ALASKA LEGISLATURE COMMITTEE FILES 2001-2002 8672

10212 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

57

ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the HB252
Committee Name

Committee on 252 Dated 01-17-02
Bill / Subject

Re: Jodi Olmstead + Son being hurt 10 yrs. denied 3 grevences

— No Due Process (ever)
False allegation of med. neglect

— 3X's denied grevences (on my recordings)

No Hearing — tried to steal my son,

I will sue on Son's Behalf.

I had DFYS — pay 3x airfares, fuel, counseling + Repair my heat system.

SIGNED:
Testifier

Jodi Olmstead

Representing

Po 56853 NP AK 99705

Address / Phone Number

Fairbanks Legislative Information Office
119 N. Cushman Street - Suite 101
Fairbanks, Alaska 99701
(907) 452-4448 - phone
(907)456-3346 - fax

To: (11) HES 465-4587

From: JODI OLMSTEAD

Notes: RE HB 252

Date: 1/18/02 Time:

Sent by:

2 pgs

SITE: FAIRBANKS LIO	SUBJECT OF MEETING:
COMMITTEE: (H) HES	HB 252
DATE: 01/17/02	UPDATE #: 1

PLEASE SIGN IN

PRINT YOUR NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
Betty Rollins			Y
Email address:			
Chuck Rollins			Y
Email address:			
Jodi Olmstead			Y
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			

Homer LIO to testify...

Laurie Churchill

just now

SITE: Kenai LIO	SUBJECT OF MEETING:
COMMITTEE: HHES	HB252
DATE: 1-17-02	

PLEASE SIGN IN

PRINT YOUR NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	TESTIFYING? Y or N
~~John W. Street~~	PO ~~Box 835 Kenai 99611~~	~~Foster Parents~~ & Kids	Y
Email address:			
~~Lynn Smith~~	~~PO Box 8704 Nikiski 99635~~		Y
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			

SITE: DELTA JCT LIO

COMMITTEE: House HESS

DATE:

SUBJECT OF MEETING:
HB 252

UPDATE #:

PLEASE SIGN IN

PRINT YOUR NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
~~Art Griswold~~		Self	Y
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			
Email address:			

SITE: ANCHORAGE LIO	SUBJECT OF MEETING:
COMMITTEE: HHESS	HB 252
DATE: Jan 17, 2002	UPDATE #: 1

PLEASE SIGN IN

PRINT YOUR NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
~~Sallye Werner~~			Y
Email address:			
~~Dixie Dixon~~	CASA		Y
Email address:			
~~Tony Lombardo~~		Covenant House	Y
Email address:			
Email address:			
Email address:			
Email address:			

Subject: **Will HB 252 cost too much? No. Properly applied it could save money and families.**
Date: Fri, 18 Jan 2002 06:07:43 -0900
From: Ed Myers <mr-ed@gci.net>
To: Fred Dyson <Representative_Fred_Dyson@legis.state.ak.us>,
<Representative_Peggy_Wilson@legis.state.ak.us>,
"John Coghill, Jr" <Representative_John_Coghill@legis.state.ak.us>,
Jeannette James <Representative_Jeannette_James@legis.state.ak.us>,
<Representative_Kevin_Meyer@legis.state.ak.us>,
<Representative_Ethan_Berkowitz@legis.state.ak.us>,
<Representative_Albert_Kookesh@legis.state.ak.us>
CC: Betty Rollins <wayfarer@mosquitonet.com>

>,
Chuck Rollins <Chuck@mosquitonet.com>,
Scott Calder <thecalder@hotmail.com>,
Liz Grieg <Lizzie106@hotmail.com>,
Jodi Olmstead <JLynnak@hotmail.com>,
Ed Myers <mr-ed@gci.net>,
Frank Turney <FTurney@mosquitonet.com>
Message-ID: <B86D6C2F.6563%mr-ed@gci.net>
In-Reply-To: <list-18516139@mailsys01.intnet.net>
Mime-version: 1.0
Content-type: multipart/alternative;
boundary="MS_Mac_OE_3094178863_757160_MIME_Part"

> *This message is in MIME format. Since your mail reader does not understand* this format, some or all of this message may not be legible.

--MS_Mac_OE_3094178863_757160_MIME_Part
Content-type: text/plain; charset="ISO-8859-1"
Content-transfer-encoding: quoted-printable

Re: The claim that HB 252 will cost too much:

No. Duty and standards are fundamental.

Arguably reform of DFYS starting with a clear statement of "duties and standards of care" would be a good start toward preventing the spread of major and expensive court action as in Tennessee and Utah against the Department. =20
HB 252 is a small but vital finger in the dike. When the dike breaks, the baby will fall, and...
\- Ed Myers, Fairbanks, 457-1977

Subject: 500 Million Dollar Utah Lawsuit/This case is the Real McCoy./Copyright =A9 2001 National Outrage

An action has apparently been filed in Utah against their Departments of Human and Children Services, and juvenile and appellate courts. This case is the Real McCoy.

It differs from what Childs Best Interest is pursuing in Tennessee because it deals with alleged abuse and is in federal court, where we are challenging the constitutionality of how unquestionably fit parents and their children are treated in state courts in divorce/custody cases. But the core issues are the same, all states' family laws and practices are blatantly unconstitutional, and must be replaced.

http://www.nationaloutrage.org/claim.html

Daniel Lee
CBI President
ACFC Associate Director
http://childsbestinterest.org/

=3D=3D=3D
[Some background info below from the National Outrage website.]

http://www.nationaloutrage.org/article03.html

World Net Daily
Friday, March 19, 1999

Lawsuit charges officials with child theft
Families say Utah engaged in kids-for-money scheme
by Jon E. Dougherty
=A9 1999 WorldNetDaily.com

A lawsuit filed by a number of Utah families charge state officials with attempting to "steal" their children in exchange for more federal funding, WorldNetDaily has learned.

In a class action suit filed March 5 in federal district court, five families charging state Attorney General Jan Graham and others with conducting "a systematic reign of terror for the purpose of qualifying for federal subsidies," under the cover of child welfare laws.

According to the Utah attorney general's website, "Providing a safe living environment can involve something as drastic as permanently removing a child from an abusive home and making the child available for adoption. Usually it will involve other alternatives such as temporary shelter, foster care, or protective supervision of the child in his or her own home. All of these circumstances require court action." But according to the plaintiff's attorney, Michael Humiston, that "drastic" option is used much more often than necessary.

"What's going on here is outrageous," Humiston told WorldNetDaily. "Utah's juvenile courts eliminate all but a thin facade of due process." He said that by law, parents "can be anonymously accused and never get to face their accusers," with no right to a jury, no right to remain silent, and no presumption of innocence.

Worse, he added, "all proceedings are conducted in secret," with the state regularly terminating "parents' rights without ever showing that (they) are unfit."

The plaintiffs are seeking certification as a class on behalf of all Utah families who have allegedly experienced similar treatment by the state. They are asking for $500 million in damages -- the approximate amount of federal money the Department of Human Services has received since the state enacted laws in 1994 to qualify for increased federal subsidies.

"The child welfare system is a monster out of control," Humiston said. "Child abuse is serious but we have ample means to cope with this problem without abandoning all our constitutional rights."

Among the plaintiffs are David and Teresa Rodriguez, a Cuban family that moved to the U.S. initially to avoid the pitfalls of Communism under Castro. According to Humiston, in 1993, when Teresa attempted to report that her daughter had been moleste by her grade school principal, the Utah Department of Child and Fami Services (DCFS) began "an unrelenting campaign to silence the daughter," whose name is being withheld over privacy concerns expressed by the family. A press release provided to WorldNetDaily said the state planned to begin parental rights termination proceedings against the Rodriguezes March 8, but have never alleged that

ALASKA STATE HOUSE OF REPRESENTATIVES

Interim Address:
119 N. Cushman, Suite 211
Fairbanks, AK 99701
(907)-456-5081
Fax# (907)-456-8245

Session Contact:
(907)-465-3719
FAX# (907)-465-3258
State Capitol
Room 102

REPRESENTATIVE JOHN COGHILL

Date: January 14, 2002

To: Jason Hooley, HESS Committee Aide

From: Rynnieva Moss, Legislative Aide *[signature]*

Re: HB 252 Teleconferencing

Representative Coghill would like to request teleconferencing for the following LIOs:

Fairbanks
Kenai
Seward
Anchorage
Delta
Wasilla
Eagle River

only

Eagle River
Wasilla

testimony

Representative_John_Coghill@LEGIS.state.ak.us

Karen Rebarr

STATE OF ALASKA

REPRESENTATIVE
MIKE CHENAULT

Interim:
145 Main St. Loop, Second Floor
Kenai, Alaska 99611
(907) 283-7223
Fax: (907) 283-3075

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Session:
Capitol Building, Room 432
Juneau, Alaska 99801-1182
(907) 465-3779
Toll Free: (800) 469-3779
Fax: (907) 465-2833

January 17, 2002

TO: Representative Fred Dyson
Chair House Health and Social Services

FROM: Representative Mike Chenault

Vernon and Lyn Smith will be testifying on House Bill 272 this afternoon at 3 p.m. in House Health and Social Services Committee They will be utilizing their lunch hours and I would appreciate it if you could allow their testimony first.

