

Family-Centered Services: Approaches and Effectiveness

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Abstract

Much of the emphasis in the nation's system of child protection focuses on investigations to determine whether child abuse or neglect has occurred, and procedures for arranging out-of-home care for children who are not safe at home. Less attention often goes to the capacity of public and private agencies to provide services that help stressed families prevent child maltreatment before it begins, or that enable families with serious child-rearing problems to stabilize the home and provide more appropriate care for their children. This article examines the current understanding of the most promising and effective means of serving families. It highlights the family-centered service approach, which encompasses family support services for families coping with normal parenting stresses, and family preservation services designed to help families facing serious problems and possible out-of-home placement. The article explains the characteristics of family support and family preservation services, and discusses how these services are accessed and financed. It reviews available evaluation findings regarding the effectiveness of the two types of family-centered services, and considers the challenges faced when evaluating such services. Finally, the article discusses issues related to planning and service delivery, such as coordination and system reform, financing, targeting, relationships between workers and families, and efforts to strengthen entire communities.

The overarching goal of the child welfare services system is to assure the long-term well-being of children, within their families whenever possible. However, reports on the conditions of children, youths, and families show that an increasing number of families with children live with poverty, violence, racism, and substance abuse in communities that provide few resources to support them or help them solve complicated problems.^{1,2} Faced with these conditions, many families need a broad array of services and supports to help them negotiate the challenges of family life and care adequately for their children.

Viewed from the perspective of child protection, services for families fall into three major groups: basic social services such as child care, health care,

and income support; family support services such as parent education and support groups, which strive to strengthen families and help them raise their children well (sometimes preventing child abuse or neglect); and family preservation services, which offer counseling and assistance to families in which a child has been maltreated. An important subset of the latter is intensive family preservation services, which allow a child who is at significant risk to remain at home or return home from foster care.

Family support and family preservation are often referred to as “family-centered” services because many of these programs share a guiding philosophy and emphasis on responding to family needs and strengths. This article examines family-centered services, describing the assistance they provide to families, explaining how families access them, and summarizing what is known about service outcomes for children and families.

Of course, no service program can provide all that is needed to support and strengthen every family. A system of well-coordinated, accessible, family-centered services must rest on a foundation of a healthy community that affords adequate basic services and opportunities for education, housing, and employment.²⁻⁴ Efforts to strengthen family-centered services will be insufficient unless the basic needs of families are met. Therefore, this article also explores the challenges of coordinating planning and service delivery, and discusses innovative efforts to strengthen communities so that they can better support families.

Goals for Family-Centered Services

The child welfare field has been broadly conceived to support the well-being of families and their children, and the use of family-centered services in child welfare is undergirded by beliefs and principles that endorse the rights of both families and children.³ The principles that focus on the integrity of the family include: (1) families, in all of their diverse forms, are the best places to raise children; (2) families have the right to fair access to resources and opportunities needed for successful functioning and child rearing; and (3) families have the right to privacy unless children are endangered. Counterbalancing these are three principles that focus on children’s rights: (1) parental

rights are conditioned by an obligation to protect children and promote their well-being; (2) children have the right to a fair chance in life and the essentials of healthy development, including a sense of belonging, continuity of care, safety, nurturing, socialization to constructive societal norms, and access to opportunities; and (3) children who are at risk have the right to community protection.^{2,3}

Concerns about children’s immediate safety are referred, in all states, to the child protective services unit of the child welfare system for investigation and response. (See the articles by Schene and by Waldfogel in this journal issue.) These public agencies can respond by removing the child from the home or by providing services to

increase the safety of the family environment. Significant resources have been spent to develop a system of foster and institutional care for children who cannot remain at home, but protective services workers cannot always find placements that can give these children the love, care, and stability they need over the long term.⁵ (See the discussion of kinship foster care in the article by Berrick in this journal issue.) Therefore, leaders in the field of child welfare have emphasized the importance of supplementing child protection investigations and out-of-home placement with a continuum of family-centered services. It is important to note, however, that families who are not involved with child protective services can also benefit from family-centered services.

The next section of this article puts family-centered services in the context of all supports for children and families. It compares the aims of family support with those of family preservation, and it traces the growing federal emphasis on family-centered services. A more in-depth discussion

Service funding is fragmented and inadequate; access to services is limited; programs emphasize problems rather than family strengths; and interventions seldom focus on the family as a unit.

of family support and family preservation then describes the two types of service programs, and reviews available evidence concerning their effectiveness. The article closes by reviewing challenges of program design and implementation that are being tackled by pioneering family-centered service efforts.

A Continuum of Family and Children's Services

As any parent knows, raising children is a challenging and sometimes overwhelming responsibility. Most parents tap a broad range of informal and formal supports for help in fulfilling their responsibilities, looking to family, friends, and neighbors, as well as to child care, health, education, and social

service providers. Over the years, social service professionals have developed many kinds of programs for families and children, although social services for families and children sometimes seem more like a hodgepodge than a system. Table 1 illustrates the broad array of services that families may need, showing that all families may need services at some points in their children's lives. While the categories of family types listed on the left are not exhaustive or exclusive, they suggest how family situations lead to different service needs.

