presents the authors conclusions as well as a summary of the results and recommendations for further study in the area of family preservation. The final chapter also discusses the outcomes of how my learning goals were achieved.

## **CHAPTER II**

### **LITERATURE REVIEW**

#### **Family Preservation Practice**

The number of children that are placed in foster homes or institutions has continued to increase often due to a lack of viable treatment options. The practice of family preservation has grown as a response to public concern over the number of children that are being placed in foster homes or institutions. The basis of this form of service delivery is derived from social, legal and economic theory. Family preservation services reflect not only a form of service delivery but also a philosophy. The philosophy behind this service emphasises the importance of strengthening families that are coping with stress. Family preservation practice is an intensive, home-based service that aims to prevent children from being placed in substitute care (Berry 1999; Berry 1997; Whittaker & Tracy 1988). Whittaker (1988) has summarised family preservation as “that delicate balance between two of society’s most basic and fundamental obligations: protecting its young and assuring the dignity, support, and autonomy of its fundamental social unit: the family” (cited in Schuerman, Rzepnicki, & Littell 1994, p. xii).

The following literature review covers several important topics in the field of family preservation services. A review of the history of family preservation services as well as future trends in program development demonstrates the ever-changing nature of

this program. The parameters of family preservation services have been defined in this section as well as the theoretical basis for this model of service delivery. To provide a greater understanding of this type of service model an example of a family preservation program is provided.

Research on family preservation has produced varying rates of success in the program's ability to keep children out of care (e.g., Haapala & Kinney, 1979; Kinney, Madsen, Fleming & Haapala, 1977; Pecora, Bartlome, Magana & Sperry, 1991; Pecora, Fraser, Bennett & Haapala, 1991; Schuerman et al., 1994). The high success rates that research on family preservation services initially produced have not been duplicated in later studies. In the current literature there is acknowledgement that the initial studies on family preservation may have oversold the ability of this form of service delivery to solve complex problems with simple solutions. There are also a number of fundamental problems with the research that has been completed to date. A summary of these research dilemmas is provided.

### **Defining Family Preservation Services**

Many service models of family preservation have emerged with their own philosophical basis and theoretical models for practice. Although these programs differ, they are all committed to preventing children who are at "imminent risk" of placement from coming into foster care. Family preservation is a form of service delivery that shifts away from child placement to emphasising family support. This would encompass including the family in the process of decision making, establishing service goals and

formulating a treatment plan. This approach to service delivery views the parents as part of the solution and not simply as the problem. This is a change in thinking from traditional child welfare that has viewed maltreated children as victims in need of protection from abusive parents. Traditionally, little recognition was given to chronic social problems such as poverty that affect the family unit and in turn effective parenting (Hill, 1999). In society's attempt to save children, the loss the family endured was not given much consideration.

Family preservation as a model of service delivery is defined by what the various programs have in common. Whittaker and Tracy (1988) clearly state that there is no consensus on the exact means of service delivery. Services differ on many dimensions including target populations, client eligibility, intensity of service and the components of service. However, family preservation services are generally characterised by intervention that is highly intensive and delivered in the client's home for a limited period of time. The primary goals are "1) to protect children, 2) to maintain and strengthen family bonds, 3) to stabilize the crisis situation, 4) to increase the family's skills and competencies, and 5) to facilitate the family's use of a variety of formal and informal helping resources" (Whittaker & Tracy 1988, p. 10). Beyond these inclusive characteristics there is not a definitive basis for service delivery. This open-ended approach to setting the parameters for family preservation has left the field open to a wide range of interpretations. The problem with this approach is that the lack of consistency in defining family preservation services has led to difficulties in comparing research results.

With a general trend towards offering preventative services there have been many new family-centred programs that have been created and implemented in recent years. These programs have often been designed to address the specific needs of the community that they serve. Family-centred programming often differs in how the service is delivered as well as the clientele that they are serving. Although there is a great deal of diversity in this form of service delivery there are a number of common service components that are inherent in the term "family-centred services". These conditions are summarised by Bryce and Lloyd (1991) as follows:

- A primary worker or case manager establishes and maintains a supportive, empowering relationship with the family.
- A wide variety of helping options are used (e.g., "concrete" forms of supportive services such as food and transportation may be provided along with clinical services).
- Caseloads of two to twelve families are maintained.
- One or more associates serve as team members or provide backup for the primary worker.
- Workers (or their backup person) are available twenty-four hours a day for crisis calls or emergencies.
- The home is the primary service setting, and maximum utilization is made of natural helping resources, including the family, the extended family, the neighbourhood, and the community.
- The parents remain in charge of and responsible for their families as the primary caregivers, nurturers, and educators.
- Services are time-limited, usually one to four months. (cited in Pecora, Fraser, Nelson, McCrosky & Meezan, 1995)

Pecora (1997) cites the following definitions of the parameters of intensive family crisis services as proposed by the Child Welfare League of America:

These services are designed for families in crisis, at a time when removal of a child is perceived as imminent, or the return of a child from out-of-home care is being considered. Yet the reality is that this service model is also being applied to chronic family situations, involving child neglect and abuse, where the family is not in a state of crisis. These programs often share the same philosophical orientation and characteristics as family-centred services, but are delivered with more intensity (including a shorter

time frame and smaller caseloads), so they are often referred to as intensive family preservation service or IFPS programs. Caseloads generally vary between two to six families per worker. Families are typically seen between six to ten hours per week, and the time period of intervention is generally between four and twelve weeks. The emphasis of these services is on providing intensive counseling, education, and supportive services to families, with the goal of protecting the child, strengthening and preserving the family, and preventing what would be an unnecessary placement of children. (p. 102)

The variation in the definition of family preservation services suggests that there is a wide range in the service being offered to families. This also indicates that there is a great deal of variation in the family preservation programs that have been evaluated. This is one reason why the research in this area has produced such diverse results. There are many challenges in dealing with a program ideology that has such an open-ended realm of possibilities for service delivery. One challenge is matching families with specific characteristics or issues to a service model that will address their needs (Pecora, 1997).

### **Overview of the Advantages and Risks in Family Preservation**

Berry (1997) identifies family preservation services as being beneficial in three primary areas. Firstly, it is an intervention method that is the least traumatising to children and their families. The important process of attachment and bonding between children and their caregivers is not disrupted. The benefits of not disrupting attachment can have life long positive effects on a child's self esteem and ability to form and maintain relationships. A child's attachment to their primary caregiver influences both physical and intellectual development. As well it forms the foundation for psychological

development. When children go through the process of being removed from their primary caregiver, they are at very high risk of jeopardising this natural process of development (Fahlberg 1991; Kinney, Haapala, Booth & Leavitt 1988; Levy and Orlans, 1998).

The importance of attachment is summarised by Levy and Orlans (1998) in the following passage:

There is a time bomb ready to explode. In fact, in many communities the bomb has already exploded. More and more children are failing to develop secure attachments to loving, protective caregivers-the most important foundation for healthy development. They are flooding our child welfare system with an overwhelming array of problems (emotional, behavioral, social, cognitive, developmental, physical, and moral) and growing up to perpetuate the cycle with their own children. (p. 1)

In order to decrease the risk of attachment disorders in children the focus of preventative service needs to be directed at families with young children. According to Levy and Orlans (1998), "Early intervention and prevention programs that focus on training and supporting high-risk parents and encouraging secure parent-child attachment in the first three years of life, offer the best hope for family preservation" (p. 215).

Increasing numbers of children are entering into the foster care system that have severe attachment disorders. These children "lack conscience and morality, lie and steal, defy and mistrust authority and are hostile, aggressive, and controlling" (Levy & Orlans, 1998, p. 215). It is often these children that experience frequent placement changes due to their disruptive and dangerous behaviour. In some situations parents or relatives of these children, with the help of intensive in-home service, may offer the best hope for long-term commitment towards their care.



The second advantage of family preservation services is that they have been perceived as more cost-effective than traditional child welfare intervention. This is because the cost of placing children in foster care is avoided along with the cost of individual therapy and legal fees. Although the lure of producing cost efficient programs has been the motivation behind implementing preservation programs the initial analysis of the cost-benefit ratio has produced mixed results (Whittaker, Kinney, Tracey & Booth, 1990). Significant cost savings have been documented by Halper and Jones (1981) and Kinney, Madsen, Flemming, and Haapala (1977). Other research by Hayes and Joseph (1985) found that preservation programs may cost as much or more than traditional child welfare services.

Finally, there are quintessential advantages to treating the family system as opposed to its individual members. Placing a child in foster care usually does not improve family's functioning. Parents who have had their children removed from their care experience an overwhelming sense of failure and low self esteem which in turn can further decrease their ability to function. The remaining children in the home are left to cope with parents that are under increased stress and as a result are placed at a higher risk level for abuse and neglect (Kinney, Haapala, & Booth, 1991). In terms of effectiveness it is difficult to successfully help parents improve on their parenting skills if they are not caring for their children.

Inherent to the philosophy of family preservation services is the delicate and often difficult balance between preserving the family and keeping children safe. Recently, family preservation services have been called into question as a result of failures to

protect children from abuse and in some situations from death (Downs, et al., 2000; Savoury & Kulfeldt, 1997). In many situations child placement is necessary and to delay this process by implementing family preservation services may be harmful to children (Savoury & Kulfeldt, 1997). This sentiment was expressed by Lindsey (1994) as follows:

Obviously children should not be taken from their family if it is possible to keep them safe at home. The problem is that the child welfare field has not developed a proven technology, which can assure the adequate safety of endangered children. The risk with inappropriate removal of a child is that it may tear a part a family unnecessarily. However, the risk of leaving a child in an endangered home is a child fatality. Neither is acceptable, but protecting the child's life must always be paramount. (p. 279)

Supporting families to make positive change without removing their children seems to be more politically correct. As a result, it can be unpopular to argue against family preservation because it draws support from both conservatives that want to lessen the role of state intervention in the private sphere and of the liberals that support assisting disadvantaged families (Gelles, 1993). However, it may be that in our enthusiasm to save children from a life in foster care we have not adequately examined the risks involved in leaving them with their families. Gelles (1993) concludes, "We are not sure under what circumstances family preservation is a penicillin and under what conditions it is a poison. My most important argument is that family preservation and family reunification should not be the sole or even main means of treating and preventing child maltreatment" (p. 558-559).

Initially family preservation services were promoted as the answer to many fundamental child welfare dilemmas. This was due to early reports of the program's high

success rate in maintaining children with their families and in turn being thought to be more cost effective. Pecora (1997) warned that these programs would “not replace other types of child and family services or broader societal and service system reforms” (p. 102). Many families that are involved with the child welfare system face larger societal problems that cannot be overcome with short-term family intervention. Studies have “documented that many families need assistance with housing, food, medical care, employment, and basic financial support” (Pecora, 1997, p. 103). Many children remain at risk because family preservation programs provide only cursory assessments of the stress, support and risk factors which impact on at-risk families and their neighbourhood networks (Fuchs, 1997).

In Canada there has been pressure placed on child welfare agencies to provide both protective and preventative services. This trend in service delivery has generated a debate as to whether child welfare should focus solely on child protection leaving prevention/supportive services to be delivered by other community-based organisations.

The success of family preservation programs is not easily defined due to the complex nature of evaluating a systemic problem. Some of the research that has examined family preservation programs will be considered more carefully later in this chapter.

Family preservation services cannot be fully appreciated without taking into consideration information on child maltreatment. Data on child abuse provides insight into the need for prevention efforts that strengthen the family unit. It is also important to consider the data on child abuse in order to assess whether services provided to families

are reducing child maltreatment. The following section provides information on child abuse as well as describes characteristics of children and their families that have been related to child maltreatment. Factors that are correlated to child abuse such as the age and sex of children provide insight into neglect, physical and sexual abuse as well as emotional maltreatment. Child maltreatment has also been linked to household composition, housing, income, family stressors and parental functioning (Trocmé & Wolfe, 2001).

Data from both Canada and the United States will be considered in the following section. Information on American child abuse and neglect rates is relative to the literature review on family preservation services as this form of service delivery originated in the United States. A great deal of the research on family preservation that will be considered in the literature review was based on data from the United States.

### **Child Maltreatment**

The Canadian Incidence Study of Reported Child Abuse and Neglect (2001) reported that in 1998 there were approximately 21.52 investigations of child maltreatment per 1,000 children in Canada. Forty-five percent of these child maltreatment investigations were substantiated, 33% were found to be unsubstantiated and the remaining 22% remained suspected. Thirty-four percent of investigations involving physical abuse were found to be substantiated followed by sexual abuse (38%), neglect (43%) and emotional maltreatment (54%) (Trocmé & Wolfe, 2001).

In the United States reporting child maltreatment to child welfare agencies is on

the rise. In 1996 there were over three million reports of child abuse and neglect in the United States which was an increase of 18% over 1990 (Downs et al., 2000).

Approximately one in three cases of abuse or neglect were confirmed after an investigation was completed. Due to the vast number of families that are reported to the child welfare system, intervention often primarily consists of monitoring, supervision and/or placement outside of the home. In 1996, the United States the annual national budget for child welfare, excluding Medicaid, was of nearly \$10 billion (Cocoran, 2000).

In the United States the National Child Abuse and Neglect Data System (1996) reported that neglect was the most common form of child maltreatment accounting for 52 percent of cases. This was followed by physical abuse (24%), sexual abuse (12%), emotional abuse (6%) and medical neglect (3%). Approximately 16% of victims suffered other types of maltreatment that included abandonment, congenital drug addiction and “threats to harm the child” (Downs et al., 2000)<sup>a</sup>. In Canada, neglect remains the largest category of cases investigated by child welfare offices (Trocmé & Wolfe, 2001; Swift, 1995).

In the majority of cases, parents are the ones who physically abuse or neglect their children. The National Center on Child Abuse and Neglect reported that in 1996 an estimated 77% of child maltreatment cases involved the child’s biological parents and an additional 11% were relatives (Downs et al., 2000). Women were reported to be the perpetrators in approximately three-quarters of neglect and medical neglect cases, while male perpetrators accounted for about three-quarters of the sexual abuse cases. The National Center on Child Abuse and Neglect also reported that in 1995 there were 977

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<sup>a</sup> The cumulative percentages add up to more than 100% because many states counted victims in more than one category.

maltreatment-related fatalities that occurred in the United States (Corcoran, 2000).

The National Child Abuse and Neglect Data System (1996) both provide information on the children that were at higher risk for neglect and abuse. The age of the child was correlated to the rate of abuse. Younger children, including premature infants, are at a higher risk for abuse; 56% of children that were maltreated were less than eight years old and 24% were younger than age four. “Neglect and medical neglect were more common among younger children, while the percentage of physical and sexual abuse increased with age” (Downs et al., 2000). Infants, due to their fragile bodies were more likely to die as a result of maltreatment (Downs et al., 2000).

The Canadian Incidence Study of Reported Child Abuse and Neglect (2001) reported that across all categories of child maltreatment 51% of substantiated cases involved boys and 49% involved girls. Sixty percent of substantiated cases of physical abuse involved boys. Most substantiated physical abuse occurred in the adolescent age group (boys 22%; girls 18%). These results may have occurred because adolescents are more likely to report their abuse than younger children are. Girls were victims of sexual abuse in 69% of the substantiated cases (Trocmé & Wolfe, 2001).

Both neglect and abuse are more likely to occur in single-parent families. According to results from the Canadian Incidence Study of Reported Child Abuse and Neglect (2001), across all categories of substantiated abuse 44% of cases involved children who lived in single parent families and 38% children resided alone with their mothers. These high statistics can be related to single-parent families often living in conditions of increased poverty, added stress, and fewer resources to share child-rearing

responsibilities (Downs et al., 2000; Fuchs , 1997; Swift, 1995; Trocmé & Wolfe, 2001). Another factor related to increased child abuse and neglect was the number of children in the family. Children that are part of larger families are often at higher risk for maltreatment especially physical and educational neglect. This may be due to increased demands placed on the parents in caring for a larger number of children (Down et al., 2000; Trocmé & Wolfe, 2001).

Increased social isolation is closely related to child abuse (Tracy & Whitaker, 1987; Trocmé & Wolfe, 2001). In Canada, it has been reported that one in three families lack supports (Trocmé & Wolfe, 2001). Families that are socially isolated do not have resources that can assist with child-care or help when family members are experiencing crisis. Contact with extended family members and other community resources can also facilitate monitoring of child abuse as parents generally do not want other people to know that they are abusing their children. Sometimes the social life of a child can be restricted to keep the family situation out of public view. Contact with other parents can provide examples of effective means of parenting and new ideas on age appropriate child development (Downs et al., 2000; Fuchs, 1997; Kissman & Allen, 1993; Trocmé & Wolfe, 2001). Psychological problems and poor health are also factors associated with child abuse and neglect (Downs et al., 2000; Trocmé & Wolfe, 2001).

In Canada, alcohol/drug abuse has been reported to affected 40% of caregivers in substantiated abuse cases (Trocmé & Wolfe, 2001). The Child Welfare League of America (1990) reported that an estimated 80% of all substantiated abuse and neglect cases involved substance abuse. Parents that are addicted to drugs and alcohol are not

able to provide their children with “consistent, nurturing care that promotes their child’s development” (Downs et al., 2000, p. 231). Substance abuse has increased dramatically in recent years, which has had devastating effects on families and the lives of children. Mothers who are substance abusing tend to be unaware of their child’s developmental stages and tend to expect too much maturity from them (Fiks, Johnson & Rosin, 1985). It has been suggested that a more integrative approach to providing service that offers both addiction treatment as well as help with parenting is the only way to help families coping with substance abuse (Downs et al., 2000). Hohman and Butt (2001) suggest that children should not be returned to parents who are substance abusing until they have progressed through treatment. They advocate that social workers provide “longer timelines so that clients can solidify treatment gains” (p. 54).

Domestic violence is also a factor in assessing child abuse. In Canada, it has been estimated that in 30% to 60% of families in which child maltreatment occurs there is also woman battering (Trocmé & Wolfe, 2001). Approximately half of the men who assaulted their wives also abused their children. Women who were assaulted by their partners were more likely to abuse their children than women who were not in abusive relationships. It is estimated that one third of parents who were abused as a child will also abuse or neglect their own children. The positive side of this statistic is that two thirds of abused children will not perpetuate the cycle of violence (Downs et al., 2000).

Information on child maltreatment provides an understanding of the children and families that are at heightened risk for child welfare intervention. Family preservation is one form of intervention that has been used to help families facilitate change that reduces



child maltreatment.

### **The Emergence of Family Preservation Services**

The family preservation model of service delivery has a unique history of being associated with changes in American child welfare reform. Changing trends in child welfare reform have been the motivating factor in establishing family preservation services. In recent years there has been growing public dissatisfaction with children being placed in foster care. In response to the increasing number of children who are placed in alternative care, the need for programs that promote family preservation has been acknowledged in the United States through federal legislation. The Adoption Assistance and Child Welfare Act of 1980 mandated that “reasonable efforts” must be made to keep families together and prevent placing children in substitute care. Fiscal incentives that promote permanency planning and prevent foster placement have been offered. The Family Preservation and Family Support Act of 1993, placed more emphasis on strengthening families and necessitated the need for services that could facilitate this. Legislation such as this has increased the demand for family preservation services as well as research that can identify effective service strategies. This legislation has funded growth in establishing family support and community-based programs (Berry, 1999; Schuerman et al., 1994).

Charles Gershenson, the chief of research, Children’s Bureau, U.S. Department of Health and Human Services acknowledged his support of family preservation services. He stated that, “research over the past 40 years says that if you remove a child from a

home, you traumatise the child more than he is already hurt. You inflict subsequent injury, especially on a young child who can't understand why he's been removed from his family. They feel that they did something bad, and that it is their fault, or they view it as a kidnapping" (quoted in Berry, 1997, p. 50).

The emergence of the American movement toward family preservation has had an impact on Canadian service delivery. Canada has not taken steps to mandate service delivery that ensures "reasonable efforts" to keep families together. Yet, the Federal-Provincial Working Group on Child and Family Services Information (1994) published a report on child abuse and the role of the provinces and territories. This report emphasised the principle that families are the basic unit of Canadian society and need to be preserved.

Families are responsible for the care, nurturing, supervision and protection of their children. However, the various pieces of legislation recognize that children have certain basic rights, including the right to be protected from abuse and neglect, and governments have the responsibility to protect children from harm (cited in Edwards, 1997, p. 32).

The Federal-Provincial Working Group on Child and Family Services Information (1994) also recognised that although children often are in need of protection, they have a right to service that is provided in a manner that is least intrusive in their lives:

If a family is unable, despite the provision of support services, to adequately protect a child, the authorities may temporarily or permanently assume responsibility for the child; this involves court action and is referred to as taking the child into care. All jurisdictions recognize that the best interests of the child must be a primary consideration in all aspects of child and family services, and that the least intrusive form of intervention should be adopted (cited in Edwards, 1997, p. 33).

## **Manitoba Child Welfare Legislation**

The Manitoba Child and Family Services Act defines a child that is in need of protection as “ where the life, health, or emotional well-being of the child is endangered by the act or omission of a person” (Child and Family Services Act, 1985-86, Section 17 (1), p. 37). The Act illustrates that a child is in need of protection under the following conditions:

- (a) is without adequate care, supervision or control;
- (b) is in the care, custody, or control or charge of a person
  - (i) who is unable or unwilling to provide adequate care, supervision or control of the child, or
  - (ii) whose conduct endangers or might endanger the life, health or emotional well-being of the child, or
  - (iii) who neglects or refuses to provide or obtain proper medical or other remedial care or treatment necessary for the health or well-being of the child or who refuses to permit such care or treatment to be provided to the child when the care or treatment is recommended by a duly qualified medical practitioner;
- (c) is abused or is in danger of being abused;
- (d) is beyond the control of a person who has the care, custody, control or charge of the child;
- (e) is likely to suffer harm or injury due to the behaviour, condition, or domestic environment or associations of the child or of a person having care, custody, control or charge of the child;
- (f) is subjected to aggression or sexual harassment the endangers the life, health or emotional well-being of the child;
- (g) being under the age of 12 years, is left unattended and without reasonable provision being made for the supervision and safety of the child;
- (h) is the subject, or is about to become the subject, of an unlawful adoption under Section 63 or of an unlawful sale under Section 84 of The Act (Section 17 (2), p. 37-38).

Abuse is defined under Manitoba’s Child and Family Services Act (1985-86) as follows:

“Abuse” means an act or omission by any person where the act or omission results in

- (a) physical injury to the child,

- (b) emotional disability of a permanent nature in the child or is likely to result in such disability, or
- (c) sexual exploitation of the child with or without the child's consent (Section I, p. 2).

The Child and Family Services Act (1985-86) also indicates that there is the need for family preservation. The Act advises under the Declaration of Principles that the following tenets need to be considered:

1. The best interests of children are a fundamental responsibility of society.
2. The family is the basic unit of society and its well-being should be supported and preserved.
3. The family is the basic source of care, nurture and acculturation of children and parents have the primary responsibility to ensure the well-being of their children.
4. Families and children have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society.
5. Children have a right to a continuous family environment in which they can flourish.
6. Families and children are entitled to be informed of their rights and to participate in the decisions affecting those rights.
7. Families are entitled to receive preventative and support services directed in preserving the family unit (p. 1-2).

### **Theoretical Basis for the Practice Model**

Family preservation as a treatment model has been criticised due to its lack of a clear theoretical foundation. Barth (1988) has also emphasised the need for a theoretical framework when establishing a treatment model such as family preservation. Intensive family preservation services are based on the elements of four major theories: crisis intervention theory, family systems theory, social learning theory, and ecological theory (Barth, 1988).