As always, I appreciate your consideration.

Representative_Mike_Chenault@legis.state.ak.us

PLEASE GIVE THIS TO ME WHEN WE HEAR HB252

TESTIMONY REGARDING HB 252
PRESENTED 01-17-2002
LEGISLATIVE INFORMATION OFFICE
ANCHORAGE

Ladies and Gentlemen of the Health Education and Social Services Committee,

Good afternoon. My name is Anthony Lombardo and I represent Covenant House Alaska. Covenant House is a privately funded, non profit agency which cares for homeless and at risk youth . Today, I am here to offer you our view on HB252.

In short, Covenant House is opposed to both the wording and apparent intent of section one of the bill. The problem is that the youth most often brought into State's custody and the care of the Department of Family and Youth Services, or otherwise served by the shelters in this state are there *precisely because the family is unable or unwilling to provide for the safety, care and welfare of that youth, especially those youth in state's custody.*

Indeed, most often, a report of harm perpetrated by a family member or a report of gross neglect by the family has resulted in that child's custody by the State.

It would be unreasonable to tie the hands of the State in its attempt to provide for the health, safety and welfare of such youth by requiring that a perpetrator of harm be allowed participation in that child's upbringing. Similarly, it is unreasonable to mandate the State or any other care provider to necessarily expend time and energy to coordinate care with negligent and disinterested family members whose dereliction of duty *has necessitated state custody of their child.*

MAILING: P.O. BOX 104640, ANCHORAGE, ALASKA 99510-4640
(907) 272-1255

Please understand that Covenant House Alaska maintains family reunification as its top priority in all our cases. However, in many cases that goal proves undesirable or unattainable because circumstances present within a given family compromise the health safety or welfare of the youth who has come to us.

For both the State of Alaska and the private community of care, this is the reality of children in need of aid. We ask that you do not compromise the discretion allowed by the current wording of the statute.

Thank you.

ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the HB252
Committee Name

Committee on 252. Dated 01-17-02
Bill / Subject

Re: Jodi Olmstead + Son being hurt 10 yrs. denied 3 grievances

- No Due Process (ever)
False allegation of med. neglect

- 3X's denied grievences (on my recordings)

No Hearing — ~~State~~ tried to steal my son.

~~[illegible]~~ I will sue on Son's Behalf.

I had DFYS — pay 3x airfares, fuel, counseling & Repair my heat system.

SIGNED:

Testifier

Jodi Olmstead

Representing

Po 56853 NP AK

Address / Phone Number

99705

HB 252

LEGISLATIVE RESEARCH REPORT

FEBRUARY 8, 2002

REPORT NUMBER 02.073

SURVEY OF STANDARDS OF CARE FOR CHILDREN IN NEED OF AID

PREPARED FOR REPRESENTATIVE JOHN COGHILL

BY ROGER WITHINGTON, LEGISLATIVE ANALYST

You asked for information regarding the duty and standards of care required for children who have been found in need of aid. Specifically, you asked for a 50-state comparison of the duty and standards of care, set forth in state statue or regulation, for children who have been found in need of aid (CINA).

After consulting with the National Conference of State Legislatures (NCSL), the Child Welfare League of America (CWLA), and the National Clearinghouse on Child Abuse and Neglect Information (NCCANCH), we have determined that there are currently no states that comprehensively delineate all of the duties and standards of care for CINA cases in their statutes or regulations. All states detail components or aspects of their child protective services system in state statute; however, no state has an all-inclusive statute or regulation that pertains to their entire child protection system.

State statutes delineate such things as the definitions of child maltreatment, timelines for court hearings, mandatory reporting requirements, and the grounds for termination of parental rights. The NCCANCH provides a very useful comparison of state statutes by specific topic.[1] Unfortunately, the NCCANCH does not collect information on all of the statutory requirements for care for CINA cases in each state.

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[1] The National Clearinghouse on Child Abuse and Neglect Information provides information products and technical assistance services to help professionals locate information related to child abuse and neglect and related child welfare issues. The Clearinghouse can help find research, statistics, state laws, and resources on such topics as prevention, child protection, out-of-home care, and planning for the permanent placement of children. The URL for the NCCANCH is *http://www.calib.com/nccanch/*.

The CWLA publishes a document entitled *Standards of Excellence for Child Welfare Services.*[2] This twelve-volume set provides goals for the continuing improvement of services to children and families as well as practices considered to be most desirable in providing services to children and families. These standards are useful in planning, organizing, and administering services, and in establishing state and local licensing requirements.[3] The CWLA does not collect information on which states have comprehensively adopted their recommended standards.

While researching your request, we came across some interesting information regarding legislation recently enacted in the United Kingdom. In 2000, the Parliament of the United Kingdom enacted the Care Standards Act 2000.[4] The main purpose of the Act is to reform the regulatory system for care services in England. The services that are affected by the Act include residential care, nursing homes, children's homes, domiciliary care agencies, fostering agencies, and voluntary adoption agencies. Although the Act does not appear to affect pre-placement services in the United Kingdom's child protective services system, it does the following:

- Establishes a new, independent regulatory body in England, known as the National Care Standards Commission, for social care and private and voluntary healthcare services. Eventually, equivalent agencies will be established in Wales, Scotland, and Northern Ireland.

- Establishes new, independent councils to register social care workers, set standards in social care work, and regulate the education and training of social workers in the United Kingdom. These councils will also issue Codes of Practice, maintain workforce registers, and deal with matters of serious misconduct.

- [illegible]ablishes an office of the Children's Commissioner for Wales.

- Reforms the regulation of day care providers.

- Provides for the Secretary of State to maintain a list of individuals who are considered unsuitable to work with vulnerable adults.

As noted above, the Care Standards Act 2000 creates the National Care Standards Commission (NCSC). The NCSC web site provides a significant amount of information on the standards of care developed under the Care Standards Act 2000.[5]

Also, we located a somewhat recent journal article, entitled "Setting New National Standards for Foster Care," that you may find useful. This article discusses the background of the Care

---

[2] Founded in 1920, the CWLA is an association of more than 1,100 public and not-for-profit agencies devoted to improving life for at-risk children and youths and their families. Member agencies are involved with prevention and treatment of child abuse and neglect. The CWLA also provides various services related to kinship care, family foster care, adoption, positive youth development programs, residential group care, child care, family-centered practice, and programs for pregnant and parenting teenagers.

[3] The complete set of CWLA standards can be ordered online at, *http://www.cwla.org/pubs/* for $190. Unfortunately, the Alaska State Library does not have a copy of the CWLA standards.

[4] To view the Care Standards Act 2000, go to *http://www.hmso.gov.uk/acts/acts2000/20000014.htm.*

[5] The URL for the NCSC is *http://www.doh.gov.uk/ncsc/.*

Standards Act 2000 and its implications for the future of foster care services. We include a copy of this article as Attachment A.

I hope you find this information useful. Please do not hesitate to contact us if you have questions or need additional information.

Attachment A

Derek Warren, "Setting New Standards for Foster Care," *Adoption and Fostering,* Volume 23, Number 2, Summer 1999, pp. 48-56.

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adoption fostering

The quarterly journal of *British Agencies for Adoption and Fostering*

Adoption & Fostering aims to be at the forefront of debate on child care issues and to provide an inter-disciplinary, all-round perspective on new developments in practice, policy, law and research, both in the UK and overseas.

The primary focus of the journal is on foster care and adoption, but it covers a wide range of other themes including child protection, service development for families and children, and policies and legislation which affect practice with children and families. Contributors and readers include social workers, lawyers, health professionals, researchers, trainers, managers, and foster carers and adopters.