Not all of the services mentioned in Table 1 would be classified as "family-centered" services. For instance, housing, child care, education, drug treatment, and mental health services do not necessarily focus on the whole family (a key element of family-centered services). Many of these services have operated with such separate funding, facilities, staff, and training approaches that they are almost separate worlds.

Certain services, such as family therapy and help with concrete needs, have long been available to abusive and neglectful families. However, the delivery of these services has been flawed: funding has been fragmented, inconsistent, and inadequate; access to services has been limited; programs have emphasized problems and family weaknesses rather than prevention and family strengths; and interventions have seldom focused on the family as a unit. These service delivery problems have increased the likelihood that children will be placed outside their homes, when they might have been well served within their families and home communities.

Recently, however, the philosophy and principles of family-centered services have begun to influence even traditional program arenas. More and more social service programs are responding to the new emphasis on family-centered, community-based, culturally competent, outcome-oriented care.^{4,6,7}

Comparing Family Support and Family Preservation

The two major types of family-centered services, family support and family preservation, are designed to serve families in

Table 1

A Continuum of Family and Children's Services Used by Families in Differing Situations	
Family Type	Examples of Potential Services
All families/healthy families	Advocacy Income supports Housing Health care Child care Family-centered work policies Parent education Development-enhancing education Recreation Family planning services School-linked health and social services Information and referral services
Families needing additional support/ facing minor challenges	Family support centers Family resource programs Home visiting programs Family counseling Parent aide services Support groups Services for single parents
At-risk families needing specialized assistance/facing serious challenges	Alcohol and drug treatment Respite child care Special health services Special education services Adolescent pregnancy/parenting services Mental health services Services for developmentally disabled and emotionally disturbed children and their families
Families in crisis or at risk of dissolution/ placing children at serious risk	Child protective services Intensive family preservation services Services for chronically neglectful families Services for runaway children and their families Domestic violence shelters Domestic violence counseling
Families in which children cannot be protected within the home/ needing restorative services	Diagnostic centers Foster family homes Therapeutic foster homes Group homes Therapeutic group homes Residential treatment centers Reunification services
Families who cannot be reunified	Adoption services Independent living services

different ways. Family support services are intended for families who are coping with the normal stresses of parenting, to provide reassurance, strengthen a family facing child-rearing problems, or prevent the occurrence of child maltreatment. By contrast, family preservation services are designed to help families at serious risk or in crisis, and are typically available only to families whose problems have brought them to the attention of child protective services, the juvenile justice system, or the mental health system.^{8,9} A major goal of these services is to prevent foster care placement, or help reunify families after a child has entered placement by improving parenting skills and providing follow-up services.¹⁰

Families enter these two service systems in very different ways. Most enroll voluntarily in family support services, while participation in family preservation services may be required of families whose children are under public agency supervision. Thus,

In 1993, legislation was passed that earmarked federal funds specifically for family support services and increased the funds available for family preservation services (Public Law 103-66).

while families in voluntary service programs seek services because they recognize that they need information or help, families in mandatory service programs may not recognize deficiencies in their child-rearing abilities, may resent receiving “help” that they do not want, and may fear having their children removed from home.

As discussed later in this article, funding for family support and preservation services is complex, mixing federal, state, local, and private resources for social services. Private foundations have played an important role in bolstering the development of both family preservation¹¹ and family support programs. Federal laws have stimulated widespread interest in family-centered services and have provided modest funding to support them. (See the article by Courtney in this journal issue for further discussion of federal funding streams.)

Growth in family preservation programs can be traced to the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), which required states to make “reasonable efforts” to keep families together and avoid the placement of children in substitute care. The first federal attention to family support came in 1993, when legislation was passed that earmarked federal funds specifically for family support services and increased the funds available for family preservation services (Public Law 103-66). The regulations for the 1993 Family Preservation and Support Services Program recommended that states target services to the areas of greatest need and leverage funds from multiple funding streams by creating crosscutting community-based strategies.¹²

Funding for this initiative totaled approximately \$930 million over five years. Ten percent of these funds could be used for administrative costs; the remaining funds were to be divided between family support services and family preservation services, with no less than 25% of these monies going to either service.¹² The majority of states have invested more of this money in family support than in family preservation, with approximately three-fifths of the allocated funds being used for family support services.¹³

In November 1997, another key piece of child welfare legislation, the Adoption and Safe Families Act of 1997 (Public Law 105-89), was enacted. This law reaffirms the federal commitment to the two types of family-centered services discussed in this article by reauthorizing them through the year 2001 and increasing their funding level by about \$20 million per year. It clarifies congressional intent by changing the name of the program from “Family Support and Family Preservation Services” to “Promoting Safe and Stable Families,” and thus shifts focus away from specific models of service delivery toward two key outcomes for children and families—safety and stability. Through its provisions, which include shorter time frames for permanency hearings, adoption incentive payments, and modification of the reasonable efforts provisions of earlier laws, Public Law 105-89 reaffirms the importance of timely, goal-directed, family-centered approaches within the broader continuum of child welfare services designed to protect

the safety of children, support families, and promote permanency and adoption.