Family systems theory is not clearly defined yet it seems to be widely accepted as a model for social work practice. Its premise is based on the organisational power and structure within the family system and the interrelationships between all of the family members. Systems theory provides a conceptual framework for analysing the family unit. Systems theory stresses the need to avoid focusing on the pathology of the individual but to look at the interaction and interrelatedness of the family system. Key techniques used in family intervention include: "*joining* (accommodating the therapist's style to the family style); *enactment* (identifying and addressing miscommunication and unsuccessful family interaction in the therapy session); *restructuring* (promoting patterns of parent-child interaction that are neither overinvolved nor underinvolved and that have a parent-in-charge); *reframing* (redefining the meaning of events and reality to promote morale and effective problem solving); and *creating intensity* (motivating change by pushing a family or dyad past its threshold of comfort with the present pattern of relating)" (Barth, 1988, p. 95).

Social learning theory has its foundations in psychology. Treatment based on a social learning model focuses on modelling such life skills as parent training, positive and constructive communication and negotiation skills. The Homebuilders program is fundamentally based on social learning theory and relies heavily on its concepts and strategies.

Family systems and social learning models have many similarities yet there are inherent differences, especially in practice. These theories are similar in that they assume that the behaviour of every family member is related to and dependent on all of the

others. A family event is viewed as multiply determined and no individual can be blamed. Barth (1988) cites some of the major difference in service delivery. Family systems intervention would try to change the structure in the family and delineate boundaries while working on family of origin issues. In contrast, intervention based in social learning theory would contract with families to achieve attainable goals and instruct family members on how to change behaviour through demonstrating the desired behaviour. A structural family therapist would seek more control over the direction of the intervention.

An ecological perspective examines the “interplay between an individual and his or her environment” (Berry, 1997, p. 52). This framework defines the role of the environment in terms of formal and informal supports in preventing child abuse and neglect. An ecological perspective frames families that abuse or neglect their children as under stress. Folkman and Lazarus (1985) define stress as “a relationship between the person and environment that is appraised by the person as relevant to his or her well-being and in which the person’s resources are taxed or exceeded” (cited in Berry, 1997, p. 52). The ecological perspective of this treatment model focuses on “incorporating and strengthening the family’s social network and its skill to operate within that system” (Berry, 1999, p. 202). Ecological theory has a varied impact on service delivery when combined with social learning theory or a systems perspective (Barth, 1988).

An ecological perspective underlines the interplay between the family stressors and its strengths and resources. By assessing both the risks and resources in a family the worker can develop targets of intervention. The two essential elements of ecologically

oriented intervention are building both supportive environments and life skills. Through family preservation services families can be provided with information on what resources are available to them and guided through the process of how to access these resources (Berry, 1997).

### **Ecological Theory**

The ecological paradigm forces the family preservation worker to consider the family in terms of the larger social environment in which it exists. This framework “clarifies the role of the environment and the formal and informal supports it offers in preventing child abuse and child placement” (Berry, 1997, p. 52). Conditions that contribute to child abuse and neglect often cannot be defined in clear distinct terms. Instead multiple factors interact that cause family malfunctioning. Child maltreatment can be viewed as the result of interaction between environmental stress, and the personality traits of the parent and child. Environmental stressors that can become factors in child maltreatment include such conditions as “poverty, unemployment, hostile or demeaning work settings, unsupportive or dangerous neighborhoods, and unresponsive service system (Downs et al., 2000, p. 228). Characteristics of the parents can also affect their ability to parent effectively. Parents that were abused as children or are in situations of domestic violence are at higher risk of maltreating their own children. Parents that have a mental illness, chronic health problems, or are intellectually challenged, are also higher risk parents. Addiction to drugs and alcohol can dramatically impact on a parent’s ability to provide quality care to their children. Children can also have characteristics

such as their age or temperament that make them at greater risk for abuse (Downs et al., 2000).

All families experience environmental stress. What distinguishes effective family functioning is the extent to which the family experiences stressors and copes with them. “The more stressors in the environment (such as an impoverished or dangerous neighborhood, violence in the home, and financial difficulties), the more quickly resources are used up and the more resources are required for daily living” (Berry 1997, p. 53). A Winnipeg study examined two neighbourhoods where the average child welfare involvement was 3 to 4 times higher than the city average. It was determined that families in these communities were under a great deal of stress. This stress was associated with economic factors that impacted on their daily lives. These families reported life crisis stress at levels 2 to 3 times higher than other parents (Fuchs, 1997).

Research has indicated that child abuse and neglect increases in families that are isolated with few social supports. Further, families with few support services are less likely to have their children returned after they are placed in foster care. Studies have shown that abusive parents have few resources to help them cope, or provide a source of modelling or support. Social isolation is often associated with symptoms of depression. These high-risk families are often from lower socio-economic groups and their homes are often not habitable or suitable. Children in these families are often described as noncompliant and oppositional. Family resource deficits contribute to increased family tension which in turn promotes antisocial and aggressive behaviour. This problem is compounded because individuals in high-risk families have greater than average negative



and coercive exchanges within their family system. This is a pattern that reinforces antisocial behaviour which in turn limits resources available to a family (Berry, 1999; Haapala, Pecora & Fraser, 1991).

Research by Wahler and Dumas (1984) identified abuse in families with insular mothers. Insularity was defined as “a specific pattern of social contacts within the community that are characterized by a high level of negatively perceived coercive interchanges with relatives and/or helping agency representatives and by a low level of positively perceived supportive interchanges with friends” (cited in Berry 1999, p. 202). Children with insular mothers were at increased risk of abuse because their mothers did not have a support structure that allowed them to diffuse stress.

High-risk mothers are often limited in the help they receive in dealing with the inevitable challenges and often overwhelming frustrations associated with parenting. Relationships with extended family members are frequently perceived as conflictual and nonsupportive (Fuchs, 1997; Whittaker, 1990). High-risk families have been found to have few external contacts due to both a lack of trust and awareness of potential community resources. This contributed to mothers having limited social contacts and excluded them from places where informal support networks were formed (Fuchs, 1997; Kerisit & St. Amand, 1997).

Developing supportive networks can decrease parental stress and increase positive interaction (Kissman & Allen, 1993). A supportive network can provide parents and children with a necessary break from each other. Satisfying relationships with other adults can reduce the parents need to rely on their child for gratification (Fuchs, 1997).

In a closed family system the cycle of abuse is bound to continue. Fuchs (1997) cites anecdotal evidence that indicates that a support network of friends and professionals can provide new ideas to a high-risk mother that will “challenge her own way of thinking, provide her with new models of interaction, and cause her to monitor her behaviour more carefully” (p. 117).

One of the more interesting results from the review of high-risk families was that the decision to remove a child is often associated with economic indicators rather than maltreatment. Being on welfare is often the best predictor of child placement over and above the reason why the child was referred or the source of referral (Berry, 1999). As a result, the outcome of placement may be more dependent on improving economic conditions and environmental indicators of safety and orderliness rather than changing parenting practices. According to Berry (1999) and Swift (1995), physical conditions of the home, such as cleanliness, are visible, tangible indicators of the family’s environment and this influences placement decisions. Dore (1993) also emphasises that family preservation is least effective with families that are experiencing extreme poverty, single-parent status, low education and mental health problems (Downs et al., 2000).

In Canada there are increasing numbers of children living in poverty. The following statistics on child poverty in Canada (for 1994) were presented by Campaign 2000 which is a movement that is trying to build awareness and support for both programs and policy change to end child poverty in Canada.

- 1, 362, 000 children in Canada live in poverty, which equals one out of every five children. This is an increase of 46 percent, or 428, 000 children, since 1989 (Campaign 2000, 1996b).
- Child poverty has risen because the value of income supports have declined: median family income has decreased \$5, 000 since 1989; the

- value of the federal child tax benefit is decreasing; and social assistance rates are generally lower (BC Campaign 2000, 1996a).
- Child poverty has also risen because it is increasingly difficult to achieve income security through employment. The numbers of children in families experiencing long term unemployment has increased over 50 percent since 1989. Although there has been a net increase in jobs created since 1989, there has been a decrease in full-time jobs. Many of the new jobs that are created are part-time, at lower wages and without benefits. As a result, the number of children in working poor families has increased 37 percent since 1989 (Campaign 2000, 1995b as cited in Hay, 2000, 116).

The Canadian Incidence Study of Reported Child Abuse and Neglect reported that over one-third of families involved in substantiated cases of child maltreatment relied on social assistance. This report found that a “clear distinction in source of income is evident between physical and sexual abuse, and neglect and emotional maltreatment” (Trocmé & Wolfe, 2001, p. 30). Neglect and emotional maltreatment were more likely to be associated with families that relied on social assistance or another source of benefits. At the time that this study was compiled over half of all substantiated cases of child maltreatment (59%) involved families that were living in rental accommodations.

These facts on child poverty need to be considered when offering family preservation programs. Families are not just dealing with issues related to parenting but they also need assistance in dealing with the challenges they face living in a lower economic bracket. Hay (2000) presents the following information on children and poverty. “Poverty is recognised as the single most significant indicator of health status” (p. 121). Poor children are at higher risk for health problems even before birth and are at “greater risk of death, disability, and other health problems through out their lives” (p.

121). Children of poverty are less likely to succeed in school, are more likely to miss school and are twice as likely not to graduate. "Poor children are also more likely to be hyperactive; suffer from emotional disorders; exhibit disorderly conduct; get into trouble with the law; be in the care of child welfare services; engage in riskier behaviours (smoking, drinking and taking drugs); and be unemployed as adults" (p. 121).

Swift (1995) emphasises that legislation continues to target the family as the precipitating factor behind child neglect instead of poverty. Child welfare laws do not provide child welfare workers with the mandate to deal with the social and economic conditions as causal factors related to child neglect. Swift cites social workers as reinforcing this approach by identifying maternal deficiencies and errors instead of challenging and changing conditions of poverty. Savoury and Kulfeldt (1997) propose that comprehensive social-economic policies that support economically challenged families would lessen the need for children and families to access formal systems such as child welfare.

Child abuse often occurs when environmental stressors such as poverty exceed a family's resources. Stressors can also include such factors as spending a great deal of time with children, illness of the mother, low self-esteem and a lack of parenting skills. Pecora (1997) emphasises that studies in family-based services have documented that many families need assistance with issues related to poverty such as food, housing, employment, medical care and overall financial support. If child abuse and neglect result from social isolation and overwhelming stress related to poverty then the solution must be aimed at linking these families to community resources. The function of ecological

family preservation is to assist families to bolster and increase their resources to the degree that the stressors associated with risk of placement can be ameliorated (Berry, 1999). Dore (1993) concluded the following:

Family preservation will truly occur when many families with children no longer struggle to exist at less than subsistence level, when poor parents are freed from anxiety and depression generated by raising children in hostile environments, and when it is widely acknowledged that the real cause of family breakdown is the failure of our society to value and support the parenting role (p. 553).

The challenge of working in a family preservation program is the lack of resources to address the larger societal issues that impact on child abuse. Often families reside in communities that have few resources that support parenting or healthy child development (Pecora, 1997). Child abuse and neglect are often rooted in the social environment. Social and economic issues such as poverty, unemployment, inadequate housing, substance abuse, and mental illness are issues that social workers are not mandated to deal with (Littell, 1997; Savoury & Kufeldt, 1997). If the larger societal issues that impact on child abuse and neglect are not dealt with by family preservation programs then the impact of such services will be minimal (Littell, 1997).

Pecora (1997) warns of the danger that family-based programs can be “oversold as a cure-all for families because of their emphasis upon family strengthening and early reports of cost-effectiveness” (p. 103). Pecora also emphasised that families may not be able to maintain the gains that they have made with family-based services without a broader network of community and societal supports.

## **An Overview of Homebuilders**

The Homebuilders model is often the foundation which many child welfare agencies use to create their own family preservation programming. Northwest Area's In-Home Crisis Resolution Program incorporated the principles of this model of service delivery when establishing their program. As a result, this model, based on the work of Kinney, Haapala and Booth (1991) will be reviewed.

The philosophy behind the Homebuilders service model includes several basic assumptions: to instill hope; to treat clients as colleagues; and to assume that families are doing the best that they can. The Homebuilders program identifies their target population as families in crisis. This model views a family's increased vulnerability in a crisis situation, as a catalyst to seeking help to resolve its problems. What constitutes a state of crisis is not defined by any parameters. Appropriate referrals to the program include families in which the child is in "imminent risk" of placement. The term "imminent" is also not defined other than to say that the definition is flexible and defined by the different programs. The lack of clear definition of the term "imminent" is identified as an inherent problem. Without a clear definition of the entrance criteria it is difficult to assess the change to the family, placement outcomes and the success of the program. Another program criterion is that the family must reside in the identified service area and be available to work with the treatment provider. At least one family member needs to be willing to work with the program for a minimum of four weeks. Inappropriate families include those that pose a risk to the therapist, severe drug users, those that have an illness that jeopardises the safety of the worker or family members, or have a developmental

disability or psychiatric problem that would prevent intervention (Kinney, Haapala Booth, & Leavitt, 1988). It is noted that it would be very rare for families to be turned down unless these factors were severe.

With the Homebuilders model a family intervention worker has to be available to meet with the family within 24 hours. The worker has to be flexible and meet with their clients when they are requesting intervention. Workers are available to families 24 hours a day 7 days a week for a period of 4 to 6 weeks. Service is provided in the home and there is no cost to the family. A wide range of interventions are provided to meet the needs of the client. These would include helping the family meet their basic needs and addressing family problems through counselling. Family preservation workers must have a low caseload in order to provide intensive services. After 4 to 6 weeks, clients are no longer defined by this intervention model, as being in a state of crisis. At this time the intervention is seen as complete. Longer periods of involvement are viewed as inhibiting the need to focus on specific goal attainment and creating an environment that fosters dependency. Staffing is kept to a single person who is supported by a team. In this way miscommunication is limited and the staff person is more motivated to rigorously collect data on the family.

Although many family preservation services differ in their interpretation of the details of service delivery they all share the same basic components. These include serving families in crisis, the accessibility of workers, the provision of home-based intervention, the availability of a wide range of clinical service options and an intensive service intervention that is offered over a short period of time.

## Assessment Considerations

One of the challenges in offering family preservation services is assessing change within the family unit rather than in the individuals that received the service.

McCroskey, Sladen and Meezan (1997) present assessment as the key to effective service planning with family-based programs. In order to facilitate change within the family the service provider needs to have an understanding of what is going on within the family unit at the present time as well as factors that have transpired in the past. Assessment is also critical for research purposes in that baseline data needs to be established in order to measure progress.

Family preservation programs have been criticised for their limited definition of what constitutes parental support and informal helping networks when completing assessments on families (Fuchs, 1997; Kinney et al., 1991). In assessing the family system, all of the resources that the family can access during times of high stress need to be considered. The family preservation worker must be able to effectively assess the risk of placement of a child, the family's strengths, resources and supports, and what indicators of safety and stability exist in the family environment (Berry, 1999). The worker helps to diminish these deficits through skill building and resource mobilization. This process includes building support networks. The family preservation model is built on the premise that the worker and the family assess and establish the goals of service together. This process includes determining the means of obtaining the goals as a joint effort.

Family preservation programs frequently determine the need for service by



assessing whether a child is at imminent risk of being placed in foster care. Often the sole determination of “imminent risk of placement” is the referring agency’s documentation that the child will be removed from the home if service is not provided (Berry, 1999). This lack of assessment in the referral process often inhibits a program from targeting service to the families it is intended to serve. Frequently referring workers know that there is not a risk of a child being imminently placed in care but refer the family because they believe that they would benefit from the service (Schuerman et al., 1994).

Some form of assessment is necessary to determine whether the family would benefit from the program and to determine whether the family has undergone any change while receiving preservation services. Family Risk Scales are often good assessment tools for gathering information of “financial problems, social supports, physical and mental health, parenting practices and behaviour of family members” (Berry, 1999, p. 207). Kissman and Allan (1993) promote ecomapping as an assessment tool in working with single mothers as it is a nonthreatening means of involving families in service delivery. Ecomapping can facilitate an assessment on the needs, strengths and resources of a family. Once a family’s ecomap has been completed the practitioner can assist the family in learning how to deal with social systems in new effective ways.

## A Selective Review of the Research on Family Preservation Services

Making comparisons between the studies that have been completed on family preservation services is often complex and confusing. Generally this is due to inconsistencies in how the terms of the studies are defined. DePanfilis and Zuravin (1998) provided the following example of how differences in the definition of 'recurrence' changes the outcome of the research. "When recurrence is defined in terms of any rereport (confirmed or not), when the unit of analysis is the family (counting subsequent abuse of any child within the household), or when the time period used is a number of years rather than months, reabuse rates as high as 60% have been found" (cited in Fluke, Edwards, Kutzler, Kuna & Tooman, 2000, p. 576).

Research has indicated that the primary measure of success in family preservation programs is their high rate of preventing placement. Success has not been assessed in terms of other factors that impact on a child's life such as the ability to form attachments, abuse or neglect. Although the research provides some supportive data there have been few studies that use control or comparison groups. Long term studies on the prevention of placement have been lacking. The following sections provide highlights on some of the research that has been completed on family preservation models of service delivery. This research review is organized into four sections: placement prevention, characteristics of the families being served, client satisfaction and cost savings. Some of the inherent problems with the current research will be outlined following this discussion.

## **Placement Prevention**

The initial placement aversion rates that were identified by research on family preservation programs were very impressive. Kinney, Madsen, Fleming, and Haapala (1977) evaluated the Homebuilders program during the initial sixteen months that it was in operation. Therapists provided a sample of 80 families with six weeks of intensive in-home therapy. These families were at high risk of having at least one child removed to another living situation. Families were provided with crisis intervention, effectiveness training, assertiveness training, fair fight techniques, and behaviour modification (Kinney et al., 1977). Follow-up information indicated that of all families involved in the program, for over a three-month period, 97% of the clients had avoided placement with almost all indicating client satisfaction with the program.

Long term effects of intensive family preservation were also found to be quite impressive in the early stages. Haapala and Kinney (1979) (cited in Pecora, 1991, p.35) examined the long-term effects of the Homebuilders project on keeping families together for one year. The study examined 207 families that were in a state of crisis, which involved the potential placement of 311 children in foster or psychiatric care. At the end of the precipitating crisis 96% of the families that participated in the intervention, offered by the Homebuilders project, were still residing together. After one year 86-87% of families had still avoided placement although these rates did not include children who went to reside with another parent or extended family member. They also did not count respite care of less than two weeks as placement (Kinney et al., 1988, p. 58).

Pecora, Fraser, Bennett and Haapala (1991) have provided information that

indicates that attrition of placement aversion rates over time is an important consideration when evaluating services. Placement success has usually been attributed to keeping children out of formal institutionalized care. Few studies have determined whether or not children have ended up in informal placements such as relatives, neighbours, friends, sheltered care or in episodes of running. When these placements are not considered failures then placement aversion rates increase. Thus placement data is often misleading because of a lack of uniform definitions. Pecora et al., (1991) used different definitions of child placement/treatment failure to demonstrate that the success rates vary according to the definition that is used. They concluded that 69% of children during a 12-month period remained with their family, friends or relatives.

Pecora et al., (1991) also found very encouraging results from their investigation of family preservation services. They investigated 453 families, that were at risk of having their children placed in care, and were receiving family preservation services. At the end of service delivery the child placement aversion rate was 92.9% (Utah 90.7%, Washington, 93.9%). A year following the initial intake the rates of placement aversion had eroded to 67% (Utah, 59%, Washington, 70.2%). Pecora et al., (1991) included in their research a small comparison group of 26 families from Utah. Although these families were referred to the program, they were not included due to a lack of space. In place of the Homebuilders service the 26 Utah families received traditional child welfare service. The child placement aversion rate for this group was significantly less at 14.8%. Although these results were promising in favour of family preservation, they are by no means conclusive due to the size of the comparison group.

Pecora, Bartlome, Magana, and Sperry (1991) conducted a review as to why services failed. They concluded that both clients and staff identified child- and parent-related factors when asked to describe why the service failed. Supervisors were prone to identify the source of failure as parental deficits. Service elements, with the exception of the duration of service, were rarely identified as the cause of placement.

Schuerman et al., (1994) presented a rigorous evaluation of the Family First program. They conducted a randomised experiment on the effectiveness of the Illinois Family First program. Families were randomly assigned to either the Family First program or to other conventional services. Their research indicated that there was no difference in the placement rates between the two groups. In fact the placement rate of children in the Family First program was slightly higher. They also concluded that the service did not appear to have a significant effect on the likelihood that further harm would come to children or that children who were placed in care would be returned home any sooner than those receiving other services.

Research has found that the timing in which preservation services are offered to a family is important. Walton (1997) found that it is beneficial to offer intensive preservation services to families at the initiation of a child welfare investigation before any conclusions have been reached. Initially the family preservation worker assessed the strengths of the family and the child welfare worker assessed the level of risk. This assessment was completed in a collaborative process. The family preservation worker helped the family access formal and informal resources in their community. This included accessing resources with extended family, friends and neighbours. This study

concluded that families which received family preservation services at the “front-end” of service delivery did not require as much long term service as the control group that did not receive the same service (Walton, 1997).

In 2000, the Quality Assurance, Research and Planning Program of Winnipeg Child and Family Services completed a review of their Family Preservation and Reunification Program. Their study concluded the following:

- 93% of families had children who remained safe from incidents of abuse and/or neglect during the course of service;
- 71% of families had children who remained in the home at the end of service;
- 10% of families had children who were placed/remained with extended family and friends;
- 75% of families had children who were reunified; and
- 25% of families had children who were placed/remained in care, with a permanent plan in place (p. 52-53).

This study concluded that the results reported for reunification were excellent, compared to those reported in the literature (approximately 50-60%). However, the results for preserving families were low compared to the results in the literature (between 85-90%) (Quality Assurance, Research and Planning Program, 2000).

### **Characteristics of Families Being Served**

Bath, Richey, and Haapala (1992) examined the case records of 1, 506 children served by the Homebuilders program in Washington from 1985-1988. This research examined not only placement avoidance rates but also the characteristics of children and families who were at risk of placement. “They found a nonlinear relationship between

children's ages and placement: placement was more likely for infants (19% were placed) and adolescents (19% were placed) than for those in the three to a nine-year-old group (around 11% were placed)" (Berry, 1997, p. 92). The parental characteristics that were related to child removal included mental health problems and low family income. In contrast, research completed by Unrau (1997) could not identify any characteristics of the caregiver or the child that could predict service outcomes.

Research has indicated that family preservation programs have less success with chronically neglectful parents and those with substance abuse problems and developmental disabilities (Berry, 1999; Downs et al., 2000). The reason for this lack of success is due to the chronic and complex nature of these issues that cannot be addressed through the short time frame that is offered through family preservation services (Berry, 1999). Services that are offered to parents that have drug and alcohol addictions must consider the chronic relapsing that occurs during treatment. This service delivery has to include longer monitoring than is offered through family preservation programs. Barth (1994) has proposed that family preservation programs for drug addicts need to be "augmented by ongoing case management, shared family care, early childhood services, developmentally focused services, and child care to improve developmental outcomes while protecting children" (cited in Downs, et al., 2000, p. 281).

Unrau (1997) found that selected service characteristics could help predict whether a family would use further child welfare services after receiving intensive family preservation services. This study found that referral problems that focused on the parent child interaction were related to a positive outcome. This was in comparison to presenting

problems that were either child or adult focused. This study also found that families who received more direct service time were more likely to continue to use child welfare services three months after the program had ended. Fraser, Pecora & Lewis (1991) also found that when the intervention went beyond the set time, the outcomes were less likely to be successful. The study also demonstrated that a previous placement history of children was significantly related to subsequent service.

As previously mentioned, Winnipeg Child and Family Services recently completed a study on their newly revised Family Preservation and Reunification Program. This study concluded that although there was a great deal of information that had been collected on the participating families it was unclear which family issues or family type could be targeted to benefit from the program. The data that was collected from a file review indicated that the following family problems/presenting issues were most prevalent, “parents unable to cope/manage child’s behavior (60%), child physical abuse and/or inappropriate/excessive discipline (40%), and previous child welfare involvement (30%)” (Quality, Research and Planning Program, 2000, p. 53). The researchers cautioned that these results might be skewed as the families that were referred to the program are thought to be at “lower risk and/or have older children, with more mobility, who are less at risk” (Winnipeg Child and Family Services, 2000, p. 53).