200 Union Street
London SE1 0LX
Tel. 0171 593 2000
Registered Charity
No. 275689

Chair of BAAF
Ian Sparks

Director of BAAF
Felicity Collier

Guest Commissioning Editor
Donal Giltinan

Production Editor
Miranda Davies

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The views expressed in the journal are those of its contributors and not necessarily those of *BAAF*

Adoption & Fostering is published four times a year, starting in April with No. 1. Members of *BAAF* receive one or more free copies according to their subscription. Non-member subscription rates are available on request. Single copies cost £8.00 (inc UK p & p).

Designed by
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Typeset by
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Setting new national standards for foster care

Foster Care Fortnight, in June 1999, saw the launch in England of new national standards for foster care by Social Services Minister John Hutton. Later in the year, when new administrations are up and running following parliamentary and assembly elections in Northern Ireland, Scotland and Wales, the standards will be launched separately in each of the other UK nations. **Derek Warren** discusses the background to this initiative and its implications for the future of foster care services.

Derek Warren worked with the National Foster Care Association (NFCA) as Project Officer for the National Standards project between September 1997 and February 1999. He is now Communications Manager for Barnardo's

Key words: national foster care standards

The background

Concern over standards of care, coupled with recognition of the changing nature of foster care, led to the formation, in September 1997, of the UK Joint Working Party on Foster Care. This brought together – for the first time at a national level – representatives from directors of social services and social work, family placement managers, social workers, foster carers, researchers, local government associations and voluntary organisations. The work was funded in part by the Department of Health, and the Northern Ireland, Scottish and Welsh Offices, all of which had observers on the Joint Working Party.

In the course of its work in drafting national quality standards, the UK Joint Working Party on Foster Care considered and debated all aspects of the foster care service and the issues surrounding its effective resourcing, management and delivery. It completed the most comprehensive consultation exercise on foster care services ever undertaken in the UK.

More than 5000 copies of a consultation paper outlining proposed standards were produced and distributed. Recipients included every local authority in England, Scotland and Wales, plus the health and social services boards and trusts responsible for foster care services in Northern Ireland. Copies were sent to government departments, local government associations, national and regional Social Services Inspectorate (SSI) staff, local foster care associations, hundreds of individual foster carers, fostering panels, elected and appointed authority members, and independent and voluntary sector fostering and child care agencies. The Working Party also had the benefit of responses from BAAF specialist groups on race and minority ethnic issues, health and the law.

More than a hundred separate meetings, workshops and conferences were convened to consider and respond to the document. More than 15,000 questionnaires were sent to children and young people in foster care to draw out their views on the quality of care they receive. Similar questionnaires went to the children of foster carers to ensure that the impact on them of their family's fostering role was not forgotten.

This work took place at a time of unprecedented focus on children's services in general and fostering in particular. In the past year, the Government has responded to reports on child safety issues from Sir William Utting (for England and Wales) and Roger Kent (for Scotland) and to a critical report on children looked after in public care from the House of Commons Health Select Committee. The Department of Health has produced its own Quality Protects initiative and a new White Paper for reforming social services in England, *Modernising Social Services*. The *Fostering in Northern Ireland: Children and their carers* report made 59 recommendations in relation to fostering. Measures to promote improved quality of foster care have also been proposed in both Scotland and Wales, through the *Aiming for Excellence* White Paper and the Children First initiative.

Along with these plans for reform have come pledges of additional resources for foster care. In England this

is through the Quality Protects initiative and the Training Support Programme. In Scotland, resources have been made available to increase the proportion of looked after children who are fostered.

Much of this enhanced interest in the foster care service reflects the fact that the proportion of children and young people in public care who are placed with foster carers has more than doubled over the last quarter of the century. Up to 40,000 children and young people are in foster placements on any given day. Thousands more move in and out of foster care during the course of a year. Foster care has become the most important placement option for looked after children in the UK.

Legal changes – particularly the introduction of new children Acts and a children Order throughout the UK – together with changes in family and social structures, social work practice and the economy of social care provision, have led to significant changes in foster care.

The task foster carers are asked to take on has become far more complex and demanding. Changes in legislation mean foster carers face greater demands for recording information, and for involvement in contact with the parents and wider family of the children in their care. They are asked to be more involved, also, in liaison with schools, in health issues, court and children's hearings and care planning and review meetings, training and skills development. There is a potential for conflict between the essential regulation required to protect children and ensure the quality of care they receive, and the need to respect the privacy and family life of foster carers.

Changing trends in social work and child care mean that greater emphasis is placed on working to maintain children in their own families. As a consequence, those children who do come into public care are likely to be older and have developed more complex problems and behavioural difficulties than in the past. At the same time, widespread closure of children's homes has dramatically reduced the number of children in residential care. Foster carers are now providing homes for some of our most vulnerable, neglected, abused and challenging children.

Demographic changes and changes in social structures mean far fewer people fit the traditional profile of foster carers – a two-parent family with only one wage-earner. There are now more women than men in paid employment. These developments have contributed to changes in government child care policy. For those with an interest in caring for children, there are now alternative options, often more lucrative and less demanding than working with children in foster care.

This, together with the vastly increased demands on carers outlined above, has led to a decline in the availability of foster carers. Authorities have considerably widened the range of people they appeal to as potential carers. Despite this, most are struggling to recruit the carers they need to ensure a high-quality foster care service that meets the needs of children and young people. There is now genuine anxiety about the future supply of foster care services.

Considerable altruism still exists among the many thousands of foster carers throughout the UK who commit themselves to meeting the needs of vulnerable children. The extended families of children who need public care continue to play an unrecognised but important role in their lives, often offering foster care themselves. These factors allow authorities to strive for a foster care service which remains located within the local community – but this goal is under threat.

The last decade has seen considerable growth in the independent sector of foster care provision in England and Wales. Most authorities now place some children outside their local communities, either through other authorities, voluntary organisations or one or more of the new independent fostering agencies. For some authorities this is because of the specialised services offered; for others it reflects their inability to recruit sufficient carers for their own foster care services. Many authorities now find themselves competing with independent agencies for

the recruitment of new carers and retention of experienced carers, with such agencies offering considerable financial incentives and improved levels of support and training. This is reflected in the fees charged to authorities for placements made through these agencies.

A number of high profile court cases have revealed widespread abuse in residential children's homes over several decades. Abuses in foster care have also come to light. As a result, much greater onus is placed on protection for children in public care, with considerably closer scrutiny of all prospective and current carers and social workers. This is essential in order to protect children, but it has also created new concerns over what constitutes appropriate behaviour in the care of vulnerable children. Fear of facing unfounded allegations of abuse has become a major concern for foster carers.

Amid all these changes, what has changed little is the overall status of the foster care service. It remains under-resourced and under-researched. Wide-scale closure of residential children's homes has assisted in budget reductions for authorities. Extra resources have not been channelled into foster care, although it is this service which has borne the brunt of care provision formerly provided in residential facilities.

Although a number of payment schemes to recognise and reward the skills and commitment of foster carers have been developed, in most authorities the majority of carers still receive no financial reward for their task. Allowances paid are meant to cover the costs of keeping a child. However, many carers continue to receive an allowance which fails to cover the full cost of keeping a fostered child, which means foster carers are often subsidising public child care services.

The traditional voluntary basis of foster care has meant that carers continue to be considered as providing services outside formal professional child care structures – and many carers report feeling under-valued, unsupported and unable to contribute effectively to the decision-making processes which affect the children for whom they care.

There is also little information to suggest that outcomes for children looked after in public care are improving significantly. They remain, as a group, one of the most socially excluded sections of our society. Compared with children in general, children who need the care of public authorities are up to ten times more likely to be excluded from school, 12 times more likely to leave school with no qualifications, four times more likely to be unemployed, 60 times more likely to join the ranks of the young homeless, 50 times more likely to be sent to prison and four times more likely to suffer from mental health problems. In addition, their own children are up to 66 times more likely to need public care than the children of those who have not been in public care themselves.

When the SSI published its report on the inspection of local authority fostering services in England, in December 1996, it identified serious failings in the quality of foster care provided by six representative authorities. Perhaps the most worrying aspect of the report was the disclosure that many looked after children had not had a comprehensive assessment of their needs – and only a third had individual care plans. Not one of the six authorities surveyed met the regulatory requirements in this respect.

The SSI drew attention to a lack of standards, particularly in the area of recruitment, approval, training and retention of foster carers. The report also bemoaned a general lack of experience and knowledge of foster care among social workers; despite the fact that foster care had become the preferred option for placement of looked after children, most students on the main social work qualification course (Diploma in Social Work) spent a maximum of only two days of a two-year course studying foster care.

Hard on the heels of the SSI report came an equally critical publication from the Association of Directors of Social Services for England and Wales (ADSS), launched in January 1997. This echoed many of the findings of the SSI. Based on a survey of more than 500 foster carers, a separate survey of 84 directors

of social services and the outcome of a national conference held in July 1996, the report highlighted inconsistencies in practice among local authorities.