Attempts by child protective services staff to keep abused or neglected children at home while providing services to their families have not been universally embraced, and some of the concerns of these critics are reflected in this new legislation. Some observers have argued that the emphasis on family preservation in the child welfare system works against the best interests of children.¹⁴ For example, one observer wrote that “Family preservation . . . stands for the proposition that nearly all families, no matter how dysfunctional or abusive, can be put right with the proper mixture of therapy and social services.”¹⁵ Another argued that attempts to preserve families at all costs ignore “the uncomfortable truth that some parents are beyond the reach of even the best treatment programs.”¹⁶

In fact, not every family can or should be preserved; children must be removed when families cannot assure their safety. The debate need not be framed in “either/or” terms that imply one must choose between the goal of saving children and that of preserving families. The true challenge is one of finding a better balance between competing priorities to maximize not only children’s safety but their long-term well-being. A varied and adequately funded array of family-centered services gives child welfare agencies additional options to use as they work toward the sometimes competing goals of protecting children, supporting and preserving families, and building communities. To further explain what these service strategies offer child welfare agencies, the characteristics and effectiveness of family support and family preservation are described below.

Family Support

Community agencies offer family support services to promote social competencies and behaviors that contribute to parental, child, and family health and development for all families.^{17,18} These services are based on the premise that all families may experience stressful life circumstances and inadequate support as a result of normal life transitions, economic pressures, changing social conditions, the emergence of new social problems, the deterioration of neighborhoods

and community ties, limits in the social safety net, and an increasing number of families headed by never-married mothers.¹⁹ The programs typically focus on prevention rather than the amelioration of problems or deficits, and provide a secure and accepting climate to support the growth and development of family members. The programs are usually community based, shaped to fit local conditions, and kept flexible enough to respond to emerging needs and the interests of participating families.²⁰

Characteristics of Family Support

Family support programs provide a wide variety of services to counteract stresses, link families together, and offer needed assistance.²¹ Often guided by social support and stress theory,²² and taking a public health approach to service delivery,²³ they may

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convene peer support groups; offer educational programs such as training in parenting skills or child development; and organize social and learning experiences for young children, adolescents, and parents. Many programs also advocate for families with other service institutions, or represent family interests in the community at large.¹⁸⁻²⁰

Family support programs are typically open to all who choose to participate. Some family support programs serve the community at large, while others are organized to address specific concerns such as prenatal and infant health, children’s school readiness, family literacy, prevention of child abuse, teen parenting, or the challenges faced by families with special needs children.²⁴ Many programs reach out actively to invite participation by those who might benefit from service. Respect for individual and cultural differences is often reinforced by reliance on volunteers and staff who live in the community served, or who share experiences with the participating families.¹⁸⁻²¹

While most family support programs work with individuals to enhance family

capacities, some have launched or joined efforts to reform service delivery at the neighborhood level and to strengthen communities.^{4,7} Local and statewide efforts to institute such programs on a broad scale are increasing.^{25,26}

Evaluating Family Support

Recent reviews of family support program evaluations suggest that the effects of family support programs are modest and inconsistent.²⁷⁻³⁰ Some evaluations show improved child outcomes, and others show positive effects on parents, but few findings appear consistently across evaluations.

Studies indicate that improvements in child outcomes are more likely to occur in programs that include direct experiences for children, rather than those that focus only on parents.²⁷ A related finding from evaluations of preschool programs shows that once a child-focused program

However, few of these effects were consistently repeated across studies.

A recent review of rigorous evaluations of home visiting programs exemplifies this mixed pattern of findings.³⁰ The programs studied did not improve birth outcomes for the children, although some enhanced mothers' health-promoting behaviors or their psychological functioning. They did not prevent child maltreatment, as measured in official reports, although some programs modified aspects of parenting that are thought to influence child maltreatment. This review, and others, suggest that the design of the family support program significantly influences outcomes; important program features appear to be the frequency, intensity, and comprehensiveness of the program services, and the quality of the relationship between families and staff.^{27,29-31}

The limited evidence available suggests that family support programs have inconsistent effects both on children's development and on family functioning.

is in place, adding family support can strengthen its effects. Preschool programs that include a family component seem to yield higher cognitive gains for children than preschool programs that lack services for families.³¹

Reviewers of family support program evaluations^{27,32} have noted that short-term effects on parents' child-rearing attitudes, behavior, or knowledge have been achieved by some family support programs. Specifically, they have stated that adult participants have shown improvements in knowledge of child development; have provided a more stimulating and emotionally encouraging environment for children; and are more likely to recognize the parent's role as teacher. Other parent outcomes found were changes in caregiving behaviors and use of more positive control and disciplining techniques. Some evaluations have found that parents' problem-solving abilities, sense of control, self-esteem, and coping were improved through family support programs.