### **Client Satisfaction**

Pecora et al., (1991) examined the consumer satisfaction rate of families that had participated in Intensive Family Preservation Services. Their sample included 396



primary caregivers that were interviewed within two weeks of completing the program. The primary caregivers that received the service generally perceived the degree of goal achievement as positive although less than 62% could identify the treatment goals. Goal achievement was rated in a five-point scale with scale anchors: 1 as “not at all” to 5 as “greatly”. The average scores were as follows: “improving family relationships (3.9), improving child’s behaviour (3.6), and increasing anger management skills (3.5)” (p. 280). When the respondents were questioned about how the program could be improved 12.3% believed that the service should have been longer, and 3.9% disagreed with the “worker’s treatment techniques”. The response “nothing” was mentioned by the highest number of respondents. The therapist rated the following as areas that could be improved: longer service period, better screening, “more follow-up services, earlier intervention and better prevention of runaway behaviour” (Pecora et al., 1991, p. 285).

### **Cost Savings**

Kinney, Madsen, Fleming, and Haapala (1977) evaluated the estimated cost saving by taking the projected cost of placing all Homebuilders clients and subtracting the Homebuilders budget for the first 16 months of the project plus the projected cost of the 13 clients that required placement despite participating in the program. Over this period of time the estimated cost saving was \$312,478.45 or \$2,331.00 per client who entered the program and avoided placement. In this evaluation a comparison group was not used to assess the number of clients that would have avoided placement without the intervention of the Homebuilders program.

Kinney et al., (1991) computed that the cost of offering family preservation services at \$2,700 per family compared to the cost of having a child in foster care at an estimated cost of \$7,813 for an average stay of 19.4 months. This cost would be considerably higher if the child was institutionalised. It is interesting to note that the costs varied with the presenting problem of the family. Higher costs were encountered when working with “families in conflict and child abusing or neglecting families and lower costs for families with developmental disabilities” (Berry, 1999, p. 94).

### **Research Problems**

There have been numerous evaluations completed on family-centred preservation services. Initially the research indicated that programs were producing remarkably positive results. More recently empirical research has not demonstrated the same success rates. One of the problems inherent in the literature is that the ideology behind family-centred services has not been clearly defined. Schuerman et al., (1994) proposed that the concepts behind family-centred services were at the very least vague. This includes questioning whether the service is actually being offered to families that are experiencing a state of crisis. They suggested that child abuse and neglect does not always occur at times when families are in a state of crisis. Instead the crisis can be viewed as occurring when a mandated agency threatens to remove the child or forces service onto the family.

Initial research on the Homebuilders program showed high success rates in preventing placement (Kinney et al., 1988; Kinney et al., 1977; Pecora et al., 1991). It seems that in the initial enthusiasm for the program the success rates were over-estimated

in terms of the program's ability to prevent child placement and address long-term problems with short-term intervention. Wells and Tracy (1996) recommend that the rationale of keeping children out of foster care should be modified. They advocate that family preservation should focus on families that have younger, neglected and abused children that do not require placement. They propose that the programs should be evaluated on developmental outcomes of children instead of placement prevention. They recommend that family preservation services be offered in conjunction with other specific programs that can assist in addressing family problems. This would include such programs as alcohol and drug treatment, child development programs, and employment and literacy programs.

Further studies have described inherent problems in the initial research that was completed on family preservation services. Much of the research had an inherent bias because it was completed by the program's own administration (Berry, 1997). A majority of the research that has been completed on family preservation still implements a pretest, posttest-only design (Corcoran, 2000). The absence of control or comparison groups establishes only correlational results. Some of the studies that have implemented control groups have found no difference in child removal rates between families receiving family preservation services and those receiving conventional services (Schuerman et al., 1994). Some workers have also reported that they have felt pressure to maintain children in families that they knew could not be rehabilitated (Downs et al., 2000).

Family preservation programs differ in how they define 'imminent risk' and this

prevents comparing the success rates of different programs. Whittaker, Kinney, Tracy, and Booth (1988) point out that while results in the research have varied, most have shown that the risk of placement was actually low. This indicates problems in targeting the service to the appropriate clientele. Many of the families that were identified as eligible for the program did not really have a child at imminent risk of placement. Walton and Denby (1997) estimated that approximately one third of the families that received family preservation services were not at imminent risk. Savoury and Kufeldt (1997) noted that in some cases children might not have actually been at risk of being placed in care. Referring workers often knew that there was little risk of placement but referred because they thought that the family would benefit from the service. As well some families were not considered eligible for family preservation services because the risk to the child being left in the home was too great (Schuerman et al., 1994).

Family preservation programs have also differed in how they have defined the event of placement. Most research has defined placement as moving a child to a publicly funded facility such as foster homes or group-care services. Some studies have also included a child's move to a relatives or friends in their definition of placement (Fraser, Pecora, & Haapala, 1991; Unrau, 1997). This lack of consistency when defining the parameters of family preservation services makes it difficult to compare the results of studies.

The event of keeping children out of care has often been the only outcome measure used to define the success or failure of the service delivery (Unrau, 1997).

Although placement aversion has been the goal of family preservation, it does not address

the long-term condition of the family unit. Only a few research evaluations have addressed issues such as whether there were long-term reductions in poor developmental outcomes for children or whether children continued to be subjected to abuse or neglect over time. Some initial studies have indicated that there were no significant effects in the reduction of child abuse (Berry, 1999; Whittaker, Tracy, Overstreet, Mooradian & Kapp, 1994). However, other research has found only a modest, short-term effect on child and family functioning (Whittaker et al., 1988). Berry (1999) suggests that there is still a need for more research to be completed in such areas as the impact of placement aversion on families, the long-term maintenance of increases in safety levels for children, and increased family functioning. There continues to be very little discussion around the fact that sometimes placement can be in the best interest of the child, in terms of safety or development, or a much needed break for an exhausted overwhelmed parent. In some cases placement is necessary and delayed placement in an attempt to provide family preservation services may be detrimental to children. Maluccio and Whittaker (1997) suggest that the use of child placement avoidance rates to measure program success has been problematic and that a better outcome measurement would be improved child safety or family functioning.

Cost analyses studies have compared the cost of family preservation to the cost of maintaining a child in foster care. Generally programs cannot make this comparison without information on the rate of child placement in families that did not receive treatment. This comparison could only be done accurately if they utilised a comparison group in their research. As a result, this form of cost analysis is inconclusive. Research

in cost analysis has also neglected to include the cost of follow-up services. This might also include the cost of delayed placement with children that were maltreated during the process of family preservation.

To summarize, methodological problems in comparing the research done on family preservation programs include “1) the lack of clear, consistent intake and eligibility standards, 2) poor specification of the services delivered or the integrity of the services delivered over time, 3) non standard outcomes measures, and 4) a lack of long term follow-up data and data analysis methods which are necessary for an examination of the relative effectiveness of various program components” (Whittaker & Tracy, 1988, p. 14).

There are still many unanswered questions about the practice of family preservation and as a result there is a continued need for evaluation to assess the benefits and weaknesses of this form of service delivery. Research is part of the developmental process in this newly evolving form of practice. While there is growing research that disputes the success rate of family preservation programs there is still consensus that this form of service delivery is appropriate for many families.

### **Future Research**

The realm of research possibilities on family preservation services is extensive. As a result, only some of the more prominent areas of required research will be addressed. Berry (1997) cites the following areas as requiring further attention: whether

family preservation prevents placement better than other forms of service delivery, what type of families and issues are best addressed with family preservation services and what service factors work best with specific populations. Haapala, Pecora and Fraser (1991) addressed the need for further study on the maintenance of treatment effects over time. This would include investigating significant changes that occur in parent/child functioning and social connectiveness.

Future research needs to be based on more rigorous studies. The use of quasi-experimental designs, control groups, and random assignment would provide more compelling evidence of treatment benefits. As previously mentioned terms such as “imminent risk of placement” need to be operationally defined. There is also a need for more quantitative research to assess the process of service delivery. The impact of effective management, in terms of administration and supervisory support, seems to have a positive impact on service delivery. Research in this area could determine improved training models and supervision techniques. Quality assurance programs could assess staff activities that lead to program success. This could be done through various methods including client and staff feedback, as well as behavioural observation.

Research is still needed to determine whether family preservation can significantly impact on the environmental factors and characteristics of the family that contribute to child maltreatment. The following evaluation practicum will attempt to address whether there are certain environmental and family characteristics that impact on the success of family preservation services.

## Conclusion

There are many inherent complexities within the field of family preservation services. The recent debate over the benefits of family preservation has raised questions about the effectiveness, value and appropriateness of this means of service delivery (Maluccio & Whittaker, 1997). The changes that are facilitated through family preservation such as improved quality of life or the reduction of suffering that children endure are difficult to measure. As a result, research has traditionally focused on more tangible outcomes such as cost analysis to validate investing in family preservation. Studies have since demonstrated that there are inherent problems with family preservation services such as little consensus as to what are the parameters for service delivery. Research has disputed the initial positive results of family preservation in reducing the number of children that come into care. However, these criticisms of family preservation should be used to consider how the program can be improved rather than rejecting it on the basis that it has not proved to be as cost effective as it was originally thought to be. The comparative cost of keeping children out of agency care is not the only cost that needs to be considered. There is a cost to society when we do not invest in helping families cope with the societal and economic factors that are inhibiting them from parenting. More comprehensive cost-benefit analysis needs to be examined with an increased emphasis on the long-term benefits to not only to families but also to society.

A review of the literature on family preservation indicates that there are still many areas that warrant further exploration. Research shows that both environmental factors and family characteristics impact on the stress level of a family unit. High stress levels in



a family can in turn place children at increased risk for abuse or neglect. It is unclear whether there is a client group that could be targeted that would benefit more from family preservation services.

The following study will attempt to look at family characteristics that contribute to successfully maintaining children with their parents after receiving family preservation intervention. The Family Assessment Form (1993) provides an opportunity to assess environmental factors, characteristics of the caregivers and family interactions that impact on maintaining high-risk children at home. The literature on family preservation emphasizes that factors such as poverty, single-parent families, social isolation, lack of support and substance abuse can affect the success of family preservation services (Downs et al., 2000; Fuchs, 1997; Kissman & Allen, 1993; Swift, 1995; Tracy & Whitaker, 1987; Trocmé & Wolfe, 2001). These are some of the factors that will be examined to determine whether they affected family maintenance.

## **CHAPTER III**

### **IMPLEMENTATION OF THE PRACTICUM**

#### **Practicum Learning Experience**

The intent of this evaluation practicum was to provide this writer with the opportunity to learn about data analysis as well as to answer some specific questions about the delivery of family preservation services. This study was to provide exploratory and descriptive information relating to the family preservation services that were offered through Winnipeg Child and Family Services-Northwest Area from 1995-1999. The study was designed to assess characteristics of a sample of families that received service through the In-Home Crisis Resolution Program. Certain determining variables were evaluated to determine whether they were related to successfully maintaining children with their families. Factors such as a family's living environment, financial situation, and support were examined as well as historical issues of the caregiver, and family interactions. Placement history as well as current placement was also considered. This study collected data to determine the frequency of families that continued to parent their child(ren) six months and one year post service. The amount of change that was made in the six areas of family functioning, as defined by McCroskey and Meezan (1997), was also examined. These areas of family functioning will be defined later in this chapter.

The research in this study was based on data that was collected by the In-Home Crisis Resolution Program using the Family Assessment Form (1993). These forms were

to be completed on all of the families that participated in the family preservation/reunification program. Each Family Assessment Form (1993) was completed by the worker who provided the intervention. The forms were completed after the initial meeting with the family and again at the termination of service. Information on whether children were maintained with their families from six month to one-year following the termination of service was collected by this writer. This data was obtained by accessing information through the 'Child and Family Services Information System' and by reviewing family files.

### **Learning Goals**

The data that was collected by the In-Home Crisis Resolution Program has provided an opportunity to complete a research project on different aspects of family preservation. By organizing and evaluating the data it was possible to develop greater insight into the process of data analysis. The following goals were established to focus the writer's learning experience.

- **To learn more about family preservation services and the impact that this form of service delivery can have on child welfare practice.**

*Activity:* This learning goal was to be achieved in two ways. Firstly, by reviewing the literature, I hoped to gain an overall understanding of family preservation services. I intended to look at the following areas: the philosophy behind family preservation services, the historical background of this area of service delivery, some of the initial well

known studies that have been influential, problems with the research, as well as current studies that have been completed in this area. Secondly, I wanted to directly assess the impact that service delivery can have on child welfare outcomes through this practicum study. This was to be completed by collecting information on family maintenance rates and evaluating the data that was collected by the In-Home Crisis Resolution Program with the use of the Family Assessment Form (1993).

- **To collect data on child placement rates.**

*Activity:* This process involved tracking the child placement rates of the families that participated in the In-Home Crisis Resolution Program. This was accomplished by reviewing data in the 'Child and Family Services Information System' and family files. This process was very time consuming, as the child placement information was not always clearly documented or accessible. As a result, I often had to read through file dictation and summaries to obtain the data that I was looking for.

- **To further my knowledge of the process of research and data analysis in the field of social work.**

*Activity:* Family Assessment Forms were completed on the families that received service from the In-Home Crisis Resolution program between 1995-1999. Although the family preservation workers collected these data they were never analysed. By reviewing these results, I hoped to further my knowledge of data analysis, basic statistics and evaluation. Part of this learning experience involved consulting with a statistician to get assistance in

the areas in which I experienced difficulty. The specific areas of evaluation and the form of analysis that was used will be reviewed in detail later in this chapter.

- **To achieve an understanding of the problems that can be associated with data collection and analysis.**

*Activity:* This process involved documenting some of the problems that were encountered while compiling the results from the Family Assessment Forms. This included difficulties related to data collection and analysis. These issues are discussed later in this chapter. Overall difficulties with the research that has been completed on family preservation services was discussed in the literature review.

- **To make suggestions for further areas of study in the field of family preservation services.**

*Activity:* This process included reviewing the literature on family preservation services, in addition to the findings from my own evaluation practicum, and formulating suggestions for further research. This topic will be discussed in the Chapter 5: Conclusions and Recommendations.

### **Description of the In-Home Crisis Resolution Program**

The In-Home Crisis Resolution Program was established as part of an initiative to reduce the steady volume of children that were being placed in the care of Winnipeg

Child and Family Services. The program was based on the philosophy and principles of the Homebuilders model. The Homebuilders model was chosen due to its high success rate in maintaining children with their families. The In-Home Crisis Resolution Program reported initial success rates over a 16-month period. During this time, the program maintained 86 % of children that were at “imminent risk” of placement, out of care for twelve months after the service was terminated. The program also successfully reunited 66% of the children that were in care back to their families for up to twelve months (McEwan–Morris, 1996). The following program description was taken from a discussion paper for Winnipeg Child and Family Services dated January 1995.

**Goals:**

The goals of the In-Home Crisis Resolution Program were described as follows:

- To protect children;
- To promote the well-being of individuals and families;
- To reduce the number of children requiring out-of-home placement;
- To reunify children in care with their families;
- To reduce the number of cases that are transferred to Family Service teams; and
- To reduce the cost of maintaining children in care.

The program objectives were described as follows:

- To establish a safe and healthy environment for children in their own homes;
- To increase the level of problem-solving skills so that families could manage crisis in

healthier and more constructive ways;

- To prevent out-of-home placement in 85% of the families referred to the program;
- and
- To reunify children in care with their families in at least 50% of the referrals to the program.

The long range goals of the program were described as follows:

- To firmly establish family preservation (In-Home Crisis Resolution Program) as part of the continuum of service delivery;
- To expand the program to other areas of the city;
- To reduce Family Service and Child in Care caseloads thereby freeing additional staff to do family preservation work; and
- To enable the reallocation of Children in Care funds to permanently maintain family preservation services as an integral part of the service delivery model at Winnipeg Child and Family Services (Winnipeg Child and Family Services, 1995).

#### Program Structure:

The family preservation team consisted of eight social workers, a program manager and a secretary. Each team was to carry cases for six to eight weeks, or less. The team members were able to work individually or jointly with families. Contact with families was to occur within 48 hours after the initial case conference. Family preservation workers were to be available to their clients on a 24-hour basis, 7 days a week. Each

team of family preservation workers was to receive three hours of scheduled supervision weekly. Three additional hours a week were to be scheduled for staff development, external consultation and training (Winnipeg Child and Family Services, 1995).

The approximate weekly time allocation for family preservation workers was as follows: a) direct service, 25 hours; b) scheduled supervision, 3 hours; c) staff development, 3 hours; d) telephone and paperwork, 4 hours. (Winnipeg Child and Family Services, 1995).

#### Characteristics of the Program:

The characteristics of the program were also described in a discussion paper for Winnipeg Child and Family Services (January 1995). In this section the parameters of the program were established. These characteristics were described as follows:

- In almost all circumstances, service was to be provided in the client's home.
- The safety of the child(ren) was always the first concern.
- Time-limited and measurable treatment objectives were developed for each family in conjunction with family members.
- A variety of treatment models were to be used depending on what is needed to achieve the objectives.
- Concrete services were provided, if needed, by the family preservation worker or with the assistance of a Home Support Worker, Teaching Home Support Worker, or Family Support Worker.
- If service was required beyond the time limit of the program, the family preservation



would make a referral to an appropriate resource. This was to be done in consultation with the Case Manager (Winnipeg Child and Family Services, 1995).

#### Referral Criteria:

Referrals were to be accepted from Northwest Area Case Managers after meeting the following criteria:

- a child was at imminent risk of admission into care within 48 hours;
- a child was currently in care no more than 30 days and the case manager, along with the family, had a plan for the child's return home;
- at least one member of the family had agreed to work with a family preservation worker;
- the safety of the children would be reasonably assured; and
- there were no known safety risks to the family preservation worker (Winnipeg Child and Family Services, 1995).

It is my understanding, from conversations with previous staff members of the In-Home Crisis Resolution Program, that the risk of imminent placement of a child was assessed and determined by the referring child welfare worker. It is interesting to note that McCroskey and Meezan (1997) did not use the concept of "at risk of imminent placement" as a criterion for sample selection in their research. The reason they gave for this decision was that "the services were initially conceptualized as a way to enhance family functioning, not primarily as a way to prevent placement" (p. 37).

## **The Data Collection Instrument**

The Family Assessment Form (1993) was used to collect information on the families who were involved with the In-Home Family Preservation Program (see Appendix 1). The Family Assessment Form was designed to assist child welfare practitioners to “standardize the assessment of family functioning and service planning for families receiving home-based services” (McCroskey et al., 1997, p. vii). One of the attractive features of this form is that unlike other standardized instruments it allows practitioners to adapt the form to best meet their own needs and those of the families who they serve. Entire sections of the form “may be deleted if they are not needed or if they are inappropriate for a particular program or client population” (p. vii). According to McCroskey, Sladen and Meezan (1997) the Family Assessment Form was designed to define and measure family functioning from an ecological perspective, which included assessing context as well as transactions among family members and their environments. This assessment can be used to collect “information on the family’s environment, the caregivers, the children, and transactions among family members. Strengths and concerns noted on the form become the basis of service planning with the family (p. x)”.

The Family Assessment Form was also designed to provide a psychosocial assessment based on information collected in a quantitative manner. The form includes a face sheet, a Behavioural Concerns and Observation Check List for all of the children in the home, a Service Plan, and a Closing Summary. In addition the form allows for the assessment of the family living environment, historical and personal characteristics of the caregivers and family interactions. The Family Assessment Form can be used to assess

families based on the following six areas of family functioning:

1. Parent-Child Interactions;
2. Living Conditions;
3. Caregiver Interactions;
4. Supports for Parents;
5. Financial Conditions; and
6. Developmental Stimulation Available to Children.

Items in the assessment are rated on a 9-point scale (1, 1.5, 2, 2.5, etc.) that indicate the family's strengths and the severity of the family's problems. The rating of one represents a positive strength in the family while a rating of five indicates severe problems. Detailed operational definitions are provided to enable consistent scoring.

The overall meaning of the scores on The Family Assessment Form are reviewed in order to help clarify the ratings in the following sections.

1. Above average in this area. There are positive influences or traits that have a strengthening effect on the family and/or child(ren).
2. Generally adequate. Minor problems are within normal limits; they are not necessarily nonexistent, but do not create problems for caregiver(s) or child(ren). Problem of such a minor nature that treatment or intervention is not necessary, but may be desired by caregivers to improve parenting.
3. Problems of a moderate nature. Problems of a moderate degree have a negative impact on the welfare of children or put the family at risk. Treatment or counseling or parent training are indicated.

4. Problems of a major nature. These have a significant negative influence on children or caregiver's well-being. Intervention is required; chronicity needs to be considered.
5. Situation endangering to children's health, safety, and well-being. This degree of problem may call for removal of children temporarily or permanently, or prevent return of children to family home. Situation requires intervention and monitoring; chronicity must be assessed (McCroskey & Meezan, 1997).

#### **Interrater Reliability:**

The interrater reliability for the individual items which appear on the Family Assessment Form (1993) "were assessed for both clinical judgements and research purposes" (McCroskey et al., 1997, p. xv). Teams of social workers rated families independently and compared their scores. They found that they rated families within one-half step of each other approximately 75-80% of the time. In terms of more formal research, interviews were tape-recorded for 10% of all interviews at intake (20 interviews) which produced a sample of 970 item-rating comparisons. Reliability between two interviewers was as follows: 51% had exact correspondence; 74% had either exact correspondence or deviated one-half step; and 89% of the ratings were within one step of each other (McCroskey & Meezan, 1997). These interrater reliabilities were considered acceptable given the fact that tape-recordings were used rather than double observations during the interviews.

## Construct Validity

The first factor analysis of the Family Assessment Form (1993) was based on 240 interviews completed at intake which yielded a six factor solution that explained 62% of the variance. Some items were not included in this analysis as they were either not applicable to all families (presence of pre-school or school age children and their peer interactions), they were independent rather than dependent variables (personality characteristic or family history), or they did not load appropriately high on any one factor. "No item loaded higher on another factor than on the one in which it was placed, and all factor loadings were above .4" (McCroskey et al., 1997, p. xv).

## Inter-Item Reliability of Scales

The six -factor solution of the family functioning include the following subscales and items:

### 1. Parent Child Interactions

Consistent Discipline, Appropriate Discipline, Child Development, Attitude Towards Parenting, Bonding with Child, Child Communication, Bonding with Caregiver, Physical Discipline, Communication with Child, Appropriate Authority Role, Child Cooperation, Schedule for Children

### 2. Living Conditions

Outside Safety, Outside Cleanliness, Inside Safety, Inside Cleanliness, Outside Play

### 3. Caregiver Interaction

Intercommunication, Supportive Relationships, Attitude Towards Each Other,  
Conjoint Problem Solving, Conflict, Power

### 4. Supports for Parents

Maintains Adult Relationships, Child Care, Friend Support, Chooses Appropriate  
Substitutes, Medical, Family Support

### 5. Financial Conditions

Financial Management, Stress due to Welfare, Inside Furniture, Financial Stress,  
Transportation

### 6. Developmental Stimulation

Toys, Learning Experiences, Time for Play, Sibling Interactions

After identifying these six subscales based on the factor analyses, inter-item reliabilities (Chronbach's Alpha) were derived. Two items were dropped (family support and outside play area) in order to raise the alpha for the scale. As a result all alpha levels were above .70, and two alpha levels were above .90. McCroskey and Meezan (1997) concluded that these newly derived constructs from the Family Assessment Form "were more reliable and conceptually coherent than the subscales used previously" (p. 107).

## **Research Questions and Analysis**

The following research questions are based on the family preservation literature that was reviewed in the previous chapter. The questions were formatted based on

available information and areas of potential interest. The empirical literature on family-centred services supports a number of research questions that are applicable to the data that was collected by the In-Home Crisis Resolution Program. The process that was used to investigate the questions has also been included for clarification.