The ADSS report found foster care services were structured often outside overall planning for looked after children – and greater attention and priority was focused on residential care. This despite the fact that two-thirds of all looked after children were placed with foster carers. The lack of placement choice for children, too many placements made away from home and community and high levels of disruptions and placement moves were all areas of concern voiced by the ADSS.

Recommendations in the report included a call for the Department of Health and the ADSS to co-operate in the development of both a national quality framework for all foster care agencies and a national protocol for local authority practice in the delivery of foster care services.

While the recommendations were forthright, the results of the ADSS survey demonstrated a certain complacency among social service directors. Seventy-five per cent of those who responded viewed their foster care service as 'basically healthy', despite the fact that 69 per cent said they had insufficient carers to match placement needs and 66 per cent said they had difficulties recruiting new carers. Forty-one per cent said they were unable to meet the needs of black children who could benefit from foster care.

In March 1997, a new study published by the NFCA, on the organisation of fostering services, gathered data from 88 per cent of local authorities in England. This showed that management, supervision and support of foster care services demonstrated considerable variations in quality. Less than half the authorities allocated all approved carers to a named family placement worker and 40 per cent of authorities found it difficult to comply with requirements for annual reviews of each foster carer.

The study also found that only 20 per cent of authorities could offer a placement choice for children under ten years of age – and this figure plummeted to just three per cent which could offer a choice to children aged over ten. Lack of placement choice inevitably increases the likelihood of placement breakdown and leads to frequent moves for looked after children, further destabilising already traumatised and vulnerable youngsters.

In May 1997, in the wake of the General Election and assumption of office by the new Government, NFCA launched a second publication, *Foster Care in Crisis: A call to professionalise the forgotten service* (Warren, 1997). This was not a research-based study, but a campaigning document containing a clarion call for an upgrading of foster care services, greater professionalism and the introduction of national standards.

Inherent in each of these reports was a view of foster care as an undervalued resource and the 'forgotten facet' of children's services provision. This was borne out by David Berridge's *Foster Care: A research review*, also published in 1997. He was able to identify only 13 major studies on foster care over the previous 20 years, while ten studies on residential care for children were underway at the time he was compiling his review. This emphasis disregards the current reality, with more than twice as many children and young people now placed with foster carers rather than in residential facilities.

This ground-swell of criticism and concern at the inconsistency in the quality of the foster care service, together with recognition of the rapid changes the service has undergone and the strains it currently faces, were at the heart of the decision to push for national care standards.

An early decision of the UK Joint Working Party on Foster Care was a statement of values and principles to inform the drafting of standards. These are reflected as themes throughout the text. They include advocacy for:

- Priority to be given to the needs of the child in deciding on each foster placement;

• Valuing and promoting diversity in terms of race, culture, religion, language, sexuality and gender; and

• A partnership approach to foster care - embracing parents, carers, social (work) services and the children themselves.

The standards

The standards themselves in[illegible] a mix of service, practice and professional standards. They are divided into three sections.

1. Needs and rights

The first covers the needs and rights of children and young people in foster care, dealing with issues such as equal opportunities, care planning, child assessments, health, education, information for children and young people, contact with families and friends, and preparing youngsters for adult life.

One of the key issues raised by SSI inspections – that of lack of adequate child assessments, care planning and reviews – is addressed in two specific standards, one on child assessment and a separate guideline on care planning and reviews. These link the planning process and monitoring of child care plans to the Looked After Children (LAC) Materials issued by the Department of Health, and in particular with the Assessment and Action Records produced as part of the LAC Materials. The standards promote full involvement of all parties, set time-scales for the completion of care plans and define rights of access to recorded information.

Concerns raised during the consultation process, particularly by social work and family placement practitioners, centred on the high pro[illegible]rtion of 'emergency' placements that, of necessity, could not be pre-planned.

An underlying theme in this area was the concept of placement choice for children. The standards assume and imply that a decision to place a child in foster care should be taken on the basis of that option being selected, from a range of possible placement options, as being in the best interests of the child, rather than as a resource-led decision – or because of a lack of other available options.

Similarly, a standard on matching carers with children and young people promotes the benefits of authorities recruiting a diverse range of foster carers. This is seen as vital in ensuring appropriate placements, matching the needs of children with both the skills and the environment provided by the carer. Meeting this standard assumes the authority has access to a greater number of carers than the number of children it is seeking to place in foster care, allowing for an element of choice. This has implications for recruitment and training strategies, given most authorities currently cite a shortage of carers. As a result, children are frequently placed in the only available placement, often with carers not approved for the specific age group or other category into which the child falls.

Recommendations are also made on the quality of social work support available to children and young people in foster care. This standard stresses the importance of each child being assigned a named social worker with relevant training. Recognised here is the need for that social worker to be allotted time to undertake specific work with the child and the child's family towards goals established in the child's care plan. As with many of the standards, this has clear resource implications in terms of the caseload of social workers – and therefore the number of staff required.

A standard on health and safety within foster homes proposes conditions more on a par with those enforced for childminders than has been the case previously in most authorities. A separate standard on safe caring – covering protection of the child from abuse, neglect, exploitation and deprivation - recommends procedures and monitoring to reflect the increased importance given to this issue. This follows a string of high profile prosecutions of abusive carers and the well-publicised Sir William Utting Report, *People Like Us* (1997), on the safety of children living away from home.

The Working Party makes a number of recommendations recognising the

importance of education for the future of fostered children. These relate to the value placed on continuity in the child's schooling, more careful monitoring by authorities of educational progress and a closer partnership between social services, foster carers and education departments in planning for the education of looked after children. Significant emphasis is placed on the authority's role as a corporate parent in valuing and promoting the looked after child's education.

The health of children in foster care is dealt with similarly as a separate standard. This stresses the need for authorities to monitor the health of all children they are looking after, to plan for improved health care and to improve the quality of information collected and provided to carers on the child's health history. Specific criteria propose that the relevant health authority should appoint a medical adviser for children in foster care and that each child should have a health assessment before any placement in foster care.

A standard covering the role of carers in facilitating contact between children and young people and their families while they are in foster care raised discussion about the demands currently placed on carers by court orders and local authority decisions on contact. This was of particular concern where a carer might be caring for two or three children from different families; meeting the demands for contact for each child could place unreasonable demands on the carer's time and on their own family, especially if contact was arranged in the carer's home. Both family placement workers and carers felt the onus should be on social (work) services to manage the contact arrangements, but this should always be in close consultation with the carer and should consider the implications for the carer, in addition to the best interests of the child.

2. Quality of care

Section 2 covers the quality of care provided by foster carers, examining areas such as assessment and approval, training, annual reviews, payments of allowances and expenses, and supervision and support.

The standard on assessment and approval sets out guidelines on the participation of potential carers in their own assessment. It also highlights the need for provision of clear information on the task and the expectations of carers, obtaining verified personal and professional references and a desirable time frame for completion of the assessment process.

Debate on this standard during the consultation process revolved around problems for smaller (unitary) or more rural authorities in running regular assessment groups – and therefore being able to process all applications, including assessment visits, within the prescribed time frame. This has to be balanced against the likelihood of carers losing interest and drifting away if the assessment process becomes too protracted – a common complaint from potential carers.

The standard on supervision, support, information and advice for carers sets out a clear supervisory role and line management relationship between a named, qualified supervising social worker and each carer, reflecting a general theme of a more professional approach to the foster care task. Research in 1996 showed that less than half the authorities in England were meeting this standard of allocating all approved carers to a named family placement worker. Concerns were also raised about the clarity of the relationship between foster carer and supervising social worker.

The proposed change of name for the post, from family placement worker or link worker, to supervising social worker, itself underlines that what is proposed in the standards is a fundamental change in relationship between the social worker and the foster carer. This has implications, too, for training of social workers in supervisory skills.

The standard also stipulates levels of information and support which carers should be entitled to expect, both from social services and other disciplines, to ensure they meet the needs of each child. Specific criteria in this area cover the

need for clear information on insurance and legal liability cover for carers, opportunities for carers to share experiences and concerns with other carers, identification of training needs for carers and access to emergency (out-of-hours) support.

A major concern for carers in the current climate of high profile court cases is what procedures are followed if allegations of abuse are made against them. The standard proposes provision of specific written information for each carer on procedures to be followed, including full details of support available to the carer.