On the whole, the limited evidence available suggests that family support programs have inconsistent effects both on children's development and on family functioning. These findings may not accurately reflect program effects, though, because of limitations in the research on family support. For instance, researchers have trouble defining and measuring progress toward goals that are complex, far-reaching, and sometimes amorphous. It is also problematic when reviews of family support evaluations compare programs with different foci serving different target populations.³³ (See Box 1 for a discussion of issues confronting evaluators of both family support and family preservation programs.) The true impact of these services will not be measured until programs enumerate measurable objectives, and researchers develop and apply appropriate methods for documenting program effects.

The field of family support is still emerging, and federal funds available as a result of the 1993 and 1997 legislation will undoubtedly spark more growth. Given continuing development and the lack of research to identify the most effective program types, it is probably too early to assess overall program impact. Nevertheless, family support programs have the potential to offer help and assurance to many different kinds of families, only some of whom are likely to

Box 1

Issues in the Evaluation of Family Support and Family Preservation Programs

The development and expansion of family support and family preservation programs have outstripped the empirical knowledge available to practitioners, administrators, program planners, and academics. In both areas, a wide range of questions remain to be answered.

Family Support

Evaluated program models. Most of what is known about the impacts of family support comes from evaluations of demonstration efforts with large budgets, even though most programs are small and community based. It is uncertain whether the impacts of the two types of programs are similar or different.

Random assignment. Traditional, experimental evaluation designs have seldom been used in this area, because random assignment to a treatment or control group is difficult in a program whose doors are open to all who are interested. Alternative comparison strategies might be used instead to estimate program effects in an approximate way.

Evaluation approach. Some evaluators advocate studying family support with non-traditional approaches that draw the evaluator into direct interactions with program staff and participants. The impact of such approaches needs to be better understood. Some also emphasize qualitative understanding over quantitative assessments of program effects.

Program implementation. To learn which programs work for whom and why, researchers should study configurations of program components, staffing patterns, barriers to participation, and parents' experiences in the program.

Goals and outcomes. The broad goals of family support pose evaluation challenges because there are few reliable, well-accepted measures to capture program impacts on the functioning of families or communities. Many evaluations emphasize child development outcomes, which can be measured with some confidence, even though most services are aimed at adult family members.

Family Preservation

Evaluated program models. Most evaluations of family preservation have focused on intensive family preservation services, and many have concentrated on a single model. Studies examining the impacts of different program models, varying service features, and the targeting of specific services to particular families are therefore needed.

Program implementation. Program implementation issues that deserve study in family preservation include attention to the fidelity with which program models are implemented, the skills and attitudes needed by workers, and the agency structures and supervisory supports that promote successful service delivery and positive outcomes.

Goals and outcomes. The conceptualization and measurement of outcomes is a challenging task in family preservation, as in family support. Attention has gone to the prevention of out-of-home placement as the primary outcome of these programs, ignoring important outcomes such as system impact, family functioning, child well-being, social support, and effects on the larger community.

become involved with the child protective services system.

Family Preservation

While family support services attempt to prevent child-rearing problems from arising, family preservation services target families that are facing serious and immediate threats to family functioning and stability. Most often, they serve families whose children are in danger of being placed outside the home, or families whose children have been placed but may be reunited with the family.^{9,34}

The philosophy that guides family preservation practice bears many similarities to the philosophy of family support described above.^{35–37} Key assumptions include the ideas that children should remain

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with their families whenever possible, that families are constantly engaged in a process of development and growth, and that all families have strengths to draw upon. Participation in family preservation programs is usually mandatory for the family if the child is to remain in the home or be returned from foster care.

Characteristics of Family Preservation

In practice, family preservation programs encourage the family to realize its potential by building the skills of family members and by enhancing the family's support system. Family preservation workers draw on a variety of theoretical orientations, from family therapy to crisis intervention, ecological approaches, or an emphasis on cognitive and behavioral change.^{38–40} Specific goals for individual families are usually prioritized based on a thorough psychosocial assessment. The programs emphasize the idea that a supportive, empowering, and respectful relationship with families facilitates change, and stress the need to respond

to the multiple causes of the family's distress by providing both family interventions and concrete services. Services are usually delivered in the family's home, and include all family members.^{39,41} Family preservation can be divided into two basic program types—rehabilitative family preservation services and intensive family preservation services.