### **Child Placement Rates**

- **What was the rate of placement for the families in this study that completed the In-Home Crisis Resolution Program?**

*Activity:* This process involved completing a file search of all the families that were included in this study. The rate of placement was broken down into families that remained intact after one year, children that remained in care at the termination of service, and children that came into care six months and one year post service.

### **Presenting Problems**

- **What was the range of presenting problems that were identified in the families in this study that were referred to the In-Home Crisis Resolution Program? The presenting problems included are as follows: 1) child sexual abuse, 2) child physical abuse, 3) child emotional abuse, 4) family violence which may result in child abuse, 5) child neglect, 6) caregiver feels unable to cope with child(ren), 7) difficult child behaviour, 8) caregiver disability or illness, 9) school problems, 10) at-risk new or first-time parent/birth, and 11) other child/family problems.**

*Analysis:* The range of scores was determined by calculating how many families were

referred based on each presenting problem. A graph was used to present this information.

- **Was there a relationship between the presenting problems of the families in this study and the rate in which children were placed in foster care?**

*Analysis:* This relationship was analysed by using crosstabulation and the Pearson chi-square test.

### **Prior Placement**

- **How many families in this study had children in foster care prior to the start of the service delivery?**

*Analysis:* The number of families that had one or more children in the care of Winnipeg Child and Family Services prior to the start of service delivery were counted using the information that was recorded in the Family Assessment Forms.

- **Were children more likely to remain with their families if they had never been in foster care prior to receiving preservation services?**

*Analysis:* These relationships were analysed by using crosstabulation and the Pearson chi-square test.

### **Current Placement**

- **How many families in this study had children in care at the time that the intervention commenced?**



*Analysis:* The number of families that had one or more children in the care of Winnipeg Child and Family Services at the time that the intervention commenced were counted using information that was recorded in the Family Assessment Forms.

- **Were children more likely to remain in care if they were in Agency care at the beginning of the service intervention?**

*Analysis:* This relationship was analysed by using crosstabulation and the Pearson chi-square test.

### **Single Parent Status**

- **How many families in this study had single parent status?**

*Analysis:* The number of families that had single-parent status were counted using the information that was recorded in the Family Assessment Forms. Single-parent status was assumed if only one parent was recorded on the form.

- **Were children in this sample population that were raised in single-parent families more likely than children from two parent families to be placed in foster care?**

*Analysis:* These questions were analysed by using crosstabulation and the Pearson chi-square test.

## **Environment**

- **Does a family's living environment (living conditions of the home, financial means and family/community support) affect the rate of placement?**

*Analysis:* Each factor in the "Environmental" section of the Family Assessment Form was reviewed to assess whether it was related to child placement rates. The median pretest and posttest scores were calculated as well as the standard deviation. An assessment of the rate of change on each item was calculated by determining the overall difference between the pretest and posttest scores. The posttest results and the change scores were tested to see if they were significantly related to child placement rates. This was done using crosstabulations and the Pearson chi-square test. The results that were significant are presented.

## **Caregiver**

- **Do characteristics of the primary caregiver affect the rate of placement?**

*Analysis:* The person that was listed as "Caregiver # 1" on the Family Assessment Form was considered in this study. The median pretest and posttest score were calculated on each item as well as the standard deviation. An assessment of the rate of change on each item was calculated by determining the overall difference between the pretest and posttest scores. The posttest score ratings and the difference between the change scores were tested to see if they were related to child placement rates. This was done by using crosstabulations and the Pearson chi-square test. The significant results are presented.

## **Family Interactions**

- **Is there a relationship between family interactions and the rate of placement?**

*Analysis:* Each factor in the ‘Family Interaction’ section of the Family Assessment Form was reviewed to assess if it was related to child placement rates. The median pretest and posttest score were calculated as well as the standard deviation. An assessment of the rate of change on each item was calculated by determining the overall difference between the pretest and posttest scores. The posttest score ratings and the difference between the pretest and posttest scores was tested to see if it was related to child placement rates. This was done by using crosstabulations and the Pearson chi-square test. The significant results are presented.

## **Family Functioning**

- **Do the results found in the data that were collected by the In-Home Crisis Intervention Program demonstrate internal reliability using the six-factor solution?**

*Analysis:* The In-Home Crisis Resolutions Program’s data was tested using Chronbach’s alpha test to determine if it showed internal validity. The alpha coefficients derived from this analysis on the pretest and the posttest scores are presented.

- **Do the six factors that assess family functioning seem to be measuring the same underlying dimensions as those derived from McCroskey and Meezan’s study?**

*Analysis:* The In-Home Crisis Resolution Program's data was tested using Chronbach's alpha test to determine if it showed internal validity. The alpha coefficients derived from this analysis on the pretest scores were compared to the pretest score results from McCroskey and Meezan's study.

- **What was the severity of the problems as rated by the pretest and posttest scores on all six domains of family functioning?**

*Analysis:* The difference between the pretest and posttest scores on each domain of family functioning were calculated. McCroskey and Meezan (1997) sorted families into three groups in order to convey the distribution of the problems in the sample according to the workers' ratings. Families were sorted into three levels of severity based on the seriousness of their problem, "(1) those with either *a strength* or only a very minor problem, (a scale score under 4 using the one-to-nine rating); (2) those with *a moderate problem* (a scale score of 4-7); and (3) those with *a severe problem* (a scale score of over 7)" (McCroskey & Meezan, 1997, p. 224). Viewing the ratings presents a sense of the severity of the problems that the In-Home Crisis Resolution Program was dealing with and the amount of change that took place.

- **What was the rate of change on each domain of family functioning?**

*Analysis:* The rate of change was determined by subtracting the pretest rating for each family on each domain from the posttest rating.

- **For each family in this study, what number of domains of family functioning reflected positive change?**

*Analysis:* The amount of change for each family was determined by calculating the difference between the pretest and posttest scores. The number of domains in which each family made positive change was tallied.

- **Do single parent status, current care, prior care, child placement or the presenting problems have a relationship with the change that occurred in each of the domains of family functioning?**

*Analysis:* The Wilcoxon Rank Sum Test was used to test the variables against the amount of change over each domain.

## **Methodology**

### **Data Collection**

The Family Assessment Form (1993) was completed by the family preservation workers on the families that participated in the In-Home Crisis Resolution Program. The form was to be filled in when a family preservation worker became involved with the family and again at the termination of service. Some of the preservation workers also completed the form at non-specific intervals during their work with the family. The workers were provided with an operating manual that outlined the correct use of the form and also included operational definitions for each of the items that were to be evaluated. Effort was placed on having the workers in the unit fill out the form consistently.

Problems with the data collection occurred because both the pretest and the posttest score were rated on the same form. This may have resulted in more frequent rating errors as the workers were able to score their posttest results while reviewing the initial rating that they gave the family. The pretest and posttest scores were often difficult to decipher as the recorders often did not identify which colour of pen they were using to record their data. As a result, in some situations the “Outcome on Goals” section had to be reviewed to determine the pretest and posttest scores. Another complication was that there was no consistent time frame in which the second assessment on the family was completed. This was due to variations in the amount time that families were involved with the program.

### **Confidentiality**

Information in the Family Assessment Form (1993) was kept confidential by eliminating the family names from all of the forms. The forms were all numbered and records were kept of the corresponding family names and numbers.

### **Subjects**

There were a total of 230 Family Assessment Forms (1993) that were completed. There were 71 families that were not included in the sample for this practicum. Fifty-five families were not included because they did not have any children residing in the home at the time that service was introduced. Without having any children in the home the family could not be considered to have received family preservation services. There were also

16 families that were not included in this sample due to a lack of information that was recorded on the Family Assessment Form.

The number of families that were caring for at least some of their children at the initiation of service was 159. Ninety-six families started service with all of their children at home and 62 families had some children at home while others were in an out-of-home placement. In one case I could not determine whether there was a child in care or not. As a result this family was not included in the sample.

It was often difficult to clarify which families that received service from the In-Home Crisis Resolution Program should be included in the sample population. As mentioned previously, 62 families that did not have all their children at home were included in the sample. There were a number of situations that confused the issue as to whether the family was receiving family preservation services or reunification services. The following are some examples of the situations that were encountered in deciding which families would be included in the sample: (a) families that had children that were permanent wards of the Agency, (b) children that were placed on a long-term basis with relatives, (c) children that were in care of another child welfare agency, and (d) children from a previous relationship that were in out-of-home placements. Some families had children in the care of Winnipeg Child and Family Services but were in the program to maintain the children that were at home. As a result of these different placement considerations, a decision was made to include all of these families in the study to increase the sample size. Some families in this sample that may have been receiving family reunification services may potentially bias the results of this study. This

information needs to be taken into consideration when reviewing the results.

### **Length of Service**

The sample of families in this study received service from the In-Home Crisis Resolution Program for varying lengths of time; 5.7% (n=9) received service for under one month, 39.6% (n=63) received service for under two months and 26.4% (n=42) received service for under three months. Service was given to 18.9% (n=30) of families for over a three-month period. I was not able to determine the length of service for 9.4% (n=15) of the sample, as this information was not recorded on the Family Assessment Form (1993).

### **Analysis**

The Family Assessment Form (1993) was used to collect pretest and posttest data on the families that received service from the In-Home Crisis Resolution Program. This data was coded and descriptive and correlational analysis was used to study factors related to maintaining high-risk children with their families. This information provided a cross-sectional description of the families that utilized the program during a specific time period.

Items under the headings environment, caregiver, and family interactions on the Family Assessment Form were assessed individually to gain a greater understanding of each of the factors. On each of the assessment items, the mean scores and standard deviation were calculated. Each posttest rating was analyzed using crosstabulation and



the Pearson chi-square statistical test. The Pearson chi-square test was chosen as it tends to perform better in sparse situations than the likelihood ratio chi-square (Sall, Lehman & Creighton, 2001). The chi-square test was used to assess the extent to which the frequencies that were observed in the tables of results differed from what would be expected if the distribution was created by chance (Rubin & Babbie, 1989, p. 459).

Crosstabulations and Pearson chi-square were also calculated on the difference between the pretest and posttest scores. Mean scores and standard deviation were computed on all of the variables to assess the amount of change that occurred overall.

Factor analysis was completed on the Family Assessment Form by McCroskey and Meezan (1997) which yielded an interpretable six factor solution of family functioning. Some of the Family Assessment Form items were not included in this factor analysis. Items that were not included were those that were either not applicable to all cases (presence of pre-school and school-aged children and their peer interactions), they were independent rather than dependent variables (family history or personality characteristics), or they did not load appropriately high on any one factor (p. xv). The results of the In-Home Crisis Resolution Program were tested in the same manner to determine the construct validity of the ratings.

In completing the analysis on the data collected by the In-Home Crisis Resolution Program, the variables that were included in the "Six-Factor Solution to FAF Items" were assessed. Change that occurred over the domains of family functioning was presented as well as the amount of change that each family made. The Wilcoxon Rank Sum was used to

test five variables against the amount of change that occurred over each domain; single parent status, current care, prior care, child placement and presenting problems.

## **Formal and Operational Definitions**

### **1. In Care**

Children were considered to be “in care” if they were actually placed in the care of Winnipeg Child and Family Services under Apprehension, Voluntary Placement Agreement or a Court Order. This did not include children that were placed with relatives, in the Youth Centre, hospital or shelters that did not require legal status with Winnipeg Child and Family Services. This sample did not include children that were placed in the care of other mandated Agencies including those in Manitoba.

### **2. Child(ren) Remained Out of Care for One Year**

If a family did not have any children that came into the care of Winnipeg Child and Family Services for a year after the termination date of service then the family received a rating of ‘Child(ren) Remained Out of Care for One Year’.

### **3. Child(ren) in Care at the Termination of Service**

If one or more children in a family were placed in the care of Winnipeg Child and Family Services by the termination of service then the family received the rating ‘Child in Care at the Termination of Service’.

### **4. Child(ren) in Care Within 6 Months**

If one or more children from a family were placed in the care of Winnipeg Child and Family Services within six months from the date of termination of service then the family

received the rating 'Child in Care within 6 Months'.

#### **5. Child(ren) in Care Within One Year**

If one or more children in a family were placed in the care of Winnipeg Child and Family Services within one year of the termination of service then the family was given the rating 'Child in Care Within One Year'.

#### **6. Single Parent Family**

Single parent families were determined by whether there was only one parent/caregiver listed on the Family Assessment Form.

#### **7. Two Parent Families**

Two parent families were determined by whether two caregivers were listed on the Family Assessment Form. These two caregivers were not required to be the birth parents of the children or have any legal status with the children.

### **Methodological Limitations**

The Family Assessment Form (1993) was designed to be used as both an assessment and evaluation tool. Family preservation workers kept all of the information that they collected on the family on one form. The worker could review the form while they were working with the family to assess their client's progress and goal attainment. This means of data collection presented problems for the process of evaluation.

As noted earlier, this study is not an evaluation of the In-Home Crisis Resolution Program but an assessment of variables that influenced the family maintenance rates of this service. The conclusions of this assessment were limited to data that was collected

using the Family Assessment Form (1993). No other additional information was used to assess the families that participated in the program. The data in this study was collected by the family preservation workers and as a result represents their opinions of the progress that families were making. Families that received family preservation services may have rated their own progress differently. The conclusions in this study should be observed with some caution as they are limited to only pretest and posttest data.

The following summarizes some of the factors, which may have affected the internal validity of the findings of this study. These factors were often related to the manner in which the data was collected by family preservation workers.

### **Common Problems Associated with Data Collection**

There are many factors that can influence the results of data collection. The following section contains some examples of common rating errors. These rating errors may have impacted the family preservation workers that were scoring the Family Assessment Form (1993). These errors need to be considered when collecting data as well as when considering the results of this study. Also included in this section is a description of some of the other problems that are encountered when collecting data and analyzing results.

## **Common Errors in Rating**

### **Personal Bias Errors:**

Personal bias errors are indicated by a general tendency to rate all individuals at approximately the same position on the rating scale. Some raters tend to only use the positive end of the scale, which is referred to as the generosity error. The severity error, which involves rating at the negative end of the scale, is less common. Still some raters tend to favour avoiding both extremes and rate everyone average. This is called the central tendency error. By rating scales at a favourable position, the rating for different families may be so close together that they fail to provide reliable discriminations (Gronlund, 1981). The nature of the program philosophy behind family preservation services may have made workers predisposed to the generosity error.

### **The Halo Effect:**

The halo effect is an error that occurs when a rater's general impression of a person influences how that person may be rated. If a rater has a positive impression of a person, the rating may be higher on all traits. When this effect occurs the individual's strengths and weaknesses are obscured on different traits. This obviously limits the value of the rating, even when the general impression of the subject might be a valid indication of the subjects condition (Gronlund, 1981). It seems that this personal bias error must occur fairly frequently in situations where a social worker is working closely with a family over a period of time. Further, the decisions that family preservation workers made regarding child placement may have influenced their ratings.

### Logical Error:

The logical error results when two characteristics are rated as more or less alike, than they actually are due to the rater's belief of their relationship. In rating posttest scores on family functioning the rater may assume that because the children have been left with the family that the family was doing better. The rater logically expects the two characteristics to go together. The error occurs not because of a bias towards an individual but because of the rater's preconceived notions concerning human nature (Gronlund,1981).

### Internal Validity Problems

#### Testing:

The data that was used in this study may also be biased by family members responding to the family preservation workers in a manner that is socially acceptable. Clients may have been unwilling to share information in a truthful manner due to fear regarding how the information may be used or how they may have been perceived by the worker.

#### Maturation:

The pretest and posttest-treatment results from the assessment package are subject to systematic changes that occur within the subject population during the course of the intervention. These changes occur as a function of the passage of time. This is an important factor to consider in assessing the In-Home Crisis Resolution Program. As

families that were involved with the program cope with their precipitating crisis, the stress level in the home would naturally decrease.

### **Specificity of Variables**

The findings of this study were derived from information that was collected by the In-Home Crisis Resolution Program during a specific time period. As a result, it is not possible to generalize the results of this study to all family preservation programs. The small sample size, lack of a control group and the lack of specifications regarding the nature of the treatment also limit the generalization of the findings in this study.

All of the methodological limitations that have been described may be potential threats to the findings in this study. One of the most significant of these limitations relates to the pretest and posttest ratings being evaluated on the same Family Assessment Form. By completing the scores in this manner, the worker could review their initial ratings and then score the form with their posttest score results. By doing this the posttest results were biased by the pretest results. If a worker was to leave children with their parents, they may justify their decision by scoring the family at the same level or more positive.

### **Summary**

The intent of the analysis section of this practicum was to provide exploratory and descriptive information relating specifically to the family preservation services that were offered through Winnipeg Child and Family Services-Northwest Area from 1995-1999. This study was based on information that was collected by the In-Home Crisis Resolution

Program using the Family Assessment Form (1993). The following chapter describes the data analyses and presents results from the study.



## CHAPTER IV

### RESULTS FROM DATA ANALYSIS ACTIVITIES

#### Data Analysis

The purpose of this analysis was to assess a number of dimensions of the In-Home Crisis Resolution Program by using the information that was collected by the family preservation workers using the Family Assessment Form (1993). Data included information on the characteristics of the families that participated in the program and information that I was able to collect on child placement rates. The six dimensions of family functioning were assessed to determine the areas in which the families made changes. Examining the areas where change occurred may provide insight into the nature of the strengths that families bring to the program and where they need assistance to improve their level of family functioning. As well, families were examined individually to determine how they improved over the six dimensions of family functioning. This chapter presents the results of these analyses.

The presentation of data in this chapter is organized into four sections that reflect the format of the Family Assessment Form. The first section deals with the rate of child placement following the termination of service from the In-Home Crisis Resolution Program. The second section presents information on the presenting problems of the families that participated in the program and their historical involvement with Winnipeg

Child and Family Services. The third section introduces the data related to environmental factors that impact on the families that received service from the In-Home Crisis Resolution Program. This section also examines characteristics of the parents and family interaction. All of these family dynamics will be considered in terms of their relationship to child placement rates. Finally, the last section presents information on McCroskey and Meezan's "Six Factor Solution" that can be used to determine family functioning. These six factors were tested with the data from the In-Home Crisis Resolution to determine their construct validity. The six factors of family functioning are used to examine the amount of change that occurred over each dimension and how individual families succeeded. A nonparametric test, Wilcoxon Rank Sum, was used to examine the relationship of change to a number of variables.

The data for this study was taken directly from the Family Assessment Forms that were completed by the social workers that provided the family preservation intervention. As a result, the data in this study represents the worker's perspective on the families that they were working with and the change in family functioning that occurred.

The data from the Family Assessment Forms was entered into the computer system by one person to eliminate any variation in the manner in which the data was coded. The data was "cleaned" by checking a sample of the results to determine if the entry was accurate. Frequency tests were run to determine if there was data that stood out as being inaccurately entered. Missing data was not included in the analysis.

The level of significance that was used to determine if the relationship between two variables was due to chance was at or below .05. This means that findings were

deemed statistically significant when their probability of occurring due to chance was no more than 5 times out of 100 randomized trials. A relationship was deemed statistically significant when it could be generalized beyond this sample and reflected “more than chance covariation” (Rubbin & Babbie, 1989, p. 446).

The significance level only indicates the probability that a null hypothesis is false. Although a null hypothesis may be rejected as implausible, it can never be rejected as impossible. This is often described by identifying the risks of making a Type I or a Type II error. There is a risk of a Type I when we have statistically significant results and reject the null hypothesis. In such circumstances, there is a possibility, however small, that the relationship occurred by chance. If the null hypothesis is not rejected then the risk of making a Type II error occurs. A Type II error occurs if we fail to reject a false null hypothesis when the relationship did not occur by chance (Rubbin & Babbie, 1989).

### **Child Placement Rates**

Table 1 presents information on whether families included in this study kept their child(ren) out of the care of Winnipeg Child and Family Services following intervention from the In-Home Crisis Resolution Program. The number of children that came into care was not considered in this data. Table 1 provides the frequency of families, that had one or more child(ren) come into the care of Winnipeg Child and Family Services at different time periods. The time intervals that were investigated included: whether one or more child(ren) were in Agency care at the termination of service; within 6 months after the termination of service; or within one year post service. These ratings were

determined by the time period that the first child that came into the care of the Agency. The number of families that kept all of their children out of care for one year was also considered.

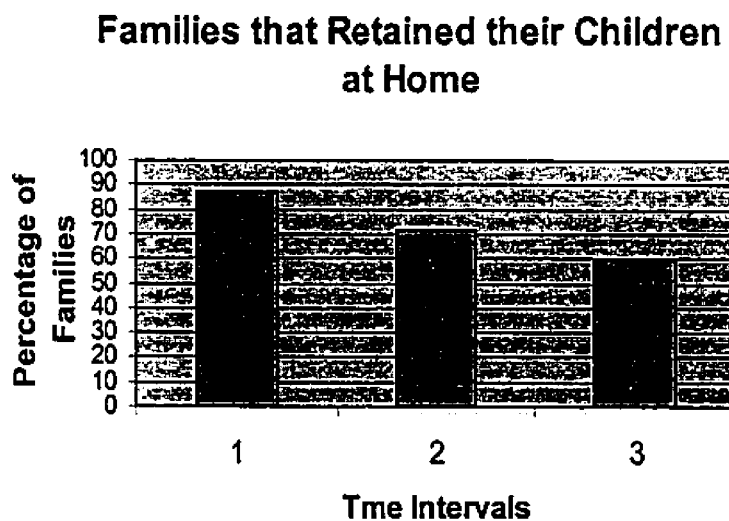
**Table 1: Families with Child(ren) in Care at Selected Time Intervals (n=159)**

Care Status at different Time Intervals *	Frequency	
	Number	Percent
Families with Child(ren) Out of Care for 1 Year Post Service	93	58.5
Families with Child(ren) In Care at the End of Service	21	13.2
Families with Child(ren) In Care 6 Months Post Service	24	15.1
Families with Child(ren) In Care at One Year Post Service	20	12.6
Unknown	1	0.6
<b>Total</b>	<b>159</b>	<b>100.0</b>

Note: \* Refers to the number of families that had child(ren) that went into Agency care during these intervals

The data that is presented in Table 1 was compiled by reviewing the child placement rates for each of the families in the sample on the “Child and Family Services Information System”. When placement data could not be obtained through the computer data base the family file was reviewed. There was one family that was initially included in the study without information on whether or not they kept their children out of Agency care. This information could not be obtained because the Family Assessment Form did not have a record of the family name and the file number was recorded incorrectly.

**Figure 1: Percentage of Families that Retained their Child(ren) at Home Over a Period of One Year**



Code:

1. Intact families at termination of service
2. Intact families at the end of six months
3. Intact families at the end of one year

Figure 1 presents the rates of families that were able to maintain their children at home for a period of one year. At the end of service 86.8% (n = 138) of families in this study did not have any children that had been admitted into the care of Winnipeg Child and Family Services. These initial results were very promising. After six months 71.7% (n = 114) of families had avoided child placement. After a period of one year, this rate had dropped to 59.1% (n = 93) of families that were able to maintain all their children out of Agency care.

It is important to note that although many children remained out of the care of Winnipeg Child and Family Services they did not always remain at home. When I reviewed the family files I found that many children ended up in alternative placements such as relatives, friends, independent living with Social Assistance, other child welfare agencies, the Manitoba Youth Centre, shelters, hospitalized for mental health treatment, or on the street. It would have been interesting to study data on the number of children that accessed alternative placement resources but Agency records do not provide enough documentation in this area. The Agency is not required to keep a record of child placement alternatives unless the child is in care.

### **Family Information**

This section presents the results on the presenting problems of the families that received service, prior placement in Winnipeg Child and Family Services, and families that had children in care at the beginning of service. All of these variables were examined in relation to whether children remained out of care, stayed in care at the termination of service, or came into care within one year of the termination of service.