A separate standard on annual reviews for carers – which 40 per cent of English authorities were failing to carry out systematically – sets out formats for both review meetings and reports. A proposal that each annual review, which constitutes effective reapproval of the carer, should go to the authority's fostering panel, caused some concern among social service managers during the consultation process. Fears were raised that the workload for voluntary panel members would become excessive and unmanageable. The final standard allows for panels to delegate this authority.

Linked with annual reviews is the standard on training for carers, with reviews seen as including an appraisal of future training needs. The training standard is consistent with the theme of a more professional approach to the foster carer's task, focusing on skills development and assessment of competencies, linked with the new NVQ qualification in foster care. Recommendations are for basic pre- and post-approval training to be mandatory for all approved carers, and for carers to have the opportunity to be trained jointly with social workers.

Main concerns voiced by carers about the provision of training concerned the need for courses to be staged at times more convenient to them and for provision of the necessary support to enable them to attend, particularly in terms of child care and reimbursement of travel expenses.

3. Duties of authorities

The third section deals with standards on the duties of authorities responsible for the public care of children and young people. This includes policy, management structures, professional qualifications and training, recruitment of carers, representation and complaints procedures and the delegation of responsibility for the provision of foster care to other agencies.

The inclusion of policies and plans for foster care services within each authority's child care policy and Children's Services Plans is a key criteria for meeting the standard on effective policies. This addresses the findings of the ADSS survey in 1996, which found foster care services were structured often outside overall planning for looked after children.

The theme of greater professionalism in the approach to foster care services – and recognition of the professional role of foster carers – appears once more in the standard on management structures. This proposes a clear line management structure throughout the service, with clearly defined lines of authority and responsibility at every level, including foster carers.

Another key element of effective management identified is the need for management information systems which disaggregate data on looked after children to provide specific information on foster care. This should include details of the number and types of foster placements available, levels of unmet need, outcomes for children and young people who are fostered and the effectiveness of the foster care service.

The standard on professional qualifications and training for social work staff proposes changes in national training schemes to include mandatory training in family placement work, including significant focus on foster care. Anything other than rudimentary coverage of foster care has been previously only an optional element of the main Diploma in Social Work course, for instance, despite the growth in importance of foster care within children's services.

With every local authority constantly trying to increase their available pool of foster carers, a separate standard on recruitment of carers recognises the value of greater placement choice for children. The consultation process confirmed that many children are placed in the only available foster home, regardless of assessed need or any care planning for a matched placement. This is borne out by research on levels of disruption of placements and frequent moves for children.

The standard proposes more carefully defined recruitment strategies, aimed at providing a pool of skilled and experienced carers who reflect the needs of the local community. Inherent in this approach is a management information system that monitors recruitment initiatives, records what is successful and unsuccessful in attracting appropriate carers and what must be offered to retain their services. There are obvious overlaps here with the debate on financial rewards for carers.

This was the subject of a separate discussion paper during the consultation process and was the most contentious of the issues debated within the Working Party. The outcome is a standard that urges authorities to consider the implementation of a reward payment scheme for carers and sets out criteria to be met if such a system is adopted.

This section also includes standards on the role of local authority fostering panels and the criteria for establishing effective representation and complaints procedures for fostering services.

The standard on delegation of responsibility for a foster care placement to another authority or fostering agency, whether independent or established voluntary, makes it clear that this does not reduce the responsibility of the placing authority for ensuring that all quality standards for the care of the child are met. In essence, the standard proposes that – where an authority contracts out the provision of foster care for a child or young person – it must ensure that all legal requirements, and the quality standards and policy requirements applied to its own fostering services, are met by the contracted agency.

In addition to the national standards, the UK Joint Working Party on Foster Care was also commissioned by the Department of Health to produce a new *Code of Practice on the Recruitment, Assessment, Training and Support of Foster Carers*, in response to concerns about child safety raised in the Utting and Kent reports. This was launched simultaneously with the national standards, along with a report and recommendations from the Joint Working Party, covering issues of policy, practice and resources outside the scope of the standards themselves. Chair of the Joint Working Party, Tom White, said:

Our hope now is that these first national standards for foster care will improve the quality and consistency of services for children and young people in foster care throughout the UK. For this to be achieved, each authority responsible for the provision of foster care services – and each voluntary and independent agency providing such care – will need to assess whether its service is meeting these standards. They will then need to design and implement strategies to improve services in any areas where they fall short of the standards.

For this important work to have a lasting impact, both internal and external inspections of foster care services will need to be carried out against these standards. We would like every stakeholder in the foster care service to be clear that these are the standards of care that the nation requires for all children and young people who are fostered. We urge all involved to use them as a tool to improve and guarantee the quality of care for children and young people.

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The Bethel Group Home
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Residential Youth Care
Ketchikan, Alaska

Presbyterian Hospitality House
Fairbanks, Alaska

The Salvation Army
Booth Memorial Home
Anchorage, Alaska

Youth Advocates of Sitka
Sitka, Alaska

Maniilaq Association Group Home
Kotzebue, Alaska

Alaska Youth & Parent Foundation
Anchorage, Alaska

Nome Receiving Home
Nome, Alaska

Northwest Network for Youth
Seattle, Washington

Assoc. Of Village Council
Presidents Receiving Home
Bethel, Alaska

Kenai Peninsula Community
Care Center
Kenai, Alaska

Covenant House of Alaska
Anchorage, Alaska

Juneau Youth Services
Juneau, Alaska

Alaska Children's Services
Anchorage, Alaska

Life Quest
Wasilla, Alaska

North Slope Borough Home
Barrow, Alaska

Southcentral Foundation
Anchorage, Alaska

Anchorage Center for Families
Anchorage, Alaska

Alaska Baptist Family Services
Anchorage, Alaska

ALASKA ASSOCIATION OF HOMES FOR CHILDREN

February 1, 2001

HB 252

The Honorable John Coghill
Alaska House of Representatives
State Capitol
Juneau, Alaska 99801-1182

Dear Representative Coghill:

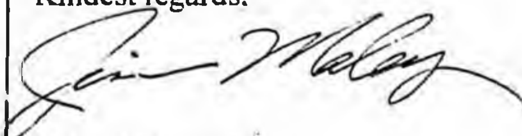
At the annual meeting of the Alaska Association of Homes for Children held in Juneau on January 28-30, the Association voted to endorse and support House Bill 225, which you introduced. As you know, this endorsement was announced at the Legislative Reception hosted by the Association on January 29, at the Baranof Hotel.

The member agencies of the Association represent over 450 licensed residential beds for the provision of services to Alaska's children who are placed by the Department of Health and Social Services. The Association strongly advocates for community based services in which the family can participate in the treatment of their child. We also believe that Section 1 of HB 252 expresses best practices that should be followed by the Department whenever possible. The Association does acknowledge that this might better be addressed in policy or regulation rather than in statute.

Regarding Section 2 of the bill, the Association supports the concept of the Department identifying and practicing standards of care and that appropriate oversight be established. We have had discussions with you and the Department regarding this topic and my understanding is that there is mutual desire for further discussion and development of solutions.

Tony Lombardo, Advocate for Covenant House of Alaska, has agreed to work on this issue on behalf of the Association. I understand he has had some communication with you and will be in touch to continue these efforts. If you have any questions please feel free to contact Mr. Lombardo at 272-1255 or me at 346-2101.

Kindest regards,



Jim Maley, Chair
AAHC Legislative Committee

Residential Child Care Agencies Serving the Needs of Alaska's Youth

MEMORANDUM

To: Representative John Coghill

From: Representative Sharon Cissna

Date: 02/11/02

Re: HB 252 and Intensive Family Preservation

Per our discussion last week, I had my staff compile some statistics regarding the financial advantages to the Intensive Family Preservation model. I am confident that these numbers clearly demonstrate that Intensive Family Preservation would allow DFYS to safeguard children and families in a more cost efficient manner than the current system.