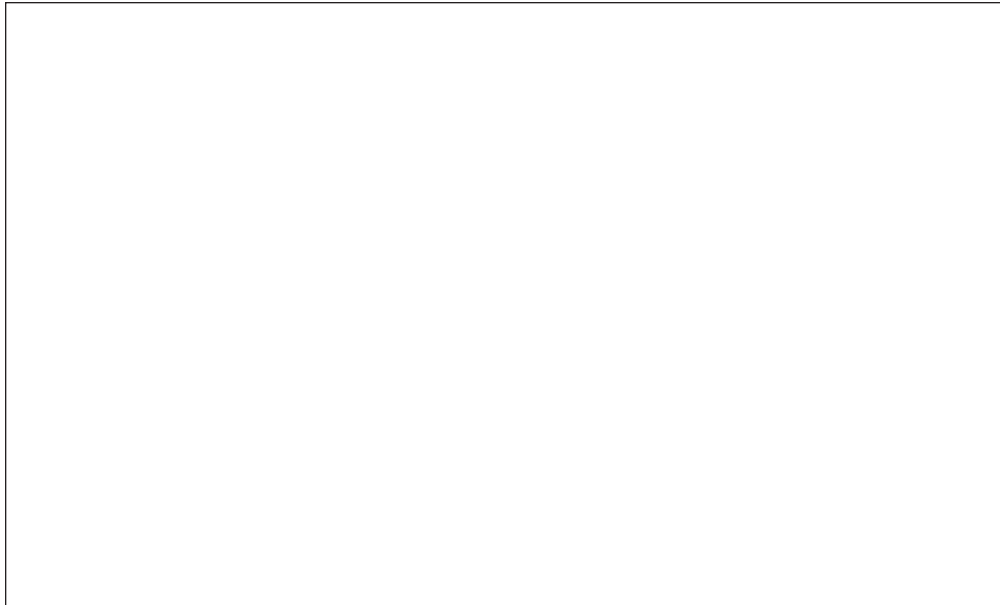
Rehabilitative Family Preservation Services

Rehabilitative family preservation services are directed toward ameliorating problems in families whose stability is threatened because abuse or neglect may lead to the removal of a child from the home. Workers first assess the family and its support systems and then develop a service plan with the family. Typically, the assigned worker engages the entire family in the home setting, although office visits and meetings in community settings may also be used. Workers in rehabilitative family preservation programs provide a wide range of services, including case management, advocacy, home-based counseling, behavior modeling, parent education, anger management, techniques for coping with behavior problems, communication skills, assertiveness training, linkages to community resources, and concrete services such as transportation, clothing, emergency funds, and help with housing.^{36,40,41}

Intensive Family Preservation Services

Intensive family preservation services are a special subset of family preservation services offered to families whose problems make the removal of a child imminent, and to families preparing to be reunified with a child returning from out-of-home care. The aim of the service is to avoid the removal of children, or to hasten a child's return. Intensive family preservation programs resemble the programs described above, but they are more short term, focus more on the families' immediate problems, and provide more intensive help to address problems.

Intensive family preservation programs are far more staff-intensive than other family-centered services. Workers usually carry caseloads of only two to six families at a time, see families from 4 to 20 hours per week, and can be reached by the family 24 hours per day. Families are almost always



seen in their homes, on a flexible schedule designed to encourage participation by all family members. These intensive programs are typically time-limited, usually lasting between 4 and 12 weeks, and are often based on a single model called Homebuilders.^{35,36,42} A key issue confronting the field of family preservation is that of determining which circumstances call for more short-term intensive family preservation services, rather than less intensive rehabilitative family preservation services.

Evaluating Family Preservation

Policymakers embraced family preservation programs because they believed that the programs would diminish the rate of foster care placement, keep children in their family homes, and save government costs by substituting less expensive family preservation services for out-of-home placements. Consequently, the major indicator used to evaluate the success of family preservation services has been the avoidance of out-of-home placement, and less attention has been paid to other important outcomes for children and families.

Early research efforts were criticized for both programmatic and methodological reasons.⁴³ While some of these criticisms have been addressed in more recent evaluations, it is clear that much information about these programs is still needed. (See Box 1 for a summary of key evaluation issues in family support and preservation.)

The initial evaluations of family preservation programs, most of which lacked control groups, showed that placements were avoided for more than 90% of the children served.⁴⁴ Reviews of recent studies that used more rigorous research designs have noted mixed results regarding placement prevention: smaller studies have yielded small to moderate effects, while the two largest studies found no effects.^{8,9,37,45}

Reviews of studies that included control groups revealed that a significant number of children in the control groups were not placed in foster care. This fact diminishes the ability of researchers to detect program effects, and points to a targeting problem in intensive family preservation programs. If only those families with a child at imminent risk of placement participate in intensive family preservation programs, one would expect that most, if not all, of the children in the control groups would enter care. The research shows, however, that they do not. In other words, intensive family preservation services are going to many families who do not appear to have the acute problems that put them at imminent risk of placement. These families might be better served by less intensive, rehabilitative family preservation approaches.