### **Presenting Problem**

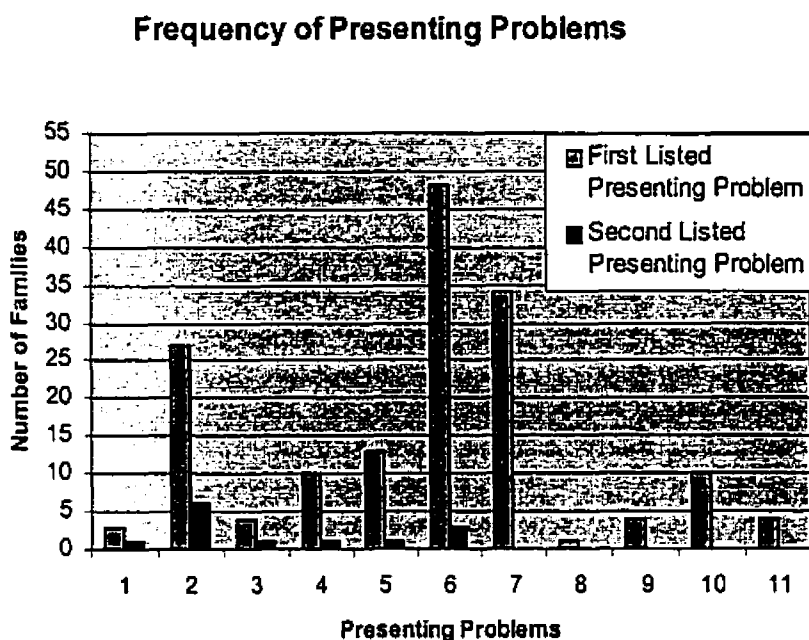
The presenting problem refers to the actual incident for which the family was referred to the program. This incident could be either be alleged, substantiated or denied. The family that was referred to the service may not view the presenting problem as their most pressing issue (McCroskey et al., 1997). The presenting problems that are listed

below are shown in Figure 2 and are identified by the numbers as noted: (1) child sexual abuse, (2) child physical abuse, (3) child emotional abuse, (4) family violence which may result in child abuse, (5) child neglect, (6) caregiver feels unable to cope with child(ren), (7) difficult child behaviour, (8) caregiver disability or illness, (9) school problems, (10) at-risk new or first-time parent/birth, and (11) other child/family problems.

Figure 2 presents the frequency of the presenting problems that were identified in the families that were included in this study that received service from the In-Home Crisis Resolution Program. There were thirteen families that were referred to the In-Home Crisis Intervention Program that were rated with a second presenting problem. The frequencies of the second rated presenting problems are also presented in Figure 2.

The majority of families were referred to the program with issues related to the following presenting problems: caregiver feels unable to cope with child(ren) (30.8%); difficult child behaviour (21.4%); and child physical abuse (16.9%). There were very few families that were referred to the program because the caregiver had a disability or illness or because of child sexual abuse.

**Figure 2: Frequency of the Presenting Problems of the Families Served**



**Code:**

- |  |  |
|--|--|
| 1. Child sexual abuse                              | 7. Difficult child behaviour               |
| 2. Child physical abuse                            | 8. Caregiver disability or illness         |
| 3. Child emotional abuse                           | 9. School problems                         |
| 4. Family violence which may result in child abuse | 10. At-risk new or first-time parent/birth |
| 5. Child neglect                                   | 11. Other child/family problems            |
| 6. Caregiver feels unable to cope with child(ren)  |  |

In the second rated presenting problem category, child physical abuse was cited in six cases (46.2%). This was followed by the category “caregiver feels unable to cope with children” in three of the families (23.1%). Child sexual abuse and neglect were combined in 31% of the second rated problems and caregiver feels unable to cope with



child(ren) and difficult child behaviour cited as the problems in 23% of the second rated problems.

It is interesting to note that conditions that would usually put a child at imminent risk of placement such as sexual and physical abuse, neglect, family violence, or an at-risk new or first time parent were not the highest rated presenting problems. Over half of the presenting problems were related to either caregivers that could not cope with their children or difficult child behaviour. There were even four families that received service because of school related problems. This information might suggest that families that were referred to the program might not have always been at “imminent risk of placement”. If this was the situation, the target population may have been at less risk than originally anticipated.

The tables presented in this report present the ratings for the overall data. The “Total” categories summarize the number and percent of data in that is included in each row or column.

Table 2 represents the presenting problems of the families in this study that received service through the In-Home Crisis Resolution Program and their frequency of child(ren) placement. Table 2 was included to provide an overview of the number of families that appeared in each category of referral.

Using the Pearson chi-square test the relationship between the presenting problems and child placement were tested. This analysis did not lead to results that were significant ( $p = 0.892$ ). These chi-square results may be suspect because 20% of the cells had an expected count of less than 5. To try and eliminate this problem, data on the

presenting problems were collapsed by regarding “staying out of care for 6 months” and “staying out of care for one year” as a single category. The rationale for collapsing the data was that it had been spread out over too many categories, which had resulted in difficulty meeting the criterion for cell size. The assumptions of parametric testing were still adhered to when the data was collapsed (Rubin & Babbie, 1989). This process also did not produce results that were significant in determining whether the presenting problems were associated with child placement ( $p = 0.665$ ). These results are presented in Table 2. It would appear that presenting problems are an unreliable indicator of whether families will have more success in keeping their children out of the care of Winnipeg Child and Family Services.

The data on the presenting problems initially included one family in which the children’s placement record could not be determined once they had finished the program. This family was not included in any of the other data in this practicum as it did not provide insight into whether factors influenced whether child(ren) stayed out of care.

**Table 2: Presenting Problems in Families Compared with In Care Status of Child(ren) at Different Time Intervals (n= 158)**

Presenting Problems	Case Status at Different Time Intervals							
	Out of Care for 1 Year		In Care at the End of Service		In Care Within 1 Year		Total	
	N	%	N	%	N	%	N	%
1. Child Sexual Abuse	2	1.3	0	0.0	1	0.6	3	1.9
2. Child Physical Abuse	17	10.8	2	1.3	8	5.1	27	17.1
3. Child Emotional Abuse	4	2.5	0	0.0	0	0.0	4	2.5
4. Family Violence	6	3.8	1	0.6	3	1.9	10	6.3
5. Child Neglect	4	2.5	2	1.3	7	4.3	13	8.2
6. Unable to Cope with Child	30	19	5	3.2	13	8.2	48	2.5
7. Difficult Child Behaviour	18	11.4	9	5.7	7	4.3	34	21.5
8. Caregiver Disability or Illness	1	0.6	0	0.0	0	0.0	1	0.6
9. School Problems	3	1.9	0	0.0	1	0.6	4	2.5
10. At-Risk new or 1 <sup>st</sup> time	6	3.8	1	0.6	3	1.9	10	6.3
11. Other Problems	2	1.3	1	0.6	1	0.6	4	2.5
<b>Total</b>	<b>93</b>	<b>58.8</b>	<b>21</b>	<b>13.3</b>	<b>44</b>	<b>27.8</b>	<b>158</b>	<b>100.0</b>

Note: Percentages may not add up to 100 due to rounding here and throughout the report.

## Placement History

Table 3 presents data on the number families in this study that had children previously in the care of Winnipeg Child and Family Services prior to the introduction of the In-Home Crisis Resolution Program. This prior “in care” status was examined in relation to the child placement rate of this sample population at the termination of the In-Home Crisis Resolution Program. A family would be categorized as having prior “in care” status if any of the children in the home had been in Agency care prior to receiving service through the In-Home Crisis Resolution Program. This includes families that had children that were in care when they were referred for service.

**Table 3: Rates of Child Placement in Relation to Prior Placement History (n=155)**

Case Status at Different Time Intervals	Frequency of Prior Placement History					
	Families that had Child(ren) “In Care” Prior to Service		Families that never had Child(ren) “In Care”		Total	
Time Intervals	Number	Percent	Number	Percent	Number	Percent
Out of Care for 1 Year Post Service	39	25.2	54	34.8	93	60.0
Child(ren) In Care at the End of Service	15	9.7	5	3.2	20	12.9
Child(ren) In Care 1 Year Post Service	22	14.2	20	12.9	42	27.1
Total	76	49.0	79	51.0	155	100.0

Table 3 shows that almost half of the families (49.0%) in this study that had participated in the In-Home Crisis Resolution Program had children at home that were previously in Agency care. There were three families that were not included in this sample as it could not be determined whether or not they had previously had children in Agency care. Cross tabulation and the chi-square test were computed for each placement interval by prior placement. The results show that there was a significant relationship ( $p=.024$ ) between placement following service and prior care. In this sample, families that had previously had children in the care of Winnipeg Child and Family Services were more likely to have one or more of their children in care at the end of the service intervention. They were also more likely to have their children return to care within one year.

#### **Families that had Children that were Currently In Care**

Table 4 presents information about the family's placement status with Winnipeg Child and Family Services at the time of the initial meeting with the In-Home Crisis Resolution Program service provider. As mentioned previously, some of the families that took part in the In-Home Crisis Resolution Program had some of their children in the care of Winnipeg Child and Family Services when they started the program. Table 4 shows the number of families that had children in care at the beginning of the service provision and whether these families were able to maintain their child(ren) for up to one year post service. All families in this study started service with either one or more children in the home regardless of whether the child(ren) that were initially in the care of Winnipeg

Child and Family Services were returned to the family. If one or more children came into care once service commenced then the family was considered to have not been able to maintain their child(ren).

**Table 4: Rates of Child Placement in Relation to Initial Out of Home Placement**

Care Status at Different Time Intervals	Placement Status at the Beginning of Service Delivery					
	Families with Children "In Care" at the Beginning of Service		Families with No Children "In Care" at the Beginning of Service		Total	
	Number	Percent	Number	Percent	Number	Percent
Out of Care for 1 Year Post Service	35	22.3	57	36.3	92	58.6
Child(ren) In Care at the End of Service	13	8.3	8	5.1	21	13.4
Child(ren) In Care 1 Year Post Service	14	8.9	30	19.1	44	28.0
Total	62	39.5	95	60.5	157	100.0

Families that had children in care at the beginning of service accounted for 39.5% (n = 62) of the sample. It is interesting to note that 79% (n = 49) of the families that started intervention with their children in care were reunited with them by the end of service. These results are high when compared with those reported in the literature on

reunification services (approximately 50-60%)(Quality Assurance, Research and Planning Program, 2000). Using the Pearson chi-square test, there was no statistically significant differences in trends of children in care following service, when compared with whether families did or did not have children in care at the beginning of service ( $p = .061$ ).

### **Single Parent Families**

Table 5 presents the number of single parent families in this sample that participated in the In-Home Crisis Resolution Program. This table also presents the frequency of child placement for single and two parent families.

Single parent families accounted for 46.2% ( $n = 73$ ) of the families that received service. In this study, 50.7% ( $n = 37$ ) of single parent families were able to keep their children out of care for over a year whereas 65.8% ( $n = 56$ ) of two parent families kept their children out of care for this time period. Using the Pearson chi-square test the data presented in Table 5 indicated a statistically significant ( $p = .023$ ) relationship between parental status and child placement rates with single parents status more likely to result in placement. What is interesting is that two parent families were slightly more likely to have their children in care at the end of the In-Home Crisis Resolution Program (15.3%;  $n = 8$ ) than single parent families (11%;  $n = 13$ ).

**Table 5: Child Placement Rates and Parental Status**

Care Status at Different Time Interval	Parental Status					
	Single Parent Families		Two Parent Families		Total Families	
	Number	Percent	Number	Percent	Number	Percent
Out of Care for 1 Year Post Service	37	23.4	56	35.4	93	58.9
Child(ren) In Care at the End of Service	8	5.1	13	8.2	21	13.3
Child(ren) In Care 1 Year Post Service	28	17.7	16	10.1	44	27.9
Total	73	46.2	85	53.8	158	100.0

**Family Characteristics and their Relationship to Child Placement**

This section examines whether there were certain conditions that increased a family's likelihood of having their children placed in the care of Winnipeg Child and Family Services. By determining if there were factors that were related to child placement, the present family preservation service that is being offered by Winnipeg Child and Family Services may be better able to predict those cases likely to lead to child placement. Variables related to environmental factors, characteristics of the caregivers,



and family interaction were examined to determine whether they were significantly related to child placement rates. Each of these variables were to be given a pretest and posttest rating by the family preservation worker. The posttest rating on each of these variables was considered in terms of whether they were related to keeping children out of the care of Winnipeg Child and Family Services. The posttest rating was also considered to determine whether there was any relationship between high rating scores and placing children in care. Each of the variables was also assessed to determine the rate of change between the pretest and posttest scores. The rate of change between the pretest and posttest scores was also compared to the rate of placement. All of the ratings were examined but only the variables that were determined to be statistically significant at  $p < .05$  are presented. The categories that showed a significant relationship between the posttest score rating and child placement will be presented first followed by the data on the amount of change that occurred between the pretest and posttest ratings.

The child placement categories were collapsed to try to eliminate a chi-square warning that 20% of cells had an expected count of less than 5. In most cases, collapsing the placement rates into three categories did not eliminate the warning, which should be considered in reviewing the results. The placement data was collapsed to the following categories: child(ren) who remained with their family for one year; child(ren) who were in care by the termination of service; and families who had child(ren) that were placed in care within one year.

## **Environmental Factors**

There are eighteen specific environmental factors that are evaluated in the Family Assessment Form as well as an overall assessment rating. These factors include the living environment of the family, their financial stress and their support system. It is important to remember when reviewing the following tables that the higher an item is scored the greater the concern. The Pearson chi-square test was used to test which environmental factors were significantly related to child placement.

### **Financial Problems (Welfare/Child Support)**

Table 6 presents information on the relationship between financial problems such as welfare and child support and child placement rates. This category was described by McCroskey and Meezan (1997) as financial problems that result from errors, delays, etc. in the welfare system that are out of the client's control. The ratings are described as follows:

- 1 = not financially dependent on welfare system or child support
- 2 = isolated problems that are quickly resolved or no problems
- 3 = regular problems with eligibility worker or ex-spouse
- 4 = irregular or late AFDC, MediCal or food stamps; child support sporadic
- 5 = severe problems; little hope of resolution; causes extreme financial difficulties for family; canceled aid; not eligible; other parent provides no child support (p. 328).

The count, or number of rated scores, on the pretest rating for “Financial Problems (Welfare/Child Support)” was 152. The mean rating was 1.84 with a standard deviation of 0.74 indicating that this condition was “generally adequate”.

The count on the posttest ratings was 146. The mean posttest rating was 1.80 with a standard deviation of 0.70. This indicated very little difference between the average pretest and posttest scores. There was no rating that was above 3 indicating that none of the participants had financial problems above a moderate nature. The posttest score ratings of “Financial Problems (Welfare/Child Support)” were significantly related to child placement rates ( $p = .020$ ). Families in this sample that were experiencing greater financial problems were more likely to have their children placed in care.

The mean score for the overall amount of change that occurred in the area of financial problems between the pretest and posttest was -0.03 with a standard deviation of 0.25. It was observed that 92.3% of the families did not show any change in this area. The relationship between the changes in the pretest and posttest scores of this rating was not significantly related to child placement ( $p = .500$ ). With no or little variation in financial status this would be expected.

In this study, 75.7 % of the families were not financially dependent on welfare or child support although they may have had isolated financial problems that could be quickly resolved. Approximately 81% ( $n=69$ ) of the families that maintained their children for one year were not financially dependent. Over half (54.3%;  $n = 19$ ) of the families that rated in the moderate category of “Financial Problems (Welfare/Child Support)” had children that were placed in care.

**Table 6: Rates of Child Placement in Relationship to Financial Problems (Welfare/Child Support) (Post Score Rating)**

Care Status at Different Time Intervals		Financial Problem Rating					
		Scores					
		1	1.5	2	2.5	3	Total
Out of Care for 1 year Post Service	N	38	2	29	6	10	85
	%	26.4	1.4	20.1	4.2	6.9	59.0
Child(ren) In Care at the End of Service	N	4	2	4	5	3	18
	%	2.8	1.4	2.8	3.5	2.1	12.5
Child(ren) In Care 1 Year Post Service	N	11	0	19	6	5	41
	%	7.6	0.0	13.2	4.2	3.5	28.5
Total	N	53	4	52	17	18	144
	%	36.8	2.8	36.1	11.8	12.5	100

Note: Rating intervals that were not scored were not included in this table and those throughout the report.

A Oneway Analysis of Variance was completed on the category "Financial Problems (Welfare/Child Support)" and there was no significant relationship found between the mean scores ( $p > .075$ ). The category of "Financial Stress" was also tested with the Oneway Analysis of Variance and there was a significant relationship found between the mean posttest scores and child placement ( $p > .038$ ). The Tukey-Kramer

Honesty Significant Difference test was used to make a multiple comparison of the data related to child placement. A Means Comparison report showed that the mean scores of the families that maintained their children for one year and those that had children come into care within a year were significantly different. This indicates that financial stress needs to be considered when working with families if family preservation is to be successful.

### **Opportunities for Peer Contact (under 5 years old)**

Table 7 presents information on the change in score and the relationship to child placement. The 'change' score was derived by calculating the difference between the pretest and posttest scores on each item. McCroskey and Meezan (1997) define this category as "parents involvement in planning for, providing, and/or making possible peer contact for child(ren). Assesses isolation of child(ren)". The scoring is defined as follows:

- 1 = regular planned contact for social interaction
- 2 = some contact for short periods of time
- 3 = limited, e.g., one day a week sees cousins or friends, Saturday play group
- 4 = very limited, e.g., child care during church
- 5 = no peer contact (p. 330).

The number of families that were scored on the pretest rating for "Opportunities for Peer Contacts (under 5 years old)" was 65. The mean score was 2.31 with a standard deviation of 1.12 indicating that this condition was "generally adequate". The number of

families that were scored on the posttest score was 59. The mean scores showed a slight difference at 2.12 with a standard deviation of 1.0. Seven families had a posttest rating that was higher than 3. Four of these families kept their child(ren) out of care for a year. The rating of the posttest score on the category "Opportunities for Peer Contacts (under 5 years old)" and child placement was not significant ( $p = .42$ ). This would be expected as there was no or very little variation in the mean pretest and posttest scores.

The mean score for the overall amount of change that occurred between the pretest and posttest rating on the category "Opportunities for Peer Contacts (under 5 years old)" was  $-0.2$  with a standard deviation of 0.67. The difference between the pretest and the posttest ratings indicated that 79.3% of the families did not show any change in this area. The relationship between the change scores in the pretest and posttest ratings of the item "Opportunities for Peer Contact (under 5 years old)" and child placement was statistically significant ( $p = .046$ ). That is, if there was no change or positive change by the family in providing opportunities for their child(ren), under the age of five, to have contact with their peers then they were more likely to remain out of care.

**Table 7: Child Placement Rates in Relationship to Opportunities for Peer Contact (under 5 years old) (Change Score)**

Care Status at Different Time Intervals		Opportunity for Peer Contact (under 5 years old)								
		Change Score Rating								
		-3	-2	-1.5	-1	0.5	0	0.5	1	Total
Out of Care for 1 Year Post Service	N %	0 0.0	0 0.0	1 1.7	2 3.5	0 0.0	32 55.1	1 1.7	1 1.7	37 63.8
Child(ren) In Care at the End of Service	N %	1 1.7	0 0.0	0 0.0	0 0.0	0 0.0	4 6.9	0 0.0	0 0.0	5 8.6
Child(ren) In Care 1 Year Post Service	N %	0 0.0	3 5.1	0 0.0	1 1.7	1 1.7	10 17.2	1 1.7	0 0.0	16 27.6
Total	N %	1 1.7	3 5.1	1 1.7	3 5.2	1 1.7	46 79.3	2 3.5	1 1.7	58 100

**Caregiver #1 Factors**

This data considers the caregiver that was documented under the heading “Caregiver # 1” on the Family Assessment Form. There are twenty-six factors under the Caregiver # 1 section and an over-all assessment rating. The first section, which consists of seven items deals with factors related to the caregivers history such as a history of alcohol abuse or childhood physical or sexual abuse. The next section consists of twelve

questions that rate the parent's present functioning. In this section, factors such as emotional stability, depression and self-esteem are included. The final section has questions related to parenting. This includes questions on discipline and the caregiver's knowledge of child development. The following assessment of the primary caregiver will first examine the posttest scores and then look at the changed scores in their relation to child placement.

### **History of Substance Abuse**

Table 8 indicates the posttest rating scores of caregiver #1 and their history of alcohol abuse in relationship to child placement. McCroskey and Meezan (1997) define "History of Substance Abuse" as "use and abuse of alcohol and/or drugs." This item was to be scored as follows:

1 = none; never used anything

2 = social, recreational use or experimentation; no resulting social/emotional problems

3 = frequent pattern of abuse resulting in social/emotional problems; recovering in or out of a program

4 = routine use, i.e., every weekend or daily use

5 = chronic addiction; daily use over time; can't live without it (p. 331).

The number of families that were scored on the pretest rating for the item 'History of Substance Abuse' was 135. The mean rating was 2.7 with a standard deviation of 0.93 indicating that this condition was low moderate. The mean posttest scores showed little



difference at 2.6 with a standard deviation score of 0.92. The difference between the posttest and pretest scores was not calculated as this question asked about the historical nature of substance abuse and as a result would not change with the service provision. The relationship of “History of Substance Abuse” to child placement was statistically significant ( $p = .008$ ). Overall, this indicated that a caregiver with a less problematic history of alcohol abuse (i.e., in the ‘strength’ range) was more likely to maintain their child(ren). If the primary caregiver had a history of alcohol abuse then they were more likely to have their child(ren) placed in care.

**Table 8: Child Placement Rates in Relationship to History of Substance Abuse (Posttest Score)**

Care Status At Different Time Intervals		History of Substance Abuse							
		Posttest Score							
		1	2	2.5	3	3.5	4	5	Total
Out of Care for 1 Year Post Service	N	3	42	2	15	1	3	1	67
	%	2.6	36.2	1.7	12.9	0.86	2.6	0.9	57.7
Child(ren) In Care at the End of Service	N	1	4	2	3	1	1	4	16
	%	0.9	3.5	1.7	2.6	0.86	0.9	3.5	13.8
Child(ren) In Care 1 Year Post Service	N	1	13	1	11	0	5	2	33
	%	0.7	11.2	0.9	9.5	0.00	4.3	1.7	28.5
Total	N	5	59	5	29	2	9	7	116
	%	4.3	50.9	4.3	25.0	1.72	7.8	6.0	100

A rating of 3 on the item "History of Substance Abuse" is defined as "frequent pattern of abuse resulting in social/emotional problems; recovering in or out of a program" (McCroskey & Meezan, 1997, p. 331). In the overall definition of severity, a rating between 2.5 and 4 is considered as being moderate. The pretest and posttest scores on the history of substance abuse in this sample indicate that there were a significant number of primary caregivers in the moderate range. In view of the finding that alcohol use puts more children at risk, this is an important factor. This may imply that for many of the families that participated in the In-Home Crisis Resolution Program, substance abuse would have a negative impact on the welfare of their children, or put the family at risk. Out of the total caregiver #1's that had a rating of 2.5 and above, 57.7 % (n = 30) had their children come into the care of Winnipeg Child and Family Services. Primary caregivers that had a score that was considered above generally adequate or above had their children placed in care at a rate of 29.7% (n = 19).

The Oneway Analysis of Variance was used to compare the mean scores on both the pretest and posttest data on child placement and the ratings on the "History of Substance Abuse". There was no statistically significant relationship between the mean scores on either the pretest score ratings ( $p > .586$ ) or the posttest score ratings ( $p > .119$ ).

### **Paranoia/Ability to Trust**

McCroskey and Meezan (1997) use this category to assess the degree of paranoia or ability to trust that caregiver #1 exhibits. This item was to be scored as follows:

1 = no paranoia; generally tends to trust with appropriate and realistic limits

2 = a little cautious; overly trusting on occasion

3 = guarded; has difficulty trusting; questions staff's need to know certain basic things; tends to trust and divulge too quickly, causes some problems

4 = suspicious; extreme difficulty trusting; hesitant to reveal any information; overly trusting of strangers; suspiciousness or over trustfulness causes major problem(s) for person or family

5 = extreme paranoia; clients feels everyone is against him/her without basis in reality; interferes with functioning; inappropriate and dangerous trusting of strangers that threatens person's/child's welfare (p. 334 - 335).