Cost Comparison: Intensive Family Preservation Services vs. Out-of-Home Care

"One of the most unusual and exciting things about family preservation is that it is largely self-financing. One reason states can expand and institutionalize the program is that a good portion of it can be funded with money states are already spending on out-of-home care." - Frank Farrow, Director of Children's Services Policy at the Center for the Study of Social Policy

	IFPS Cost	Foster Care	Residential Treatment	Psychiatric Hospital
Alaska		$8000-17,520 per child per year	$25,285-84,680 per child per year	$100,000+ per child per year
Washington[1]	$2556 per child	$8000-36,000 per child per year	$48,000-120,000per child per year	$110,000+ per child per year
Missouri[2]	$3200 per family	$8000 per child per year	$40,000+ per child per year	
Michigan	$4500 per family	$12,000 per child per year		$100,000+ per child per year
New York City	$8000 per family	$20,000 per child per year		
North Carolina[3]	$5284 per family	$7055 average per child per placement	$20,862 average per child per placement	$28,862 per child placed in Youth Corrections facilities

Federal funding sources for IFPS:

- PL96-272 Adoption Assistance and Child Welfare Act
- Title IV-A Emergency Assistance
- Title IV-B of the Social Security Act
- Title IV-C of the Social Security Act
- Title IV-E of the Social Security Act
- Title XX of the Social Security Act
- National Child Abuse and Neglect state grants
- Medicaid, Title XIX of the Social Security Act

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[1] Washington figures from the Behavioral Sciences Institute, Federal Way, WA (2001)

[2] Figures for Missouri, Michigan and New York City found in: Barthel, Joan, For Children's Sake: The Promise of Family Preservation, The Winchell Company, Philadelphia, PA: 1992.

[3] These figures are from a study done in FY '97 in North Carolina (see attached documents)

Children At Risk of Out-Of-Home Placement at Intake.

Potential Placement Type	Number of Children At Risk	Number of Children Placed
DSS Foster Care	697	45
Juvenile Justice	110	8
Mental Health	93	11
Developmental Disabilities	5	0
Substance Abuse Services	27	1
Private Placement	35	6
Totals	967	74

Estimated Potential and Actual Costs of Placements, SFY '97

Estimated Potential Placement Costs				Estimated Actual Placement Costs		
Placement Type	Number of Children At Risk	Placement Costs	Total	Number of Children Placed	Costs	Total
DSS FC	697	$7,055	$4,917,335	45	$7,055	$317,475
MH/DD/ SAS	160	20,819	3,331,040	18	20,819	374,742
Juv. Just.	110	28,862	3,174,820	8	28,862	230,896
Column Totals	**967**		**$11,423,195**	**71***		**$923,113**

* This number is less than 74 because 3 children who had been "placed" were "on runaway".

Raymond S. Kirk. Ph.D. April 10. 1999
Jordan Institute for Families. University of North Carolina at Chapel Hill
Phone: (919)962-6510 email: rskirk@email.unc.edu

Cost-effectiveness and cost/benefit statistics for the IFPS program during SFY '97:

- 967 children were at imminent risk of removal, at a total potential placement cost of $11,423,195;
- 71 children were actually placed in various, known placements at an estimated cost of $923,113;
- IFPS diverted an estimated maximum of $10,500,082 from placement costs; a cost savings of 92%;
- if the cost of operating the IFPS program ($3,059,494) are subtracted from the gross savings ($10,500,082), a net savings of $7,440,588 results;
- the cost/benefit ratio of IFPS for SFY '97 is $3.43; that is, for every dollar spent providing IFPS, $3.43 is not being spent on placement services for imminent risk children;
- the cost of delivering IFPS in SFY '97 was $3,164 per imminent risk child, and $5,284 per family;
- had all 967 children been placed as originally indicated, the placement cost per child would have been $11,813, and the families would not have received any services as part of these expenditures.

Raymond S. Kirk, Ph.D. April 10, 1999
Jordan Institute for Families, University of North Carolina at Chapel Hill
Phone: (919)962-6510 email: rskirk@email.unc.edu

Determining the Fiscal Break-Even Point of the IFPS Program: Cost and Cost-Savings Resulting from Different Levels of Placement Prevention

Placement Prevention Rates	Cost of Providing IFPS in SFY '97	Placement Costs Avoided	Net Additional Cost or Cost Savings
100%	$3,059,494	$11,423,195	$8,363,701 savings
92%	3,059,494	10,500,082	7,440,588 savings
90%	3,059,494	10,280,875	7,221,381 savings
80%	3,059,494	9,138,556	6,079,062 savings
70%	3,059,494	7,996,237	4,936,743 savings
60%	3,059,494	6,853,917	3,794,423 savings
50%	3,059,494	5,711,598	2,652,104 savings
40%	3,059,494	4,569,278	1,509,784 savings
30%	3,059,494	3,426,959	367,465 savings
26.7832%	3,059,494	3,059,497	3 savings
20%	3,059,494	2,284,639	<774,855> add'l cost
10%	3,059,494	1,142,320	<1,917,174> add'l cost
0%	3,059,494	0	<3,059,494> add'l cost

This table is adapted from a method developed by the Center for the Study of Social Policy (CSSP, Working Paper FP-6, 1989).

The two shaded rows of data from the Table illustrate that the "fiscal break-even point" for IFPS occurs at about the 27% (26.7832%) placement prevention rate, whereas the IFPS program actually performed at a 92% placement prevention rate. This yields a range of more than 60% within which program critics can argue about the cost-effectiveness of the program and the cost/benefit produced. However, the data clearly demonstrate that the program is *very cost-effective*, and results in a very high cost/benefit ratio.

Raymond S. Kirk, Ph.D. April 10, 1999
Jordan Institute for Families, University of North Carolina at Chapel Hill
Phone: (919)962-6510 email: rskirk@email.unc.edu

Amendments to CSHB 252(HESS)

Introduced by. REPRESENTATIVE CISSNA
February 12, 2002

Delete:Page 2, Line 1

Insert on Page 2, Line 1:

* **Sec. 3.** AS 47.10.086(A) is amended to read:

(a) Except as provided in (b) and (c) of this section, the department shall make timely, reasonable efforts to provide family support services to the child and to the parents or guardian of the child that are designed to prevent out-of-home placement of the child or to enable the safe return of the child to the family home, when appropriate, if the child is in an out-of-home placement. **Within appropriations available for the purpose, the department shall also offer intensive family preservation services when those services are available and the child's safety in the home can be maintained during the time the services are provided.** The department's duty to make reasonable efforts under this subsection **to provide family support services** includes the duty to

(1) identify family support services that will assist the parent or guardian in remedying the conduct or conditions in the home that made the child a child in need of aid;

(2) actively offer the parent or guardian, and refer the parent or guardian to, the **family support** services identified under (1) of this subsection; the department shall refer the parent or guardian to community-based family support services whenever community-based services are available and desired by the parent or guardian; and

(3) document the department's action that are taken under [(1) AND (2) OF} this subsection**, including whether intensive family preservation services were appropriate, offered, used, or available.**

***Sec. 4.** AS 47.10.086(b) is amended to read:

(b) If the court makes a finding at a hearing conducted under AS 47.10.080(l) that a parent or guardian has not sufficiently remedied the parent's or guardian's conduct or the conditions in the home despite reasonable efforts made by the department in accordance with this section, the court may conclude that continuation of reasonable efforts of the type described in (a) of this section are not in the best interests of the child. The department shall then make reasonable efforts to place the child in a timely manner in accordance with the permanent plan and to complete whatever steps are necessary to finalize the permanent placement of the child. **If the court concludes that continuation of reasonable efforts of the type described in (a) of this section are not in the best interests of the child and intensive family preservation services were not provided in the case, the court shall enumerate in the record the reasons the services were not provided.**

* **Sec. 5.** AS 47.10.142(b)

(b) The department shall offer available counseling services **and intensive family preservation services** to the person having legal custody of a minor described in AS 47.10.141 and to the members of the minor's household if it determines that counseling services **or intensive family preservation services** would be appropriate in the situation. If, after assessing the situation, offering available [COUNSELING] services to the legal custodian and the minor's household, and furnishing appropriate social services to the minor, the department considers it necessary, the department may take emergency custody of the minor.

* Sec. 6. **AS 47.10 is amended by adding new sections to read:**

Article 3A. Intensive Family Preservation Services.

Sec. 47.10.500. Statewide program. Subject to AS 47.10.510 and 47.10.520, the department shall, within appropriations available for the purpose, provide intensive family preservation services on a statewide basis. The department may provide the services directly or through contracts with private nonprofit providers.

Sec. 47.10.510. Effectiveness required. (a) The department shall develop measurable standards that must be met by a provider before a contract may be awarded to the provider under AS 47.10.500.

(b) The department may not renew a contract with a provider of services unless the provider can demonstrate that provision of the services prevented or terminated out-of-home placement in at least 70 percent of the cases served by the provider and that out-of-home placement was avoided for a period of at least six months after the termination of the services.

(c) The department may not continue direct provision of services unless the department can demonstrate that provision of the services prevented or terminated out-of-home placement in at least 70 percent of the cases served and that out-of-home placement was avoided for a period of at least six months after termination of the services.