Recent studies also suggest that the outcome of “placement/no placement” may be too crude a measure to fully capture the impact of family preservation services on the child welfare system. Studies using more

complex measures of children's experiences in the placement system have sometimes shown that children who received intensive family preservation services experienced fewer days in placement, more case closings, shorter times in placement, a slowing of placement rates, or placement in less restrictive environments than those who received "regular" child protective services.^{8,9} One study⁴⁶ found more frequent, prompt, and long-lasting reunification of children with their families in the group served by intensive family preservation services than among comparison group families.

In addition, evaluators who look systematically at a complex and layered set of outcomes may be better able to understand the true impact of these services. Broader aspects of family and child functioning can and should be used as primary outcome measures in the evaluation of family preservation programs.^{37,43,47,48} Studies have found

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modest but significant program impacts on outcomes such as parent-child interactions, supports available to families, living conditions, parenting skills, family cohesion, emotional climate of the family, and the level of family stress. Positive changes have also been found in children's school attendance, school adjustment, delinquent behavior, hyperactivity, peer problems, and oppositional behavior, and in the parents' knowledge of child care, use of verbal discipline, and parenting skills.^{8,9,36,41,49,50} Rather than conclude that a program approach that feels right to many families and professionals⁵¹ is not effective based on a single outcome measure, it would be preferable to systematically investigate the impact of services on multiple aspects of family and child functioning, including child safety and family stability. Other authors have pointed to a similar need to utilize more complex and dynamic measures in evaluating the impact of family support programs.^{33,52}

The mixed results of studies to date suggest that while family preservation services have some value, they should not be seen as a panacea for problems in the child protective system. When a case of child maltreatment is substantiated, service plans should reflect a thorough assessment of the family's situation. Accurate risk-assessment techniques are needed to identify the cases in which children cannot be protected in their homes and in which out-of-home placement is clearly warranted.^{36,53} In cases where family problems are acute, intensive family preservation services can be used to stabilize the family and lay the groundwork for rehabilitative services.³⁷ In cases where family problems are chronic but do not immediately threaten the safety of children, rehabilitative family preservation may be the service of choice.

Challenges of Service Planning and Delivery

Efforts to increase the focus on family-centered community-based services as a means of protecting children confront a number of substantial and far-reaching challenges. Key operational issues arise for family-centered services in the areas of planning, financing, and targeting services, as well as enhancing relationships between families and workers.

Planning for Family-Centered Services

Increasingly, the staff of public child welfare agencies have been drawn into collaborative efforts to reform the ways that services are delivered to children and families. Currently, numerous service systems assist the same families and children, and no one system has overall responsibility for the child or for helping the child's family. For instance, a child's aggressive behavior may be the responsibility of the mental health system, his failing grades the responsibility of the school, his asthma the responsibility of the health care system, and his abuse the responsibility of the protective service system. Examples of system reform initiatives include efforts to use the schools as delivery sites for health, family support, and social services; and "wraparound" community-based supportive services that assist children and their families as they exit from mental health, child welfare, or correctional systems.⁵⁴

Often, these initiatives draw together community groups and human service agencies that seek to develop family-centered, community-based, preventive, culturally competent, results-oriented services that are flexible and accessible to families and children. Stronger relationships with these providers help the child welfare system gain access to needed services for families; and better linkages with parents, community members, and community-based organizations help assure that services are appropriate and will enhance the well-being of children and families. Perhaps most important, efforts that integrate social supports and services with economic and community development strategies help to build community.

The comprehensive, broad-based planning process required by the Family Preservation and Support Services Program (Public Law 103-66) contributes to collaborative service delivery. This legislation authorized states to develop coordinated planning approaches that included a number of voices not usually involved in planning for child welfare services, including parents, consumers, businesses, civic groups, and professionals from other disciplines and agencies (for example, child care, mental health, juvenile justice, schools). Recognizing the importance of community context, federal and state governments called for broad community participation at the local level, and the law allowed diversity in program design to meet the different needs expressed by community participants. In many jurisdictions, this process has yielded new state and local partnerships and a service infrastructure to support continuing development of family-centered services.¹³ Despite this progress, however, many challenges to operating and maintaining family-centered services still lie ahead. Indeed, the most critical challenge may be that of financing these services over the long term.

Financing Family-Centered Services

In a system built on separate categorical funding streams that address different aspects of family life, financing family-centered services (which span a number of different disciplines) is a dilemma. Social services of different types are financed through a patchwork of federal, state, local, charitable, and fee-for-

service dollars that differ from one locality to another. For example, child welfare is largely financed by federal foster care dollars, while mental health services are largely funded by state and local tax dollars. (See the discussion of federal programs funding child welfare in the article by Courtney in this journal issue.) The states have considerable discretion to decide how to use federal funds, and how generously to augment those funds with state and local tax dollars.