Table 9 presents the posttest scores for the category "Paranoia/Ability to Trust" and their relationship to child placement.

The number of caregivers that were scored on the pretest rating for "Paranoia/Ability to Trust" was 156. The mean rating was 2.4 with a standard deviation of 0.84 indicating that this condition was "generally adequate". The number of caregivers that were rated on the posttest score was 147. The mean posttest rating was slightly lower at 2.21 with a standard deviation of 0.79. The mean score for the overall amount of change that occurred between the pretest and posttest rating was -0.15 with a standard deviation of 0.4. The rating of the posttest scores on the item "Paranoia/Ability to Trust" indicated a significant relationship to the rate of child placement ( $p = .008$ ). This indicates that caregivers that were paranoid, distrustful or too trusting were not as successful in maintaining their children. Families that scored in the moderate to severe category would present as a very difficult challenge to family preservation workers.

**Table 9: Child Placement Rates in Relationship to Paranoia/Ability to Trust (Posttest Score)**

Care Status At Different Time Intervals		Paranoia/Ability to Trust							
		Posttest Scores							
		1	1.5	2	2.5	3	3.5	4	Total
Out of Care for 1 Year Post Service	N	13	9	33	12	9	8	1	85
	%	8.9	6.2	22.6	8.2	6.2	5.5	0.7	58.2
Child(ren) In Care at the End of Service	N	1	9	4	1	2	0	2	19
	%	0.7	6.2	2.7	0.7	1.4	0.0	1.4	13.0
Child(ren) In Care 1 Year Post Service	N	4	1	19	4	7	4	3	42
	%	2.7	0.7	13.0	2.7	4.8	2.7	2.1	28.8
Total	N	18	19	56	17	18	12	6	146
	%	12.3	13.0	38.4	11.6	12.3	8.2	4.1	100

The majority of caregivers (63.7%; n = 93) in the sample had a rating of 2 or less and 59.1% (n = 55) of these families kept their children out of care for one year. Out of all the caregivers that rated in the severe category (a rating of 4 and above) 83% (n = 5) had their children come into care within one year. It is interesting to note that a rating of four is defined as “suspicious; extreme difficulty trusting; hesitant to reveal any information; overly trusting of strangers; suspiciousness or over trustfulness causes major problem(s) for person or family” (McCroskey & Meezan, 1977, p. 335). This response

interferes with helping and is indicative of risk to children. For some families that are distrustful of child welfare services this poses an inherent dilemma.

### **Current Substance Abuse**

McCroskey and Meezan (1997) define the category “Current Substance Abuse” as the current use and abuse of alcohol and/or drugs. This category is defined as follows:

1 = no use

2 = social, recreational use or experimentation; no interference with daily functioning

3 = frequent use; 2 - 3 times a week; some interference in functioning; or recovering in or out of a program

4 = daily, habitual use and abuse; significant interference in ability to function

5 = chronic addiction; unable to function without drugs or alcohol (p. 335)

Table 10 presents the change scores of the families on their current substance abuse habits and their relationship to child placement.

Overall, there was little average change that occurred with Caregiver #1 current substance abuse habits. The number of caregivers that were assessed on the pretest rating for “Current Substance Abuse” was 144. The mean rating was 1.87 with a standard deviation of 0.71 indicating that this condition was better than average. The number of families that were assessed on the posttest score was 140. The mean posttest score was slightly lower at 1.8 with a standard deviation of 0.67. When families with posttest

scores between 2.5 and 4.5 were examined as a group 70.8% of these families had children that came into care.

**Table 10: Current Substance Abuse Child Placement Pattern by Change Score**

Care Status At Different Time Intervals		Current Substance Abuse								
		Change Score								
		-2	-1	-0.5	0	0.5	1	1.5	3	Total
Out of Care for 1 Year Post Service	N	1	0	2	76	0	0	0	0	79
	%	0.8	0.0	1.5	57.1	0.0	0.0	0.0	0.0	59.4
Child(ren) In Care at the End of Service	N	0	0	1	15	0	0	1	0	17
	%	0.0	0.0	0.8	11.3	0.0	0.0	0.8	0.0	21.8
Child(ren) In Care 1 Year Post Service	N	1	1	3	27	3	1	0	1	37
	%	0.8	0.8	2.3	20.3	2.3	0.8	0.0	0.8	27.8
Total	N	2	1	6	118	3	1	1	1	133
	%	1.5	0.8	4.5	88.2	2.3	0.8	0.8	0.8	100

The mean score for the overall amount of change that occurred between the pretest and posttest rating was - 0.007 with a standard deviation of 0.42. There was a statistically significant relationship between the change score on the item “Current Substance Abuse” and the rate of child placement ( $p = 0.02$ ). This indicates that caregivers with a substance abuse problem that did not demonstrate a decrease in their drug and/or drug use were at higher risk of having their children placed in care.

A score between 1 and 2 would be defined as: “1 = no use; and 2 = social, recreational use or experimentation; no interference with daily functioning” (p. 335). If caregivers in these categories had an average posttest score of 1.8 it stands to reason that very little positive change would be evident since on average they did not have a problem with substance abuse. However, all of the caregivers that experienced a change in score that indicated a worsening of their substance abuse had children that came into the care of Winnipeg Child and Family Services. Out of the 118 caregivers that did not make any change 35.6% (n = 42) had children that came into care.

The posttest ratings on the category “Current Substance Abuse” was also tested with the Oneway Analysis of Variance and there was a significant relationship found between these scores and child placement ( $p > .002$ ). The Tukey-Kramer Honest Significant Difference was used to make a multiple comparison of the mean differences between the posttest ratings and child placement. A Means Comparison report showed that the mean scores of the families that maintained their children for one year and those that had children that came into care at the termination of service were significantly different. This seems to indicate that families that were struggling with alcohol addiction while receiving family preservation services were not far enough along in their addiction treatment to be parenting successfully.

## **Consistency of Discipline**

This category refers “to predictability; child feels secure about parent’s response.

Does misbehavior get corrected each time it occurs and in a similar manner?”

(McCroskey & Meezan, 1997, p. 339). This category is defined as follows:

1 = well thought out consistent plan; not impacted by parent’s mood

2 = generally consistent and predictable response to offense; appropriate to age and situation; occasionally impacted by parent’s mood

3 = some consistency, but very dependent on parental mood (more consistent than not); sometimes inappropriate for age or situation

4 = mostly inconsistent; unpredictable; overly rigid; little flexibility related to age or situation

5 = no consistency: no flexibility related to age or situation

Table 11 presents the change scores of the families on their discipline consistency and its relationship to child placement.

Overall, there was positive change that occurred with caregiver #1 and their ability to discipline their children with consistency. The number of caregivers that were assessed on the pretest rating for “Consistency of Discipline” was 155. The mean rating was 3.08 with a standard deviation of 0.7 indicating that this condition was in the moderate range. The number of caregivers that were rated on the posttest score was 147. The mean posttest score was slightly lower at 2.62 with a standard deviation of 0.73. The mean score for the overall amount of change that occurred between the pretest and posttest rating was -0.48 with a standard deviation of 0.52. There was a statistically



significant relationship between pretest-posttest change score on the item “Consistency of Discipline” and the rate of child placement ( $p = .007$ ). This seems to indicate that caregivers that became more consistent in their approach to discipline were more likely to maintain their children. The caregivers that kept their children out of care made positive changes in their discipline style at a rate of 69% ( $n = 84$ ). If no change occurred, 56% ( $n = 33$ ) of these families had children that came into care.

**Table 11: Child Placement Rates in Relationship to Consistency of Discipline (Change Score)**

Care Status At Different Time Intervals		Consistency of Discipline						
		Change Score						
		-2	-1.5	-1	-0.5	0	0.5	Total
Out of Care for 1 Year Post Service	N	1	6	18	33	26	0	84
	%	0.7	4.1	12.4	22.8	17.9	0.0	57.9
Child(ren) In Care at the End of Service	N	0	3	0	3	13	0	19
	%	0.0	2.1	0.0	2.1	9.0	0.0	13.1
Child(ren) In Care 1 Year Post Service	N	1	2	10	7	20	2	42
	%	0.7	1.4	6.9	4.8	13.8	1.4	29.0
Total	N	2	11	28	43	59	2	145
	%	1.4	7.6	19.3	29.7	40.7	1.4	100

## **Factors in Family Interaction**

The Family Interaction section includes questions that assess the caregivers' interactions with their children, the children's relationship with their caregivers' and the interaction between the caregivers. There were no significant relationships found between the change score and child placement.

### **Bonding Style to Child(ren)**

McCroskey and Meezan (1997) refer to the category "Bonding Style to Child(ren)" as the emotional investment and attachment of the caregiver to the child(ren) (p. 341). This category is defined as follows:

- 1 = balanced; encourages appropriate independence; loves warmly; attentive; responds appropriately to needs; reads child's cues correctly; sense of connectedness
- 2 = adequate emotional involvement and support; occasional difficulty allowing independence/differences; reads cues correctly most of the time; occasional delay in response
- 3 = frustrated or intrusive; some ambivalence; passive; responds to physical and/or social needs inconsistently; some difficulty reading child's cues; some enmeshment
- 4 = little emotional investment; irritable; over-identifying; misinterprets cues most of the time; frequently does not respond or responds inappropriately; minimal response to child's approach/attachment to other people; a lot of enmeshment

5 = resentful; rejecting; detached; promotes child attachment to other people rather than self; child endangered by nonresponsiveness or inappropriate responses; totally enmeshed

Table 12 presents the posttest rating scores on bonding style of caregiver #1 to their children and child placement rates.

**Table 12: Child Placement Rates in Relationship to Bonding Style to Child(ren) (Posttest Score)**

Care Status At Different Time Intervals		Bonding Style to Children								
		Posttest Scores								
		1	1.5	2	2.5	3	3.5	4	4.5	Total
Out of Care for 1 Year Post Service	N	3	7	33	20	17	4	3	0	87
	%	2.0	4.7	22.1	13.4	11.4	2.7	2.0	0.0	58.4
Child(ren) In Care at the End of Service	N	0	4	3	0	7	4	1	0	19
	%	0.0	2.7	2.0	0.0	4.7	2.7	0.7	0.0	12.8
Child(ren) In Care 1 Year Post Service	N	2	3	14	7	11	1	3	2	43
	%	1.3	2.0	9.4	4.70	7.4	0.7	2.0	1.3	28.9
Total	N	5	14	50	27	35	9	7	2	149
	%	3.4	9.4	33.6	8.1	23.5	6.0	4.7	1.3	100

The average posttest score rating on the category “Bonding Style to Children” was 2.4 with a standard deviation of 0.73. The majority of families in this category maintained their children. Approximately 46% (n = 69) of the total caregiver #1’s had a score of 2 or better indicating that bonding was one of their strengths. Out of the caregivers that were rated as having bonding as a strength, only 37.7% (n = 26) of their children came into care one year post-service. The relationship between child placement rates and the bonding style of the caregiver to their children was significant (p = .02). Caregivers that had little emotional investment in their children or were too enmeshed with them were more likely to have their children come into care.

### **Bonding to Caregiver**

McCroskey and Meezan (1997) refer to the bonding style of the caregiver as the “child’s emotional investment and attachment to caregiver(s)...These qualities are seen in the body language, facial expressions, tone of voice, content communications, visual contact, physical closeness or distance and amount of time spent with the caregiver and depends on the developmental stage of the child” (p. 344 – 345). This category is scored as follows:

- 1 = a balanced, warm, easy, reciprocal interaction appropriate for age; child exerts appropriate independence/shyness
- 2 = adequate bonding with occasional tensions or anxieties; occasional differences over amount of independence allowed
- 3 = signs of ambivalence, anxiety or hostility in child towards caregiver; child may be overly friendly with strangers

4 = bland affect; little emotional investment or confidence in the caregiver's response; frequent anger towards the caregiver; needy of affection from strangers

5 = no signs of a relationship with the caregiver or enmeshed with the caregiver; a consistently hostile, rejecting and provocative stance by or toward the caregiver or excessive fearfulness of the caregiver

Figure 13 presents the posttest rating scores on the bonding of children to caregiver #1 and child placement rates.

The posttest mean score of bonding of children to caregiver #1 was 2.43 with a standard deviation of 0.84. Fifty-one percent ( $n = 75$ ) of children received a score of 2 or better. This indicated that these children were bonding with their caregiver in a manner that was viewed as a strength or as having only a very minor problem. The relationship between child placement rates and the bonding of the children to Caregiver #1 was significant ( $p = .04$ ). These results indicate that it is not only important for caregivers to be bonded with their children but it is also important for children to have strong yet not enmeshed relationship with their parents. If children are not bonded with their parents then they are more likely to come into care. Parents with attachment disorders would be at higher risk of having their children placed in foster care.

**Table 13: Child Placement Rates in Relationship to Bonding to Caregiver (Posttest Score)**

Care Status At Different Time Intervals		Bonding to Caregiver								
		Posttest Score								
		1	1.5	2	2.5	3	3.5	4	4.5	Total
Out of Care for 1 Year Post Service	N	7	7	33	11	16	4	6	1	85
	%	4.8	4.8	22.6	7.5	11.0	2.7	4.1	0.7	58.2
Child(ren) In Care at the End of Service	N	0	2	3	2	8	2	0	2	19
	%	0.0	1.4	2.05	1.4	5.5	1.4	0.0	1.4	13.0
Child(ren) In Care 1 Year Post Service	N	3	7	13	7	4	3	5	0	42
	%	2.1	4.8	8.9	4.5	2.7	2.1	3.4	0.0	28.8
Total	N	10	16	49	20	28	9	11	3	146
	%	6.9	11.0	33.6	13.7	19.2	6.2	7.5	2.1	100

**Construct Validity of the Family Assessment Form (1993)**

McCroskey and Meezan (1997) have tried to design the Family Assessment Form so that it captures the multidimensional nature of family functioning. In order to test the construct validity of their scale “a number of factor analyses were performed to see if, in fact, the underlying dimensions of this instrument reflected its original conceptualization”

(p. 103). Only variables that could be changed due to intervention were included in the factor analysis. Judgments about the caregivers personalities were also eliminated, “since they adversely affected the conceptual clarity of the factor structure” (p. 103). Variables concerning the peer relationships of the children were also not included since this data was categorized into age groups and as a result, substantial amounts of data were missing from these variables. Using the six factor solution which was detailed on pages 70–73 of this practicum report, inter-item reliabilities were derived using Chronbach’s alpha. McCroskey and Meezan (1997) dropped two items (outside play area and family support) in order to raise the alpha for the scale. McCroskey and Meezan (1997) concluded that these newly derived constructs, the six-factor solution, “were more reliable and conceptually coherent than the subscales used previously” (p. 107).

Using Chronbach’s alpha the In-Home Crisis Intervention Program data was tested to determine if it showed inter-item reliabilities. The categories “Outside Play Area” and Sibling Interaction” were also dropped to raise the alpha. All of the alpha levels were above .70; and three scores on both the pretest results and on the posttest were above .90. This indicated that the results found in the data that was collected by the In-Home Crisis Intervention Program demonstrated internal reliability using the six-factor solution. More importantly, these six factors seem to be measuring similar inter-item reliabilities as those derived from McCroskey and Meezan’s study. The alpha coefficients derived from this analysis on the pretest and the posttest scores are displayed in Table 14. McCroskey and Meezan’s (1997) results are also displayed as a comparison.

When the reliability of all the 37 items contained in the six factors from the pretest was tested an alpha score of .94 was obtained

**Table 14: Alpha Score Comparison between McCroskey and Meezan’s (1997) Study and the In-Home Crisis Resolution Program using the Six-Factor Solution of Family Assessment**

Factors of Family Assessment	Alpha Score Comparison		
	McCroskey & Meezan	In-Home Crisis Resolution Program	
	Pre	Pre	Post
<b>Parent-Child Interactions</b>	.90	.92	.96
<b>Living Conditions</b>	.76	.92	.90
<b>Caregiver Interactions</b>	.92	.94	.96
<b>Supports for Parents</b>	.76	.81	.81
<b>Financial Conditions</b>	.71	.85	.86
<b>Developmental Stimulation</b>	.76	.79	.85

McCroskey and Meezan (1997) decided that information on the second caregiver would not be included in their analysis. They made this decision based on the following reasons: “(1) a lack of resources to conduct interviews with both caregivers; (2) interviews conducted with the primary caregiver (usually the mother) would not necessarily reflect the true nature of the second caregivers circumstances; and (3) many families had only one caregiver, affecting the reliability of the subscales because of



missing information” (p. 101). This is also evident in the information that was collected by the In-Home Crisis Resolution Program. Information on the second caregiver was missing, especially in the posttest score ratings. As previously mentioned this sample population consisted of 46.2% single parent families.

### **Six Dimensions of Family Functioning**

McCroskey and Meezan (1997) decided to base the remainder of their analysis on the six dimensions of family functioning and the items within these dimensions derived from the factor analysis. They decided that for the purpose of their analysis family functioning would be defined as “the family’s financial conditions, living conditions of the family, supports available for parents, caregiver interactions, parent-child interactions, and developmental stimulation” (p.114). This section reports on the analysis of data in the current study based on these six dimensions of family functioning.

McCroskey and Meezan (1997) examined the distribution of the problems in the different areas of family functioning according to the worker’s ratings. Families were sorted into three groups based on the seriousness of their problem, “(1) those with either *a strength* or only a very minor problem, (a scale score under 4 using the one to nine rating); those with *a moderate problem* (a scale score of 4-7); and (3) those with *a severe problem* (a score of over 7)” (p. 224). Their analysis found that workers rated few families as having severe problems in any area of family functioning. On average, workers rated families as having “moderate problems” in all areas of family functioning.

The pretest scores averaged 4.6 on a nine point scale and the posttest scores were lower with an average of 4.3. This suggests that workers had seen an improvement in the families that they worked with but they thought that the families continued to have problems at the termination of service

The severity of the problems as rated by the pretest and posttest scores on all six domains of family functioning were calculated for the In-Home Crisis Resolution Program. Viewing the ratings gives a sense of the severity of the problems that the In-Home Crisis Resolution Program dealt with and the amount of change that took place. These data are instructive as they illustrate family strengths on which intervention can be built. They also indicate where family preservation is facilitating change in families.

### **Parent-Child Interaction**

The data shown in Table 15 indicates that very few families were rated by their family preservation workers as having severe problems in the area of parent child interaction. The overall pretest ratings for the Parent-Child Interaction domain that involved severe problems was 3.1%, which decreased to 1.9% following intervention. At the beginning of service, the category "Schedule for Children" had the highest number of families (n=9) that rated in the severe category followed by "Consistent Discipline" (n=8) and "Child Communication" (n=8). "Attitude Towards Parenting" was the only category that showed an increase in the number of families that received a severe rating.

The most interesting ratings in the domain of parent child interaction occurred in the area of discipline. Out of the sample population that was referred to the In-Home

Crisis Resolution Program 17% of families were identified with the presenting problem of physical abuse. Yet, the category of physical abuse had the fewest number of families in both the pretest and posttest categories that were rated as severe (0.7%) and the highest number of families that rated in the strength category (63.2%).

If families were considered to have a problem with physical abuse that was serious enough to warrant being referred to the In-Home Crisis Resolution Program why was this not reflected in the results? One explanation might have been that the second caregivers were the ones that were using both inappropriate and physical discipline. When the physical discipline ratings on the second caregiver were considered, only 1.4% were rated in the severe category on the pretest and there were none in the posttest. There were higher scores for the second caregivers under the category “inappropriate discipline”. The rating for the second caregiver on the pretest was 2.8% and 0% on the posttest in the severe category. Although the behaviour of the second caregiver added to the number of families that may have had problems with physical discipline it did not explain the incongruity between the referral data and the rating results.

**Table 15: Pretest Posttest Comparison of the Domain Ratings of Parent-Child Interaction**

Domains of Parent-Child Interactions	Severity of Problem	Families at Pretest		Families at Post test	
		N	%	N	%
Consistent Discipline	None	18	11.6	54	36.7
	Moderate	129	83.2	90	61.2
	Severe	8	5.2	3	2.0
Appropriate Discipline	None	26	16.9	55	37.7
	Moderate	123	79.9	89	61.0
	Severe	5	3.2	2	1.4
Child Development	None	31	19.9	48	32.7
	Moderate	120	76.9	99	67.3
	Severe	5	3.2	0	0
Attitude toward Parenting	None	66	42.6	75	50.7
	Moderate	87	56.1	70	47.3
	Severe	2	1.3	3	2.0
Bonding with Child	None	54	34.4	69	46.0
	Moderate	101	64.3	79	52.7
	Severe	2	1.3	2	1.3
Child Communication	None	44	28.1	60	41.1
	Moderate	105	66.9	80	54.8
	Severe	8	5.1	6	4.1
Bonding with Caregiver	None	63	40.1	75	51.0
	Moderate	91	58.0	69	46.9
	Severe	3	1.9	3	2.0
Physical Discipline	None	98	63.2	113	76.9
	Moderate	56	36.1	34	23.1
	Severe	1	0.7	0	0
Communication with Child	None	54	34.4	74	49.7
	Moderate	97	61.8	71	47.7
	Severe	6	3.8	4	2.7
Appropriate Authority Role	None	48	31.0	77	51.7
	Moderate	103	66.5	70	47.0
	Severe	4	2.6	2	1.3
Child Cooperation	None	32	20.6	49	33.6
	Moderate	118	76.1	93	63.7
	Severe	5	3.2	4	2.7
Schedule for Children	None	48	30.9	66	45.2
	Moderate	98	63.2	76	52.1
	Severe	9	5.8	4	2.7
Domain Totals (a combination of all families across all domains)	None	582	31.1	815	46.1
	Moderate	1228	65.7	920	52.0
	Severe	58	3.1	33	1.9

Another explanation that could explain this apparent incongruity was to consider the definition of what constituted a severe rating of physical abuse and inappropriate discipline. A moderate score of inappropriate discipline included the following definition: “unplanned punitive approach; only reacts emotionally; inappropriate to age; name calling; emotionally abusive; isolates child from family; overreaction to offence; potential for physical harm; rarely sees positive in child” (McCroskey & Meezan, p. 339).

Under the definition of “Use of Physical Discipline” a rating of 4 which is defined as “regular spanking; use of belts, shoes, etc.; shaking of toddler” was still considered moderate risk under the categories defined by McCroskey and Meezan (1997). Abuse is defined under Manitoba’s Child and Family Services Act as: “an act or omission by any person where the act or omission results in (a) physical injury to the child”. Physical discipline that involved hitting a child with an object could easily result in physical harm to a child that could deem a child in need of protection. As a result, families may have been referred to the program with problems related to physical abuse that were considered serious enough to warrant a referral to the program, yet this was not reflected in the scores analysed on the Family Assessment Form (1993). This example illustrates that a program may want to consider its own rankings of problem severity that would best reflect its own mandate and philosophy. McCroskey and Meezan (1997) encourage practitioners to adapt and modify the Family Assessment Form to meet the needs of specific agencies or program settings.

## **Living Conditions**

The domain “Living Conditions” showed the highest percentage of families that rated as having only minor or no problems. Figure 17 presents the ratings on the living conditions of the families that participated in the In-Home Crisis Resolution Program. The overall scores for this domain indicate that 75.9 % of families were rated as having strengths or few problems in this area. Due to the positive ratings prior to the introduction of service there was little change that was observed in this area of family functioning. McCroskey and Meezan (1997) also found that this domain was rated as being less of a problem area.