Sec. 47.10.520. Eligibility for services. (a) The department may provide intensive family preservation services to a child, the child's family, and other appropriate nonfamily members only if

(1) there are no other available means that will prevent out-of-home placement of the child and make it possible to immediately return the child to the child's home; and

(2) the child has been placed in out-of-home care or is at actual, imminent risk of out-of-home placement due to

(A) child abuse or neglect;

(B) a serious threat of substantial harm to the child's health, safety, or welfare; or

(C) family conflict.

(b) The department need not provide services to an otherwise eligible family if

(1) services are not available in the community in which the family resides;

(2) services cannot be provided because the program is filled to capacity;

(3) the family refuses the services;

(4) the child's case plan does not include reunification of the child and family; or

(5) the safety of a child, a family member, or a person providing the services would be unduly threatened.

Sec. 47.10.530. Solicitation of funding sources. The department shall solicit federal and private resources that may be available to fund intensive family preservation services.

Sec. 47.10.590. Definition. In AS 47.10.500 – 47.10.590, "intensive family preservation services" and "services" mean intensive family preservation services, as defined in AS 47.10.990.

* **Sec. 7.** AS 47.10.990 is amended by adding a new paragraph to read:

(28) "intensive family preservation services" means services provided to a family with a child who is in an out-of-home placement or is at imminent risk of out-of-home placement that

(A) are designed to address problems creating the need for out-of-home placement by assisting the family to improve parental and household management competence and by solving practical problems that contribute to family stress so as to improve parental performance and enhance functioning of the family unit; and

(B) have the following characteristics:

(i) are persistently offered but provided at the family's option;

(ii) are provided in the family's home

(iii) are available 24 hours a day and seven days a week;

(iv) are provided within 24 hours of initial contact for assistance.

(v) are provided for a maximum of 40 days by a single case worker whose caseload is not more than two families at any one time.

(vi) May, in appropriate instances and subject to available appropriations, include monetary assistance for special needs of the family, such as to obtain food, shelter, or clothing or to purchase other goods or services that will enhance the effectiveness of other services offered to help preserve the family.

* **Sec. 8.** AS 47.17.030(d) is amended to read:

(d) Before the department or a local government health or social services agency may seek the termination of parental rights under AS 47.10, it shall offer protective social services and pursue all other reasonable means of protecting the child. **The department or agency shall also consider the eligibility of the child and family for intensive family preservation services under AS 47.10.50 – 47.10.590.**

* **Sec. 9.** The uncodified law of the State of Alaska is amended by adding a new section to read:

STUDY. (a) The Department of Health and Social Services shall conduct a study in at least one region of the state in order to

(1) develop a valid and reliable process for accurately identifying clients who are eligible for intensive family preservation services;

(2) collect data on which to base projections of service needs, budget requests, and long-range planning related to intensive family preservation services;

(3) develop regional and statewide projections of needs for intensive family preservation services;

(4) develop a cost estimate for implementation and expansion of intensive family preservation services on a statewide basis;

(5) develop a long-range plan and time frame for ultimately making intensive family preservation services available to all eligible families; and

(6) collect data regarding the number of children in foster care, group care, institutional care, and other out-of-home care due to medical needs, mental health needs, developmental disabilities, and juvenile offenses and to assess the feasibility of expanding intensive family preservation services eligibility to include all of these children.

(b) By November 30, 2004, the Department of Health and Social Services shall submit a report to the governor describing the study required under this section and including the department's conclusions and recommendations that are based on the study. The department shall notify the legislature that the report is available.

(c) In this section, "intensive family preservation services" has the meaning given in AS 47.10.990.

* **Sec. 10.** Except as provided in Sec. 9 of this Act, this Act takes effect July 1, 2002.

22-LS0454\J.1
Lauterbach
2/14/02

AMENDMENT

OFFERED IN THE HOUSE BY REPRESENTATIVE COGHILL

TO: CSHB 252(HES), Draft Version "J"

1 Page 1, line 5 - 13:

2 Delete all material and insert:

3 "* **Section 1.** The uncodified law of the State of Alaska is amended by adding a new

4 section to read:

5 LEGISLATIVE INTENT. By the amendment of AS 47.10.005 in sec. 2 of this Act,

6 the legislature intends to express its recognition that parents possess inherent, individual rights

7 to direct and control the education and upbringing of their children.

8 * **Sec. 2.** AS 47.10.005 is amended to read:

9 **Sec. 47.10.005. Construction.** The provisions of this chapter shall be

10 liberally construed to the end that a child coming within the jurisdiction of the court

11 under this chapter may receive the care, guidance, treatment, and control that will

12 promote the child's welfare **and the participation of the child's parents in the**

13 **child's upbringing**."

14

15 Renumber the following bill sections accordingly.

16

17 Page 2, line 1:

18 Delete "Section 1 of this Act takes"

19 Insert "Sections 1 and 2 of this Act take"

Amendments to CSHB 252(HESS)

Introduced by. REPRESENTATIVE CISSNA

February 12, 2002

Delete:Page 2, Line 1

Insert on Page 2, Line 1:

* **Sec. 3.** AS 47.10.086(A) is amended to read:

(a) Except as provided in (b) and (c) of this section, the department shall make timely, reasonable efforts to provide family support services to the child and to the parents or guardian of the child that are designed to prevent out-of-home placement of the child or to enable the safe return of the child to the family home, when appropriate, if the child is in an out-of-home placement. **Within appropriations available for the purpose, the department shall also offer intensive family preservation services when those services are available and the child's safety in the home can be maintained during the time the services are provided.** The department's duty to make reasonable efforts under this subsection **to provide family support services** includes the duty to

(1) identify family support services that will assist the parent or guardian in remedying the conduct or conditions in the home that made the child a child in need of aid;

(2) actively offer the parent or guardian, and refer the parent or guardian to, the **family support** services identified under (1) of this subsection; the department shall refer the parent or guardian to community-based family support services whenever community-based services are available and desired by the parent or guardian; and

(3) document the department's action that are taken under [(1) AND (2) OF} this subsection**, including whether intensive family preservation services were appropriate, offered, used, or available.**

***Sec. 4.** AS 47.10.086(b) is amended to read:

(b) If the court makes a finding at a hearing conducted under AS 47.10.080(l) that a parent or guardian has not sufficiently remedied the parent's or guardian's conduct or the conditions in the home despite reasonable efforts made by the department in accordance with this section, the court may conclude that continuation of reasonable efforts of the type described in (a) of this section are not in the best interests of the child. The department shall then make reasonable efforts to place the child in a timely manner in accordance with the permanent plan and to complete whatever steps are necessary to finalize the permanent placement of the child. **If the court concludes that continuation of reasonable efforts of the type described in (a) of this section are not in the best interests of the child and intensive family preservation services were not provided in the case, the court shall enumerate in the record the reasons the services were not provided.**

* **Sec. 5.** AS 47.10.142(b)

(b) The department shall offer available counseling services **and intensive family preservation services** to the person having legal custody of a minor described in AS 47.10.141 and to the members of the minor's household if it determines that counseling services **or intensive family preservation services** would be appropriate in the situation. If, after assessing the situation, offering available [COUNSELING] services to the legal custodian and the minor's household, and furnishing appropriate social services to the minor, the department considers it necessary, the department may take emergency custody of the minor.

* Sec. 6. **AS 47.10 is amended by adding new sections to read:**

Article 3A. Intensive Family Preservation Services.

Sec. 47.10.500. Statewide program. Subject to AS 47.10.510 and 47.10.520, the department shall, within appropriations available for the purpose, provide intensive family preservation services on a statewide basis. The department may provide the services directly or through contracts with private nonprofit providers.

Sec. 47.10.510. Effectiveness required. (a) The department shall develop measurable standards that must be met by a provider before a contract may be awarded to the provider under AS 47.10.500.

(b) The department may not renew a contract with a provider of services unless the provider can demonstrate that provision of the services prevented or terminated out-of-home placement in at least 70 percent of the cases served by the provider and that out-of-home placement was avoided for a period of at least six months after the termination of the services.

(c) The department may not continue direct provision of services unless the department can demonstrate that provision of the services prevented or terminated out-of-home placement in at least 70 percent of the cases served and that out-of-home placement was avoided for a period of at least six months after termination of the services.

Sec. 47.10.520. Eligibility for services. (a) The department may provide intensive family preservation services to a child, the child's family, and other appropriate nonfamily members only if

(1) there are no other available means that will prevent out-of-home placement of the child and make it possible to immediately return the child to the child's home; and

(2) the child has been placed in out-of-home care or is at actual, imminent risk of out-of-home placement due to

(A) child abuse or neglect;

(B) a serious threat of substantial harm to the child's health, safety, or welfare; or

(C) family conflict.