Local nonprofit agencies that provide social services for families and children are funded by a combination of government contracts and grants, foundation grants, fees for service, and charitable donations. For example, in Los Angeles County, there

The passage of Public Law 103-66 was a major achievement because it designated a specific federal funding stream to support family-centered services.

are more than 1,100 separate nonprofit agencies providing social services to families and children, with total average annual expenditures of more than \$1 billion. Their efforts supplement those of the more than 90 county-run programs for families and children, which spend about \$4 billion annually.⁵⁵

Family-centered programs, in particular, have generally been funded through federal funds (especially Title XX, the Social Services Block Grant, and Title IV-B, the Child Welfare Services Program), state discretionary funding, foundation grants, and charitable donations. A recent report by the U.S. General Accounting Office (GAO)¹⁰ points out that while there is great diversity among the states in the funding streams they tap to support family-centered services, available funds are generally inadequate to meet increasing demands. The passage of Public Law 103-66 was a major achievement because it designated a specific federal funding stream to support family-centered services. While the reauthorization of these services in 1997 through Public Law 105-89 indicates continuing federal interest in family-centered approaches, many local child protection agencies still do not have

stable, long-term funding mechanisms in place for these services.

Targeting Services for Families

Another major challenge faced by child welfare professionals is the fact that the prevention and early intervention services that might help families resolve their problems before maltreatment occurs are, in many communities, the very services that have been lost during the past two decades of service cutbacks. In an era of increasing need and decreasing resources for social services, agencies in most communities

Better data collection systems could connect assessment information, intervention, and service experiences with family and child outcomes, to learn which families do best with which services over time.

have had to focus services on families with the most serious problems at the expense of “discretionary” services, which include prevention. Many service agencies have tightened eligibility criteria, or have such long waiting lists that families despair of ever getting help. In contrast, child protective services are open to all and remain one of the few social services to which families with children are “entitled.” Thus, the protective services system is often the only door through which families who may need help can access services.

As a result, families served by the protective services system include those with deep intransigent parenting and other problems (including developmental disabilities, serious emotional problems, health crises, poor education, and little earning potential), as well as those who need only temporary assistance or help with parenting skills to provide more appropriate care for their children. Child welfare agencies are struggling to develop more effective assessment strategies to better target their services to needy families. (See the article by English in this journal issue.) Unfortunately, most lack an information base that can link family conditions and characteristics with service planning to ensure more effective outcomes. Without such information systems, the field is left

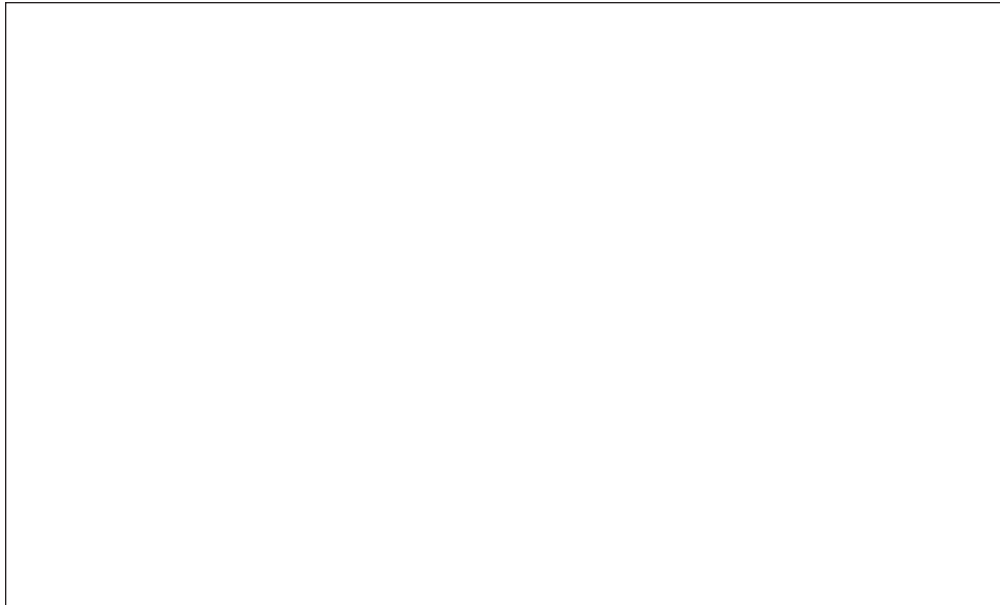
with what one author called “a decision-making process that relies on what interventions are available, since it is not always clear what is needed. . . .”⁵⁶

Without timely and accurate assessment of family strengths and needs, it is difficult for workers to take advantage of the continuum of services that are available and to plan services for individual families.⁵⁷ Better data collection systems could connect assessment information, intervention, and service experiences with family and child outcomes, to learn which families do best with which services over time. For such longitudinal data gathering efforts to be successful, however, agreement is needed on indicators that should be used to judge the success of child and family services.⁵⁸ (See Box 1 for a discussion of the difficulty of identifying appropriate outcomes for family support and preservation services.)