**Table 16: Pretest Posttest Comparison of the Domain Ratings of Living Conditions**

Domains of Living Conditions	Severity of Problem	Families at Pretest		Families at Posttest	
		N	%	N	%
Outside Safety	None	118	78.0	113	78.5
	Moderate	33	21.9	31	21.5
	Severe	0	0	0	0
Outside Cleanliness	None	104	69.8	103	72.5
	Moderate	44	29.5	38	26.8
	Severe	1	0.7	1	0.7
Inside Safety	None	125	80.0	122	81.9
	Moderate	31	19.9	27	18.1
	Severe	0	0	0	0
Inside Cleanliness	None	114	74.0	103	72.5
	Moderate	37	24.0	38	26.8
	Severe	3	1.9	1	0.7
Outside Play	None	114	77.0	113	80.7
	Moderate	33	22.3	26	18.6
	Severe	1	0.66	1	0.7
Domain Total *	None	575	75.9	564	78.1
	Moderate	178	23.5	156	21.6
	Severe	5	0.7	2	0.3

Note: \* represents a pretest and posttest comparison of the total number of all families across all domains

### Caregiver Interactions

Table 17 presents the ratings on “Caregiver Interactions”. This domain showed the highest percentage of severe scores and the greatest number of families that remained in the moderate range. The results indicate that family preservation service was not able to facilitate improvement when caregivers had very poor intercommunication skills (n=4). There was also little improvement in the caregivers attitudes towards each other

and by the end of service there were more caregivers that were rated as “excessively fearful; terrified; hostile; hateful; rejecting; totally indifferent”.

**Table 17: Pretest Posttest Comparison of the Domain Ratings of Caregiver Interactions**

Domains of Caregiver Interactions	Severity of Problem	Families at Pretest		Families at Posttest	
		N	%	N	%
Intercommunication	None	33	40.7	37	48.7
	Moderate	44	54.3	35	46.0
	Severe	4	4.9	4	5.3
Supportive Relationships	None	28	34.6	34	44.7
	Moderate	48	59.2	39	51.3
	Severe	5	6.2	3	3.9
Attitude towards Each Other	None	34	43	35	47.3
	Moderate	43	54.4	35	47.3
	Severe	2	2.5	4	5.4
Conjoint Problem Solving	None	16	18.8	28	35.0
	Moderate	65	76.5	51	63.8
	Severe	4	4.7	1	1.3
Conflict	None	20	24.4	28	36.8
	Moderate	57	69.5	46	60.5
	Severe	5	6.1	2	2.6
Power	None	23	29.5	27	37
	Moderate	49	62.8	41	56.2
	Severe	6	7.7	5	6.8
Domain Total *	None	154	31.7	189	41.5
	Moderate	306	63.0	247	54.3
	Severe	26	5.3	19	4.2

Note: \* represents a pretest and posttest comparison of the total number of all families across all domains

Domestic violence was captured under the heading “conflict”. While a severe rating of conflict implies domestic violence, a moderate rating included physical



expressions such as “slapping and shoving” in situations of conflict. There were four families that received a rating of 5 for domestic violence at the pretest rating; at the posttest only one family received a score of 5.

Conjoint problems solving was the area in which caregivers made the most progress. In the pretest rating 18.8% of the caregivers were scored in the “none” category. The posttest score on conjoint problems solving in the “none” category increased to 35%. Facilitating change in the area of conjoint problem solving would have been easier than taking on the challenge of some of the more systemic problems. Conjoint problem solving is a skill that couples can develop and is not as threatening as making changes in the balance of power, domestic abuse or changing negative attitudes about each other.

The scores from the domain totals indicate that families were able to make positive changes in their interaction towards each other. Improvement was apparent over all areas of caregiver interaction.

### **Supports for Parents**

Having support is a very important factor in parenting. Table 18 presents information on the support systems that parents had in their lives. Friends and extended family support proved to be a problem area for many caregivers. Extended family was often a negative influence or defined as more trouble than help. There was not a great deal of change in the support that was derived from family and friends, which seems to

be an area that would be difficult to change through family preservation. Improved scores were seen in all the severe and moderate areas of parental support.

**Table 18: Pretest Posttest Comparison of the Domain Ratings of Supports for Parents**

Domains of Supports for Parents	Severity of Problem	Families at Pretest		Families at Posttest	
		N	%	N	%
Maintains Adult Relationships	None	67	45.0	68	48.6
	Moderate	75	50.3	67	47.9
	Severe	7	4.7	5	3.6
Child Care	None	83	58.5	89	65.4
	Moderate	53	37.3	45	33.1
	Severe	6	4.2	2	1.5
Friends Support	None	60	38.7	65	43.3
	Moderate	90	58.1	82	54.7
	Severe	5	3.2	3	2.0
Chooses Appropriate Substitutes	None	88	66.7	94	74.6
	Moderate	42	31.8	31	24.6
	Severe	2	1.5	1	0.8
Medical	None	121	77.1	118	79.7
	Moderate	34	21.7	30	20.3
	Severe	2	1.3	0	0
Family Support	None	52	33.3	61	40.7
	Moderate	93	59.6	82	54.7
	Severe	11	7.1	7	4.7
Domain Total *	None	471	52.9	495	58.2
	Moderate	387	43.4	337	39.6
	Severe	33	3.7	18	2.1

Note: \* represents a pretest and posttest comparison of the total number of all families across all domains

### Financial Conditions

The majority of families in this sample (75%) were not financially dependent on the welfare system or child support. The category "Financial Stress" illustrates that over

half of the families were considered working poor or having a minimum wage job. These families experienced worrying about “just making ends meet”. Table 19 shows that there was not a lot of change that occurred in the overall domain scores of financial stress. As mentioned previously in the literature review, child welfare workers are not mandated to deal with the social and economic conditions that are causal factors related to child neglect. As a result, it is very difficult to make improved changes in this area of family functioning.

**Table 19: Pretest Posttest Comparison of the Domain Ratings of Financial Conditions**

Domains of Financial Conditions	Severity of Problem	Families at Pretest		Families at Posttest	
		N	%	N	%
Financial Management	None	86	54.1	86	57.0
	Moderate	72	45.3	63	41.7
	Severe	1	0.6	2	1.3
Stress Due to Welfare	None	114	75	110	75.9
	Moderate	38	25	35	24.1
	Severe	0	0	0	0
Inside Furniture	None	115	74.7	113	77.4
	Moderate	38	24.7	33	22.6
	Severe	1	4.6	0	0
Financial Stress	None	68	42.8	67	44.4
	Moderate	86	54.1	82	54.3
	Severe	5	3.1	2	1.3
Transportation	None	89	56.3	86	57.3
	Moderate	69	43.7	64	42.7
	Severe	0	0	0	0
Domain Total *	None	472	60.4	462	62.2
	Moderate	303	38.7	277	37.3
	Severe	7	0.9	4	0.5

Note: \* represents a pretest and posttest comparison of the total number of all families across all domains

## **Developmental Stimulation**

Table 20 compares the ratings on the pretest and posttest scores on developmental stimulation. The majority of caregivers (81.3%: n = 116) seemed to have age appropriate learning toys for their children at the close of service. Initially 64% (n= 98) of families were categorized as being in the moderate level in the domain of "Learning Experiences". This category was defined as " lets kids watch any program on TV, although may verbally disapprove; interacts with school request; rarely reads to child(ren); allows child to develop without interfering; some pushing for unrealistic achievement" (McCroskey & Meezan, 1997, p. 341). Caregivers also learned more effective ways of managing sibling conflict. There was an improvement of 13.8 % in the "none" problem rating in this category. Caregivers also seemed to have learned more about providing their children with enriching learning experiences, and finding time to play with them as illustrated under the categories "Learning Experiences" and "Time for Play".

**Table 20: Pretest Posttest Comparison of the Domain Ratings of Developmental Stimulation**

Domains of Developmental Stimulation	Severity of Problem	Families at Pretest		Families at Posttest	
		N	%	N	%
Toys	None	119	78.8	116	81.3
	Moderate	32	21.2	27	18.6
	Severe	0	0	0	0
Learning Experience	None	51	33.3	64	43.8
	Moderate	98	64.0	82	56.2
	Severe	4	2.6	0	0
Time for Play	None	55	35.9	72	48.6
	Moderate	96	62.7	72	48.6
	Severe	2	1.3	4	2.7
Sibling Interactions	None	49	35.8	64	49.6
	Moderate	82	59.9	64	49.6
	Severe	6	44.0	1	0.8
Domain Total *	None	274	46.1	316	55.7
	Moderate	308	51.8	245	43.2
	Severe	12	2.7	5	1.2

Note: \* represents a pretest and posttest comparison of the total number of all families across all domains

### Assessment of Overall Change in Family Functioning

Workers rated very few families as having severe problems in the six areas of family functioning. The reason for this is not evident. It could be that those families that would have been rated as more severe had their children removed from their care and as a result were not referred to the program. Workers may have rated families more positively due to their own biases and their desire for families to succeed. Another consideration is that the Family Assessment Form (1993) may not have captured the severity of some of the families' problems. What these results do not reflect is the

number of families that experienced the loss of either a child or children to the child welfare system. By the end of the service intervention, 13.2% of families had children in care and by the end of the first year following the termination of service 40.9% of families had experienced placement. If all of these families were perceived by the family preservation worker to be in the “strength” to “moderate” range of family functioning why were a seemingly disproportionate number of children placed in the care of Winnipeg Child and Family Services? One reason might be that the effects of the family preservation service are not always long term. Families may have benefited from extended services or “booster shots” of service. Another factor that may offer insight into the placement rates is that children were still considered at risk of placement if they were in the “moderate” category. This should be taken into consideration with further use of the Family Assessment Form (1993). Some of the ratings that were used to assess family functioning could be modified to incorporate the mandate of the Agency using the form. An example of this might be to modify the ratings for physical discipline. McCroskey, Sladen and Meezan (1997) state that the Family Assessment Form “should be adapted to meet the needs of practitioners in specific programs and agency settings” (p. vii).

### **Rate of Change**

The rate of change on each domain of family functioning was determined by subtracting the pretest score for each family on each domain from the posttest score. Families that had lower scores were considered to have made positive change in family

functioning. Families had to have a rating on all pretest and posttest scores in the domain to be included in this analysis. Table 21 shows the number of families that made positive changes in family functioning over each domain. Table 22 presents information on the number of domains in which families showed positive change.

**Table 21: Number of Families that Showed Change In Each Domain of Family Functioning.**

Nature of Change	Domains of Family Functioning											
	Parent-Child Interaction		Living Conditions		Caregiver Interactions		Supports to Caregiver		Financial Conditions		Development Stimulation	
	N	%	N	%	N	%	N	%	N	%	N	%
Positive Change	105	78.9	32	23.9	101	72.1	41	38.3	33	24.6	66	56.9
No Change	22	16.5	97	72.4	36	25.7	61	57.0	93	69.4	44	37.9
Negative Change	6	4.5	5	3.7	3	2.2	5	4.7	8	6.0	6	5.2

More families showed positive change in the areas of “Parent-Child Interaction” and “Caregiver Interaction”. These are both areas in which change would be easier to facilitate. Given the short time period that a family preservation worker has to work with a family it would be difficult to facilitate a great deal of change in the areas of living conditions or financial problem solving. Families also did not experience as much change in their financial or living conditions because the pretest ratings in these areas were generally quite positive. McCroskey and Meezan (1997) also found that workers reported less environmental change and greater change in family interactions.

**Table 22: The Number of Domains where Families Showed Positive Change**

Number of Domains where Families Showed Positive Change												
	1		2		3		4		5		6	
	N	%	N	%	N	%	N	%	N	%	N	%
Number of Families	9	7.6	29	24.4	36	30.3	28	23.5	12	10.1	5	4.2

Almost 70% (n=81) of the families that received service from the In-Home Crisis Resolution Program showed positive change in more than two domains of family functioning. Very few families showed a decrease in any of the six areas of family functioning. A decrease in family functioning over at least one domain was shown by 21 families: 14 showed a decrease on 1 domain, 6 showed a decrease on 2 domains and only 1 family showed a decrease in family functioning over 3 domains. It is interesting to note that the family that showed negative change in family functioning on the most domains (3 domains) did not have children that came into care. Yet the family that was rated as having made the most overall positive change in family functioning, over the six domains (-26 points), had their child(ren) in care at the end of service. This could indicate that although the family made a great deal of progress they still may have been dealing with issues such as substance abuse or mental health problems that lead to family breakdown. The ratings indicate that 42.8% of families (n=9) that showed a decrease in family functioning over at least one domain kept their children out of care for at least one year.



This could be the result of families having overall strengths in other domains that compensated for the domain in which there was a decrease.

### **Domain Change and its Relationship to other Variables**

The Wilcoxon Rank Sum Test was used to test five variables against the amount of change over each domain: single parents, current care, prior care, child placement and presenting problems. This nonparametric approach provided a way to analyze and test data that does not depend on assumptions about the distribution of the data. A nonparametric approach creates a statistical test that ignores the spacing information between the response values. The benefit of this approach is that it protects against distributions that have very nonnormal shapes which can also provide “insulation from data contaminated by rogue values” (Sall, Lehman, & Creighton, 2001, p.165). The significant results of this testing are discussed in the following section.

#### **Single Parents**

Using the Wilcoxon Rank Sum Test single parent status was found to be significantly related to change in the following domains: Living Conditions ( $p=.001$ ), Supports to Caregiver ( $p=.005$ ) and Developmental Stimulation ( $p=.005$ ). In all three of these domains, single parents made more positive change than two parent families.

Single parent status was further explored to determine if there were any areas where they were successful in making more changes than two parent families. By using cross tabulation and the chi-square test the change that single parent families made was

compared to two parent families. Change in the following areas showed a statistically significant relationship to being a single parent: “Emotional Stability” ( $p=.03$ ) and “Overall Assessment of Caregivers” ( $p=.002$ ). In both of these areas, as well as “Cleanliness/Orderliness-Inside Home”, “Appropriate Substitute Caregiver” and “Self-Esteem”, single parent families made more positive changes than two parent families. In most of these areas, the two parent families made little change.

### **Current Care**

Families that had children in care at the beginning of service delivery did not show a significant relationship to changes in ratings on any of the domains. This indicates that families that might have been considered as having received reunification services did not perform differently on any of the six domains than families that started the service with their children.

### **Prior Care**

Families that had previously had children in the care were significantly related to changes in parent child interaction ( $p=.014$ ). Parents that had children in care prior to receiving service from the In-Home Crisis Resolution Program were less likely to make positive change in their parent-child interactions than families that had maintained their children prior to receiving service. Caregiver interactions did not improve as much with families that had previously had their children in care.

## **Child Placement**

Families that had a total posttest score result that indicted fewer financial problems were significantly ( $p=.02$ ) better able to maintain their children out of the care of Winnipeg Child and Family Services for one year. As was mentioned earlier, approximately 81% ( $n=69$ ) of families that maintained their children for over a year were not financially dependent on welfare or child support although they may have had isolated problems that could be quickly resolved.

## **Presenting Problems**

There was a significant relationship ( $p=.005$ ) between the presenting problems and the average posttest score sums in the domain of Parent-Child Interactions. Families that had been referred to the program, for sexual abuse or because they were at risk new parents, had the lowest mean score. This score indicated the highest level of functioning on this domain. Child emotional abuse had the highest posttest rating average score, which indicated the least amount of positive parent child interactions.

There was also a significant relationship ( $p=.03$ ) between the presenting problems at the posttest rating and the domain of "Developmental Stimulation". Families that showed the greatest amount of positive change on this domain were those that were referred for physical abuse and family violence which may have resulted in abuse.

Change that families made in relation to their presenting problems was significantly related ( $p=.02$ ) in the domain of Financial Conditions. Families that had been referred to the program because of problems related to child emotional abuse and

school problems on average made the most positive change in the area of their financial conditions.

The following chapter provided a summary of the results of this practicum report. Limitations of this study are considered as well as recommendations for further research and practice. This chapter also discusses the achievement of my learning goals.

## **CHAPTER V**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **Summary and Conclusions**

This chapter reviews the purpose of the study, the research questions and the limitations of the research. The findings are discussed in terms of the implications for family preservation services. The Family Assessment Form (1993) as a measurement for family preservation services will be discussed as well as future research in the area of family preservation services. This chapter will also address the objectives of the practicum and how they were achieved.

Winnipeg Child and Family Services introduced family preservation programming as part of a broader Volume Management Initiative. The primary focus of this initiative was to reduce the number of children in care without further placing children at risk. In 1995, Northwest Area introduced the In-Home Crisis Resolution Program, which was based on the Homebuilders Model of intervention. Family preservation workers used the Family Assessment Form to collect information on the families that they worked with between 1995-1999. Pretest and posttest ratings were completed in order to provide an assessment of the change that the program was facilitating. The basis of this study was to compile parts of the information that were collected into findings, conclusions and recommendations for future planning.

This study included families that were caring for at least one child. The majority of families received service through the In-Home Crisis Resolution Program for less than three months.

Child placement rates were considered in this study, as one of the initial goals of the program was to reduce the number of children that were in the care of Winnipeg Child and Family Services. In this study the unit of analysis for child placement was the family and not the child. Child placement was determined if one or more children that were residing in the home were placed in care. Child placement was considered at the end of service, after six months and again after one year. This factor makes the results of this study difficult to compare to other studies where the unit of analysis was the child. The program had very positive outcomes at the end of service with approximately 86.8% of families maintaining all of their children. This percentage dropped to 71.7% after six months to 59.1% at the end of one year. Due to a lack of a comparison group it is difficult to determine whether the program was more successful at maintaining children with their families than traditional child welfare intervention.

Research on family preservation services confirms that other programs have experienced attrition of placement aversion rates over time (Pecora et al., 1991; Pecora et al., 1991). This decrease does not necessarily indicate a failure of the program but rather those families might need booster interventions or to be linked with resources in the community that can provide support as needed. It also became clear from reviewing the family files that not all of the children that avoided placement remained with their families. Some children ended up in alternative placements such as relatives, friends,

welfare, other child welfare agencies, the Manitoba Youth Centre, shelters, mental health facilities, or on the street. There is little available information that would provide insight into whether these children that did not stay with their families were better off remaining out of care. It would be interesting to allow these children the opportunity to share their own perspective of what was a better alternative for them.

The majority of families in this study were referred to the In-Home Crisis Resolution Program with issues related to the following presenting problems: caregiver feels unable to cope with child(ren) (30.8 %); difficult child behaviour (21.4%); and child physical abuse (16.9%). The family problems that precipitated a referral to the program were not related to child placement.

Almost half of the families in this study had children that were previously in care with Winnipeg Child and Family Services. This research determined that there was a significant relationship between child placement and prior placement. Families that had previously had children in the care of Winnipeg Child and Family Services were more likely to have their children in care at the end of the service intervention and were also more likely to have their children return to care. This begs some interesting questions. Did these families experience the service differently than those that had never had their children placed or were these families perceived differently by the service providers? This research also found that families that were rated as “paranoid” or “not able to trust” were not as successful in keeping their children out of care. Families that had previously had their children taken away from them may have been more distrustful of the system.

Seventy-nine percent (n=49) of the families that started service with some of their child(ren) in care were reunited with them. The results in this sample are high when compared with those reported in the literature on reunification services which are approximately 50-60% (Quality Assurance, Research and Planning Program, 2000). In a recent report dated June 2000, Winnipeg Child and Family Services documented that 75% of the families in the current reunification program had children that were reunified (Quality Assurance, Research and Planning Program, 2000). The unit of analysis in this study being the family and not the child may influence these results.

Single parents accounted for 46.2% (n = 73) of the families in this sample. Parent status was significantly related to child placement; that is single parents were not as likely to maintain their children at home as two parent families. The difference in the child placement rates between single and two parent families might be due to such factors as financial problems as this research also found that financial problems were positively associated to child placement. On average, single parent families have lower incomes, which might help explain this difference in the child placement rates. It should be noted that single parent families showed more improvement than two parent families in a number of areas in family functioning including the maintenance of their home, finding appropriate substitute caregivers and improved self esteem.

This research also looked at family characteristics and their relationship to child placement. Financial problems, related to welfare and child support, which were still evident at the end of the service intervention, were found to be positively associated with



child placement. This indicates that financial stress needs to be considered when working with economically challenged families if family preservation is to be successful.

The majority of families were rated as “generally adequate” in this area and as a result, there were few families that made changes in their financial situation.

Another environmental factor that was significantly related to child placement was the opportunity for children under five to have peer contact. Parents that were involved in planning for and providing peer contact for their children under the age of five were less likely to have their children placed in care.

Approximately 57% (n=30) of the caregivers that were considered in this study scored in the moderate level in the category “History of Substance Abuse” had their children placed in the care of Winnipeg Child and Family Services. Out of the total population that was included in this study 38.8% (n=45) at the termination of service had a rating in the moderate level. A history of substance abuse was positively associated with child placement. These scores indicate a significant number in the moderate range and in view of the finding that alcohol use puts more children at risk, this is an important factor. These results imply that for many families substance abuse would have a negative impact on the welfare of their children or would put their family at risk. Research on substance abuse has indicated that family preservation programs have less success with parents that have substance abuse problems (Berry, 1999; Downs et al., 2000). The reason for this lack of success is often due to the chronic and complex nature of substance abuse which cannot be addressed over the short time frame that is associated with family preservation services (Berry, 1999). Services that are offered to parents that have drug

and alcohol addictions must consider the chronic relapsing that occurs during treatment. The service delivery has to include longer support and monitoring than is offered through family preservation programs. As a result, part of the intervention that could be offered through family preservation services would be to ensure that families with substance abuse problems are introduced to ongoing treatment resources and supports that deal with their addiction.

In this study, there was little change that occurred with the caregiver's current substance abuse habits during the course of intervention. When caregivers with posttest score ratings between 2.5 and 4.5 were examined as a group, 70.8% of these families had children which came into care.

A score on the category "Current Substance Abuse" between 1 and 2 would be defined as: "1. no use; and 2. social, recreational use or experimentation; no interference with daily functioning" (McCroskey & Meezan, 1997, p. 335). Caregivers in these categories had an average posttest score of 1.8. As a result very little positive change would be evident since on average they did not have a problem with substance abuse. However, all of the caregivers that experienced a rating change that indicated a worsening of their substance abuse had children that came into the care of Winnipeg Child and Family Services. Out of the 118 caregivers that did not make a change 35.6% (n=42) had children that came into care.

As mentioned previously paranoia and ability to trust were significantly related to child placement. Caregivers were subjected to higher ratings if they were either too suspicious or too trusting. The posttest scores on the item "Paranoia/Ability to Trust"

were positively associated with child placement ( $p=.008$ ). This indicates that caregivers that were paranoid, distrustful or too trusting were not as successful in maintaining their children. Families that scored in the moderate to severe category would present a very difficult challenge to family preservation workers. This response interferes with helping and is indicative of risk to children. For some families that are distrustful of child welfare services this poses an inherent dilemma; if these families don't participate fully they are seen as resistant yet if they reveal too much about themselves this information can be used against them to support the removal of their children.

Parents that made changes in the consistency of their discipline were less likely to have their children placed in care. The caregivers that kept their children out of care made positive change in their discipline style at a rate of 69.5% ( $n=84$ ). Caregivers that did not make any change in their discipline consistency had their child(ren) come into care at a rate of 55.9% ( $n=33$ ).

The only factors in family interaction that showed a significant relationship to child placement were those related to the bond between the caregiver and their child(ren). In this sample of families, bonding was seen as a strength that could be built on.

McCroskey and Meezan (1997) decided to base part of their research on the six-factor solution to family functioning. They concluded that for the purpose of their study family functioning would be defined as "the family's financial conditions, living conditions of the family, supports available for parents, caregiver interactions, parent-child interactions, and developmental stimulation" (p.114). This study also used the six dimensions of family functioning in part of its analysis.

The data from the In-Home Crisis Resolution Program was tested to determine the internal validity. The results indicated that the data that was collected showed internal reliability using the six-factor solution for family functioning. More importantly, these six factors seemed to be measuring the same underlying dimensions as those derived from McCroskey and Meezan's (1997) study.