Relationships Between Families and Workers

Another key challenge facing child welfare services is that of building more effective relationships between families and workers. As the child welfare system is currently designed, public agency social workers often play both policing and helping roles with the same family. One critic has argued that these are such disparate functions that the public child welfare system cannot do both: “A system that investigates parents for wrongdoing cannot be supportive of families, and a system that separates children from families cannot promote family preservation.”⁵⁹ (See the commentary by Pelton in this journal issue.)

Others believe that it is possible to build relationships that allow problem solving with parents while still protecting the safety and interests of children.⁶⁰ In some cases, the public agency worker plays an authoritarian role with the family, while workers in community-based agencies play the role of advocate for the family. (See the discussion of community-based partnerships in the article by Waldfogel and in the commentary by Weber in this journal issue.) Other programs rely on service contracts developed jointly by worker and client. Their experiences show that even parents who are “involuntary” service recipients can often decide which services are in their child’s and their



own best interest.⁴⁷ Such joint decision making usually occurs because worker and parent have developed a relationship that allows for genuine communication.

As noted earlier, family-centered practice is based on respect for the integrity and strengths of families and their members, and on the belief that individuals can find solutions to their own problems through relationships with engaged and committed service providers. A recent evaluation of family-centered family preservation services in Los Angeles completed by the authors,⁴⁷ and an earlier study in New York,⁶¹ both suggest that the relationship between the worker and the family is more critical to service success than service length, intensity, or worker caseload.

Of course, if it is to be feasible for workers to develop close relationships with families, they need to have manageable caseloads, adequate training and supervision, and sufficient time to focus on the families they are trying to help. In addition, a commitment to the philosophy and values of family-centered services appears to play a key role in fostering the formation of such relationships.

Building Communities to Support Families

Confronted by increasing demands and decreasing resources, and having only a limited capacity to respond to a broad range of

needs, some local child welfare systems have embraced the idea of engaging communities in caring for their children. This notion moves well beyond traditional referral strategies, and focuses on long-term partnerships between public agencies and community-based civic, business, religious, and parent groups to help families protect their children with far less involvement by public agencies. (See the article by Waldfogel in this journal issue.) To focus on the role of the community in protecting children, however, entails a number of changes for child welfare agencies.

At the most basic level, the diversity of community contexts makes it important that family-centered services be flexible and adaptive. The basic needs of families in the South Bronx may be similar to those in Salt Lake City, but their cultures and contexts are so different that they require very different service strategies. Staff must therefore understand the diverse populations they serve and use culturally sensitive practices when they deal with families⁶² and communities.

A related principle of family-centered practice is that staff understand and engage with the communities in which families live their daily lives. Adopting a positive and respectful attitude toward communities does not come naturally to many child protective services workers, who are more likely to see communities as part of the problem rather than as part of the solution. Child welfare

services can be made more responsive to communities if workers are trained to assess community assets and needs, respond sensitively to diversity, and forge partnerships with community-based organizations and community members.⁶³ Geographically based assignment of cases can also help to assure that workers understand community norms, values, and resources.

While the child welfare system may indeed be “broken and in need of fixing,”⁶⁴ it cannot be fixed by attending to child welfare alone. The basic social problems that are at the core of the nation’s malaise are also at the core of child welfare problems. Poverty, racism, violence, and drugs affect almost every family in the United States; for some, they affect daily activities so thoroughly that “normal” family life is impossible and children are neglected or abused.

Under the premise that “physical, economic and social, individual and collective, adult and child well-being are all interconnected,”⁶⁵ a number of recent initiatives have set out to help communities become better able to support healthy growth and development in their populations.⁶⁶ These initiatives work on many fronts simultaneously—economic development, development of physical infrastructure, and development of integrated systems of social services—to improve the lives of neighborhood inhabitants. They rely on coordination among service agencies and collaboration between community organizations and residents to achieve their goals.^{65,67}

The experience of these pioneering efforts suggests that success requires far-reaching changes in existing institutions, power structures, and patterns of personal interaction.^{54,68,69} It takes time to build constituencies, assess current conditions, establish credibility, and develop leadership.⁶⁸ Although the development, implementation, and evaluation of comprehensive approaches have proven difficult,⁷⁰ they may offer the best chance to improve the lives of the poor families and children who are currently the clients of the child welfare system.

Conclusion

The principles and approaches of family-centered services provide exciting new directions to pursue in rethinking child welfare services. As noted above, some new efforts focus on service planning and design by involving a wide range of community groups in child welfare planning and decision making, or by developing ongoing partnerships with allied child-serving systems to assure that a full continuum of family and child services is available to those who need them in each community. Other change efforts focus on the service delivery system itself by seeking effective ways to blend funding streams to maximize efficiencies in the service delivery system, or by examining the roles public and community agency workers can play in developing effective relationships with families. Finally, new strategies for assessing families and conducting evaluation research can help determine which families should receive which services to achieve desired outcomes for children.

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