McCroskey and Meezan (1997) examined the distribution of the problems in their sample according to the worker's ratings. Families were sorted into three groups based on the seriousness of their problem, "(1) those with either a *strength* or only a very minor problem, (a scale score under 4 using the one to nine rating); those with a *moderate problem* (a scale score of 4-7); and (3) those with a *severe problem* (a score of over 7)" (p. 224). These definitions of the severity of the problems were used to determine the amount of change that was facilitated through the In-Home Crisis Resolution Program.

The data shown indicated that very few families were rated by their family preservation workers as having severe problems in the area of parent child interaction. Families that did have severe problems made positive change with intervention. "Attitude Towards Parenting" was the only category that showed an increase in the number of families that received a severe rating. This may have been a result of the workers getting to know the family better which was reflected in a more accurate posttest score.

The most interesting ratings in the domain of parent child interaction occurred in the area of discipline. Out of the sample population that was referred to the In-Home

Crisis Resolution Program 17% of families were identified with the presenting problem of physical abuse. Yet, the category of physical abuse had the fewest number of families in both the pretest and posttest categories that were rated as severe (0.7%). The apparent incongruity in these results was explored. One explanation was to consider the definition of what constituted a severe rating of physical abuse and inappropriate discipline. A moderate score of inappropriate discipline included the following definition: “unplanned punitive approach; only reacts emotionally; inappropriate to age; name calling; emotionally abusive; isolates child from family; overreaction to offence; for physical harm; rarely sees positive in child” (McCroskey & Meezan, 1997, p. 339).

Under the definition of “Use of Physical Discipline” a moderate rating of 4 was defined as “regular spanking; use of belts, shoes, etc.: shaking of toddler”. Parents who had a presenting problem with physical discipline might not have been evident due to the definitions related to physical discipline. This example illustrates that a program may want to consider its own rankings of problem severity that would best reflect its own mandate and philosophy.

The domain “Living Conditions” showed the highest percentage of families that rated as having only minor or no problems. Due to the low ratings prior to the introduction of service there was little change that was observed in this area of family functioning. McCroskey and Meezan (1997) also found that this domain was rated as being less of a problem area.

The domain of “Caregiver Interactions” showed the highest percentage of severe scores (pretest n=26, posttest n=19) and the highest number of families that remained in

the moderate range. No improvement was rated as occurring when caregivers had very poor intercommunication skills. There was also little improvement in the caregivers' attitudes towards each other and by the end of service there were more caregivers that were rated as "excessively fearful; terrified; hostile; hateful; rejecting; totally indifferent". Domestic violence was captured under the heading "Conflict". While a severe rating of conflict implied domestic violence, a moderate rating also included physical exchanges such as "slapping and shoving" in situations of conflict. In this writer's opinion, this definition may not capture the severity of the problem associated with domestic violence.

The domain "Supports to Parents" indicated that extended family support was a problem area of many families. Extended family was often considered a negative influence or defined as more trouble than help. There was not a great deal of change in the support that was derived from family between the pretest and posttest, which seems to be an area that would be difficult to change through family preservation services. This information would be important in looking at adapting the family preservation intervention to meet the needs of the families. If a family does not have extended family to rely on for support, it may be very important to ensure that the family has other resources in place that they can turn to for support. This would include finding other resources for child-care support as a lack of appropriate substitute caregivers was strongly related to child placement. Without extended family support available for child care, parents may be forced to use less than desirable child care arrangements. This may be even more important for single parents.

The domain “Financial Conditions” indicated that the majority of families in this sample (75%) were not financially dependent on the welfare system or child support. Over half of the families were considered working poor or having a minimum wage job. Financial stress was a problems for over half of the families in the program. Another problem area was transportation. A lack of transportation can lead to social isolation for parents with small children.

The domain “Developmental Stimulation” demonstrated that caregivers were able to learn about providing their children with more enriching learning experiences, and finding the time to play with them. Caregivers also learned more effective ways of managing sibling conflict. This area is one that family intervention workers could influence in a short period of time. This domain would also be an area where families could see themselves making progress. It is not surprising that families showed positive change in the developmental stimulation that they provided for their children.

This practicum study also looked at the rate of change on each domain on family functioning. “Parent-Child Interaction” and “Caregiver Interaction” were two areas that experienced significant positive change in family functioning. These are areas where change would be expected. In a short period of time it would be difficult for workers to facilitate a great deal of change in the areas of living conditions or financial problem solving. McCroskey and Meezan (1997) also found that workers reported less environmental change and greater change in family interactions.

This study also examined the amount of change that each family made over the six domains of family functioning. Almost 70% of the families that received service

from the In-Home Crisis Resolution Program showed positive change in more than two domains of family functioning. A decrease in family functioning over at least one domain was shown by only 21 families; 14 showed a decrease on 1 domain, 6 showed a decrease on 2 domains and only 1 family showed a decrease in family functioning over three domains. The ratings indicate that 42.8% of families (n=9) that showed a decrease in family functioning over at least one domain kept their children out of care for a minimum of one year.

The Wilcoxon Rank Sum was used to test the following five variables against the amount of change over each domain: single parents, current care, prior care, child placement, and presenting problems. Single parent status was significantly related to living conditions, supports to caregiver and developmental stimulation. As mentioned previously, in these domains single parents made more progress than two parent families. Single parent status was further explored to determine if there were any specific areas where they were successful in making more change. Change in emotional stability and the over-all assessment of caregivers was significantly related to being a single parent. In most of these areas, the two parent families made little change.

Prior care status showed a significant relationship to "Parent-Child Interaction". Parents that had children in care prior to receiving service did not make as much positive change. Parents also did not make as much progress in the area of "Caregiver Interactions" if their children had been in care prior to receiving service. Families that had a total posttest result that indicted fewer financial problems were significantly more able to maintain their children out of the care of Winnipeg Child and Family Services for



one year. Families that made the most change in the domain of “Parent-Child Interactions” were significantly more likely to maintain their children at home for at least a year post service.

There was a significant relationship between the presenting problems and the average posttest sums in the domain of Parent-Child Interactions. Families that had been referred to the program for sexual abuse or because they were at risk new parents, had the highest rate of functioning on this domain. Families that were referred for problems with child emotional abuse showed the least amount of positive change in the area of parent child interactions. The highest amount of positive change in the domain “Developmental Stimulation” occurred with families that were referred for physical abuse and family violence, which might have resulted in abuse. In the domain, “Financial Conditions” families that were referred to the program because of problems related to child emotional abuse and school problems on average made the most change.

Overall, there were very few families that were rated as having severe problems in the six areas of family functioning. As mentioned previously the reason for this is not clear. It could have been that families that might have been rated as more severe were not referred to the program. Workers may have rated families more positively due to their own bias and their desire for families to succeed. What these results do not reflect is the number of families that experienced the loss of either a child or children to the child welfare system. By the end of the service intervention 13.2% of families had children in care and by the end of the first year post service 40.9% of families experienced placement. One explanation might be that the effects of the family preservation service

are not always long term. Families might have benefited from extended services or “booster shots” of service. Another explanation might be that children are still considered at risk of placement if they are in the moderate category.

### **Limitations of the Findings**

The limitations of this study are inherent in the research design. There was no a control group that was used to determine if there was a difference between the outcomes of the In-Home Crisis Resolution Program and traditional child welfare practice. There was also no other source of information on the families other than the family preservation worker’s rating to assess the amount of change that families were making. The findings of this study may have been more accurate if someone who did not have a direct investment in the outcomes rated the families. Another limitation was that family preservation workers recorded the pretest and posttest scores on the same Family Assessment Form. This may have affected the posttest score rating as the workers would have been able to compare their pretest results and scored the form, at the termination of service, that in a manner that would support their decisions around child placement.

This study could have been enhanced in many ways such as the use of a comparison group, two sets of raters, or collecting more information on the families with the use of other instruments. However, given the limited resources it was very impressive that the family preservation workers were able to complete the Family Assessment Forms for as long as they did and with the detail that was provided. In a

child welfare setting, the amount of dedication that it took to complete the forms was exceptional.

## **Recommendations**

### **Prospects for Further Research**

The findings of this practicum study on family preservation services suggest a number of recommendations for further consideration. These recommendations take into consideration the results of this study as well as the literature that was reviewed.

Recommendations are considered in the following areas: economic and social change, drug and alcohol treatment, attitude towards child welfare, and networking.

Economically and socially there is a need to research and implement solutions that will combat poverty. Until more attention is paid to the underlying causes of family breakdown, such as poverty, financial stress, and poor living condition, the child welfare system will continue to be overwhelmed with the volume of children that are placed in care.

The use of child placement as the basic indicator of program success does not address important questions that relate to the safety and general well being of the children that are residing in high-risk families. Research on family preservation services needs to use other indicators of program success such as decreasing rates in child abuse and neglect, improvements in child development, and improved parent-child attachment.

More longitudinal studies on how families cope over time will also need to be carried out. This would include a study of the children that did not enter the child welfare

system but also did not remain with their families. These are the children that ended up in alternative placements such as: with relatives, friends, teenage mothers on welfare, the Manitoba Youth Center, shelters, hospitals, or on the street. These children appear in the outcomes of this study as successes because they did not come into care. It would be interesting to follow up with these children to determine how they were doing without Agency placement.

Various concepts of community networking need to be explored more fully in an attempt to understand how families can be best supported once they have completed family preservation programming. As mentioned previously, families may need “booster shots” to help them maintain their children. The need for further service could be monitored and delivered by various resources in the community. Research indicates that many families need a greater support system to help them cope with the day to day stressors of parenting. Informal support systems in the community may provide the needed resources to maintain children with their families. Research on community support may indicate that the long term success of family preservation services is dependent on ensuring networking with families to various community resources.

Ongoing research into the best ways to provide service to parents that are abusing drugs and alcohol is necessary. This should include research into the best time period during addiction rehabilitation to introduce family preservation services. Caregivers that are abusing drugs and/or alcohol may not fully benefit from family preservation services until they have made progress in their rehabilitation.

Future research would benefit from more rigorous study. The use of quasi-experimental designs, control groups, and random assignment would provide more compelling evidence of treatment benefits. There is also a need for more quantitative research to assess the process of service delivery. Research could facilitate better training models and supervision techniques.

### **Recommendations for Practice**

This study has led to a number of recommendations that can be considered in programming for family preservation services. These recommendations are based on the results of this summary and the literature that has been presented. These are general recommendations that need to be considered whenever family preservation services are offered.

Research has shown that poverty and the stresses associated with it are factors that can lead to family breakdown. This study found that families that had financial problems or stress related to their financial situation, were at higher risk of having their children placed in the child welfare system. Family preservation services need to be active in helping families cope with poverty. As well, social workers need to be aware of their own biases towards families that are economically challenged. In Canada, poverty should not be the primary factor that leads to child placement.

Family preservation programming might consider offering a modified program to parents that are coping with drug and alcohol abuse. In this study parents that were coping with addiction issues both past and current were not as successful in maintaining

their children. Collaboration with alcohol treatment facilities may provide more insight into the timing of rehabilitation so that family preservation services may be more productive. Networking with treatment facilities may also provide increased access to more community supports to help families cope with substance abuse problems.

Families that have previously had their children in care, may require more support in building working relationships within the mandated Agency. The results of this practicum indicate that caregivers that were labeled as mistrustful experienced more family breakdown. Years of mistrust towards child welfare agencies may prevent families from accessing the benefits that the organization has to offer. Offering family preservation programming in conjunction with other service agencies may facilitate this trust. Families might be more successful in maintaining their children if they were able to choose where they received service. Perhaps, there needs to be consideration given to having private nonprofit agencies provide preservation services to families involved with mandated child welfare services.

A great deal of emphasis has been placed on the importance of parent child attachment. In this study, parents and children that had attachment problems were not as successful with family preservation services. Problematic attachment may be better addressed through other more intensive forms of parent child therapy such as Corrective Attachment Therapy (Levy & Owens, 1998).

The support system that a family has is an important factor in the ongoing stress related to parenting. When a caregiver is isolated and does not have family support it is important that alternative resources are found that can help sustain the family unit.

Establishing a relationship with community development workers might help tap into resources that are already in the community or they may be able to help forge new resources. Examples of this would be single parents benefiting from the opportunity of a support group where child care was provided. Accessing peer contact for young children in the form of a 'Parent and Child' program may provide the necessary support to help a parent cope.

Family preservation services, are valuable as a treatment service but cannot be viewed in isolation from other forms of service delivery. Family preservation services are not the solution to all child welfare problems. Families also need to be connected with resources to help them address the ongoing issues that are impacting on their lives.

Social workers that are offering family preservation services need ongoing training and education into both the factors that influence child placement as well as the resources that are available to assist in maintaining children with their families. Agencies that are offering family preservation services have to maintain the ongoing learning and consultation process that is involved in working in an area that is constantly changing.

### **Achievement of Learning Goals**

The data that was collected by the In-Home Crisis Resolution Program provided an opportunity to complete a study on different aspects of family preservation. The process of organizing and evaluating this data provided me with greater insight into the complicated and difficult challenges that are inherent in research and data analysis.

Reviewing the literature on family preservation has provided me with the opportunity to learn more about this form of intervention and its impact on child welfare practice. This process helped to formulate the questions that were examined in this practicum study. Reviewing information on child welfare issues provided me with knowledge that I can apply in working in this field. It has reaffirmed my belief that parents that have lost their children to child welfare agencies are often lacking in resources. Parents that are experiencing poverty, single parent status, a lack of support, or a need for education around parenting issues such as discipline are all less likely maintain their children.

The literature on child welfare and family preservation services confirms that the problems related to child maltreatment are often systemic. Economic and social problems facilitate the conditions that frequently lead to child welfare intervention. The bottom line is that families that have more resources are less likely to have children placed in foster care.

The process of collecting the data on child placement rates proved to be more challenging than expected. This endeavor involved tracking the child placement rates of the families that participated in the In-Home Crisis Resolution Program. The initial complication came when I discovered that the names of some of the families that were involved in the In-Home Crisis Resolution Program were not recorded on the Family Assessment Forms (1993). The forms often documented family file numbers that were no longer used by Winnipeg Child and Family Services. The file clerks at the agency helped me to locate the family names so that I could access information on the families.



The data on child placement was obtained by reviewing information in the 'Child and Family Services Information System' and family files. This process was very time consuming, as the child placement information was not always clearly documented or accessible. Some children had turned 18 years old and as a result, their files were sealed and family files had to be accessed to obtain placement information. Due to these complications, I often had to read through file dictation and summaries to obtain the data that I was looking for. This exercise confirmed that the process of field research often provides unforeseen challenges.

Completing this practicum study gave me an understanding of the problems that can be associated with data collection and analysis. Although the Family Assessment Forms (1993) were generally well completed there were missing data, in areas such as the second caregiver, that would have enhanced the results. Practical issues such as using two different coloured pens to record the pretest and posttest scores would have made it easier to enter the data. Rating errors were a concern especially since the pretest and posttest results were documented on the same form. If a program is going to collect data for evaluation, they need to consider how the information can be made more reliable. Although documenting the data on the same form may enhance the process of service intervention, it was not conducive to research.

The Family Assessment Form (1993) provided a great deal of information on family functioning but it was very lengthy. The form required a great deal of time and effort to complete. It was apparent from the forms that the family preservation workers became quite resentful of the process. One worker continued to express his

dissatisfaction with the form by writing on it how much he “hated” it. Part of the problem may have been that the family preservation workers were putting in the effort to collect the information but were not given feedback. This is an important consideration when asking workers to cooperate with data collection.

The Family Assessment Form (1993) proved to be a useful instrument to evaluate family functioning. Assessment of the progress that families were achieving may have been enhanced by further qualitative methods of gathering information. Interviewing families that participate in such services would provide another perspective to program outcomes.

Consulting with a statistician enhanced my learning in the area of data analysis and evaluation. Initially I needed assistance entering my data and then learning how to use various programs such as JMP In and Microsoft Excel to analyze the results. By furthering my knowledge of research evaluation, I recognize I still have a great deal to learn about statistics and data analysis. Knowing more about evaluation and statistics has provided me with critical insight when reviewing the results of other studies.

Completing this practicum study has increased my awareness of how challenging research evaluation can be. I am now aware and as a result more prepared for the amount of time and effort that goes into data collection and analysis. I also have more insight into the importance of setting up a study in a controlled insightful manner. Working on this practicum has provided me with enough confidence to participate in future research projects.

## **Final Conclusions**

This study considered family preservation services and family characteristics that were related to child maintenance. This and other research on family preservation indicates that families with the greatest amount of resources are the ones that are most likely to be more successful in maintain their children. It seems that these families would be more successful with any form of intervention. The results of this practicum study indicate that there are many systemic problems that need to be addressed in working with families that have few resources in order to facilitate long term improvement in family functioning.

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**Appendix 1:**

**Sample Item from the Family Assessment Form (1993)**



# Family Assessment Form RESPONSES



Children's Bureau of Southern California  
**FAMILY ASSESSMENT FORM RESPONSES**

Case #	Program/Office	Worker
PERSONS ASSESSED	AGE	RELATIONSHIP/ROLE
Caregiver 1 _____	_____	_____
Caregiver 2 _____	_____	_____
Child 1 _____	_____	_____
Child 2 _____	_____	_____
Child 3 _____	_____	_____
Child 4 _____	_____	_____
Child 5 _____	_____	_____
Others in Home _____	_____	_____
_____	_____	_____

Note: List children from youngest to oldest.

**PRESENTING PROBLEM(S):** Code # \_\_\_\_\_ Referred by: \_\_\_\_\_

**For what reason:** \_\_\_\_\_

Alleged/Substantiated/Denied

Incident involved whom: \_\_\_\_\_ Incident occurred when: \_\_\_\_\_

**DEPARTMENT OF CHILDREN'S SERVICES (DCS) INVOLVEMENT**

Number of past involvements with DCS: \_\_\_\_\_ Length of current involvement with DCS: \_\_\_\_\_

OUT OF HOME PLACEMENT(S)	CIRCLE	#	Child(ren)	NAME(S)
Past out-of-home placement(s)?	YES / NO	# _____	Child(ren)	_____
Current out-of-home placement(s)?	YES / NO	# _____	Child(ren)	_____
At risk of out-of-home placement(s)?	YES / NO	# _____	Child(ren)	_____
Comment(s): _____				

**MEDICAL / PSYCHIATRIC INVOLVEMENT**

**CIRCLE AND EXPLAIN**

Significant or chronic medical problems? YES / NO \_\_\_\_\_

Contact with mental health system/professionals? YES / NO \_\_\_\_\_

Comment(s): \_\_\_\_\_

DATES OF INITIAL ASSESSMENT:	IN-HOME	DATE OF TERMINATION ASSESSMENT	IN-HOME
_____	YES / NO	_____	YES / NO
_____	YES / NO		
_____	YES / NO		

**COMMENT(S):** \_\_\_\_\_

## I. ENVIRONMENT

I-A-1	CLEANLINESS/ORDERLINESS – OUTSIDE HOME		1	+	2	+	3	+	4	+	5
I-A-2	CLEANLINESS/ORDERLINESS – INSIDE HOME		1	+	2	+	3	+	4	+	5
I-A-3	SAFETY – OUTSIDE HOME		1	+	2	+	3	+	4	+	5
I-A-4	SAFETY – INSIDE HOME		1	+	2	+	3	+	4	+	5
I-A-5	APPROPRIATE PLAY AREA – OUTSIDE HOME		1	+	2	+	3	+	4	+	5
I-A-6	APPROPRIATE PLAY AREA – INSIDE HOME		1	+	2	+	3	+	4	+	5
I-A-7	ADEQUATE FURNITURE		1	+	2	+	3	+	4	+	5
I-B-1	FINANCIAL STRESS		1	+	2	+	3	+	4	+	5
I-B-2	FINANCIAL MANAGEMENT		1	+	2	+	3	+	4	+	5
I-B-3	FINANCIAL PROBLEMS (WELFARE/CHILD SUPPORT)		1	+	2	+	3	+	4	+	5
I-C-1	EXTENDED FAMILY SUPPORT		1	+	2	+	3	+	4	+	5
I-C-2	SUPPORT FROM FRIENDS, NEIGHBORS, COMMUNITY		1	+	2	+	3	+	4	+	5
I-C-3	AVAILABLE CHILD CARE		1	+	2	+	3	+	4	+	5
I-C-4	OPPORTUNITIES FOR PEER CONTACTS (under 5)	NA	1	+	2	+	3	+	4	+	5
I-C-4	OPPORTUNITIES FOR PEER CONTACTS (over 5)	NA	1	+	2	+	3	+	4	+	5
I-C-5	AVAILABILITY OF TRANSPORTATION		1	+	2	+	3	+	4	+	5
I-C-6	LONG-TERM RELATIONSHIP #1		1	+	2	+	3	+	4	+	5
I-C-6	LONG-TERM RELATIONSHIP #2		1	+	2	+	3	+	4	+	5
I	OVER-ALL ASSESSMENT OF ENVIRONMENT		1	+	2	+	3	+	4	+	5

### Comments:

#### STRENGTHS

#### CONCERNS/PROBLEMS

## II. CAREGIVER #1

II-A-1 ADEQUACY OF CAREGIVER'S PARENTING	1	+	2	+	3	+	4	+	5	
II-A-2 CHILDHOOD HISTORY OF PHYSICAL ABUSE	1	+	2	+	3	+	4	+	5	
II-A-3 CHILDHOOD HISTORY OF SEXUAL ABUSE	1	+	2	+	3	+	4	+	5	
II-A-4 HISTORY OF SUBSTANCE ABUSE	1	+	2	+	3	+	4	+	5	
II-A-5 HISTORY OF AGGRESSIVE ACTS	1	+	2	+	3	+	4	+	5	
II-A-6 HISTORY OF BEING ADULT VICTIM	1	+	2	+	3	+	4	+	5	
II-A-7 OCCUPATIONAL HISTORY	NA	1	+	2	+	3	+	4	+	5
II-B-1 LEARNING ABILITY/STYLE	1	+	2	+	3	+	4	+	5	
II-B-2 COOPERATION	1	+	2	+	3	+	4	+	5	
II-B-3 EMOTIONAL STABILITY	1	+	2	+	3	+	4	+	5	
II-B-4 DEPRESSION	1	+	2	+	3	+	4	+	5	
II-B-5 AGGRESSION/ANGER	1	+	2	+	3	+	4	+	5	
II-B-6 PARANOIA/ABILITY TO TRUST	1	+	2	+	3	+	4	+	5	
II-B-7 CURRENT SUBSTANCE ABUSE	1	+	2	+	3	+	4	+	5	
II-B-8 PASSIVITY, HELPLESSNESS, DEPENDENCY	1	+	2	+	3	+	4	+	5	
II-B-9 IMPULSE CONTROL	1	+	2	+	3	+	4	+	5	
II-B-10 PRACTICAL JUDGMENT/PROBLEM SOLVING/COPING	1	+	2	+	3	+	4	+	5	
II-B-11 MEETS EMOTIONAL NEEDS OF SELF/CHILD	1	+	2	+	3	+	4	+	5	
II-B-12 SELF-ESTEEM	1	+	2	+	3	+	4	+	5	
II-C-1 UNDERSTANDS CHILD DEVELOPMENT	1	+	2	+	3	+	4	+	5	
II-C-2 SCHEDULE FOR CHILDREN	1	+	2	+	3	+	4	+	5	
II-C-3 PROVIDES BASIC MEDICAL/PHYSICAL CARE	1	+	2				4	+	5	
II-C-4 USE OF PHYSICAL DISCIPLINE	1	+	2	+	3	+	4	+	5	
II-C-5 APPROPRIATENESS OF DISCIPLINE	1	+	2	+	3	+	4	+	5	
II-C-6 CONSISTENCY OF DISCIPLINE	1	+	2	+	3	+	4	+	5	
II-C-7 APPROPRIATE SUBSTITUTE CAREGIVERS	1	+	2	+	3	+	4	+	5	
II OVER-ALL ASSESSMENT OF CAREGIVER(S)	1	+	2	+	3	+	4	+	5	

**Comments:**