(b) The department need not provide services to an otherwise eligible family if

(1) services are not available in the community in which the family resides;

(2) services cannot be provided because the program is filled to capacity;

(3) the family refuses the services;

(4) the child's case plan does not include reunification of the child and family; or

(5) the safety of a child, a family member, or a person providing the services would be unduly threatened.

Sec. 47.10.530. Solicitation of funding sources. The department shall solicit federal and private resources that may be available to fund intensive family preservation services.

Sec. 47.10.590. Definition. In AS 47.10.500 – 47.10.590, "intensive family preservation services" and "services" mean intensive family preservation services, as defined in AS 47.10.990.

* **Sec. 7.** AS 47.10.990 is amended by adding a new paragraph to read:

(28) "intensive family preservation services" means services provided to a family with a child who is in an out-of-home placement or is at imminent risk of out-of-home placement that

(A) are designed to address problems creating the need for out-of-home placement by assisting the family to improve parental and household management competence and by solving practical problems that contribute to family stress so as to improve parental performance and enhance functioning of the family unit; and

(B) have the following characteristics:

(i) are persistently offered but provided at the family's option;

(ii) are provided in the family's home

(iii) are available 24 hours a day and seven days a week;

(iv) are provided within 24 hours of initial contact for assistance.

(v) are provided for a maximum of 40 days by a single case worker whose caseload is not more than two families at any one time.

(vi) May, in appropriate instances and subject to available appropriations, include monetary assistance for special needs of the family, such as to obtain food, shelter, or clothing or to purchase other goods or services that will enhance the effectiveness of other services offered to help preserve the family.

* **Sec. 8.** AS 47.17.030(d) is amended to read

(d) Before the department or a local government health or social services agency may seek the termination of parental rights under AS 47.10, it shall offer protective social services and pursue all other reasonable means of protecting the child. **The department or agency shall also consider the eligibility of the child and family for intensive family preservation services under AS 47.10.50 – 47.10.590.**

* **Sec. 9.** The uncodified law of the State of Alaska is amended by adding a new section to read:

STUDY. (a) The Department of Health and Social Services shall conduct a study in at least one region of the state in order to

(1) develop a valid and reliable process for accurately identifying clients who are eligible for intensive family preservation services;

(2) collect data on which to base projections of service needs, budget requests, and long-range planning related to intensive family preservation services;

(3) develop regional and statewide projections of needs for intensive family preservation services;

(4) develop a cost estimate for implementation and expansion of intensive family preservation services on a statewide basis;

(5) develop a long-range plan and time frame for ultimately making intensive family preservation services available to all eligible families; and

(6) collect data regarding the number of children in foster care, group care, institutional care, and other out-of-home care due to medical needs, mental health needs, developmental disabilities, and juvenile offenses and to assess the feasibility of expanding intensive family preservation services eligibility to include all of these children.

(b) By November 30, 2004, the Department of Health and Social Services shall submit a report to the governor describing the study required under this section and including the department's conclusions and recommendations that are based on the study. The department shall notify the legislature that the report is available.

(c) In this section, "intensive family preservation services" has the meaning given in AS 47.10.990.

* **Sec. 10.** Except as provided in Sec. 9 of this Act, this Act takes effect July 1, 2002.

22-LS0454\J
Lauterbach
2/11/02

CS FOR HOUSE BILL NO. 252(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SECOND LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVE COGHILL

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the construction of certain statutes relating to children; relating to**
2 **the scope of duty and standard of care for persons who provide services to certain**
3 **children and families; and providing for an effective date."**

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 * **Section 1.** AS 47.10.005 is amended to read:
6 **Sec. 47.10.005. Construction.** The provisions of this chapter shall be
7 liberally construed to
8 **(1) recognize that parents possess inherent, individual rights to**
9 **direct and control the education and upbringing of their children; and**
10 **(2) achieve** the end that a child coming within the jurisdiction of the
11 court under this chapter may receive the care, guidance, treatment, and control that
12 will promote the child's welfare **and the parents' participation in the child's**
13 **upbringing**.
14 * **Sec. 2.** AS 47.10.960 is repealed.

1 * Sec. 3. Section 1 of this Act takes effect immediately under AS 01.10.070(c).

ALASKA ATTACHMENT AND BONDING ASSOCIATES
A Chapter of Federation of Families for Children's Mental Health
3300 Palmdale, Wasilla, AK. 99654
Bus:(907) 376-0366 Fax: (907) 376-3840
e-mail:bsj@rogershsa.com
Web Site: http://www.akattachment.org

Feb. 17, 2002

Representative Coghill
State Capital
Juneau, AK. 99801-1182

Dear Representative Coghill,

We are a non-profit advocacy group of adopt, foster, guardianship and kinship care families who support your efforts in requiring a standard of care be instituted within our State Division of Family Services. Please consider this our letter of support for your efforts in HB 252.

It has been our experience that birth families often do not receive individualize, wraparound services that would enable the child to stay within their home of origin. We also, know first hand, how devastating the loss of the birth family is for children and youth. We know children do not receive the care from the state custodians that a nurturing, loving individual would be able to offer. Children stay in the foster care system to long without permanency (adoption or guardianship) occurring. We do not, and will not, accept long term foster care as a plan of permanency for children or youth of any age.

Thank you for taking on this enormous issue. If you should need further information please feel free to contact our agency.

Sincerely,

Bernadine Janzen, CEO
Alaska Attachment & Bonding Associates

Cc: Representative Cissna

FAX COVER

TO: Rep. Coghill

FROM: Alaska Attachment and Bonding Associates (AABA)

RGARDING: HB 252

OF PAGES INCLUDING COVER: 2

DATE: 2/17/02

MESSAGE:

Letter of Support Attached

AABA
3300 Palmdale
Wasilla, AK. 99654

Phone: (907) 376-0366
Fax: (907) 376-3840
E-Mail: bsj@rogershsa.com
http://www.akattachment.org

Board Directors:
Eleanor F. Oakley, Erin Aulman, Roxana Sawyer

Action Committee Members:
Mac B. Whyte

Chief Executive Officer:
Bernadine Janzen

Family Preservation and Family Support Programs: Child Maltreatment Outcomes Across Client Risk Levels and Program Types

Mark Chaffin, Ph.D.

Barbara L. Bonner, Ph.D.

Robert F. Hill, Ph.D.

Department of Pediatrics

University of Oklahoma Health Sciences Center

Oklahoma City, Oklahoma USA

Correspondence should be addressed to Mark Chaffin, Ph.D., OUHSC Center on Child Abuse and Neglect, P.O. Box 26901, CHO 3406, Oklahoma City, Oklahoma, 73190. Phone: (405) 271-8858, Fax: (405) 271-2931, email: mark-chaffin@ouhsc.edu

This study was supported by a grant from the Oklahoma Department of Human Services, Division of Children and Family Services. The authors wish to express their gratitude to Linda Smith, Kathy Sims, John Brown, and John Gelona of the Department of Human Services for their support of the project, to Anndrea Finley, Shaunna Machtolf and Jennifer Moslander at the Center on Child Abuse and Neglect for their invaluable assistance in completing this study, and to Deborah Daro for her valuable comments on an earlier draft of this paper.

RUNNING HEAD: Family Preservation and Family Support

Family Preservation and Family Support Programs: Child Maltreatment Outcomes Across Client Risk Levels and Program Types

Anonymous Review Cover Page

RUNNING HEAD: Family Preservation and Family Support

ABSTRACT

Objectives: This study evaluated client-level outcomes among an entire statewide group of Family Preservation and Family Support (FPFS) programs funded under PL 103-66.

Method: A total of 1,601 clients (primarily low income, moderate to high risk with no current involvement in the child protection system) were assessed and followed over time for future child maltreatment events reported to Child Protective Services. The study compared program completers with program dropouts, compared recipients of more lengthy full-service programs with recipients of one-time services, and examined the effects of program duration, intensity, service site (center-based vs. home based) and service model/content. Effects were modeled using survival analysis and variable-exposure Poisson hierarchical models, controlling for initial client risk levels and removing failure events due to surveillance bias. Changes in lifestyle, economic and risk factors were also examined.

Results: A total of 198 (12.2%) of participants had at least one defined failure event over a median follow-up period of 1.6 years. Controlling for risk and receipt of outside services, program completers did not differ from program dropouts or from recipients of one-time services, and there was no relationship between program intensity or duration and outcomes. Program types designed to help families meet basic concrete needs and programs using mentoring approaches were found to be more effective than parenting and child development oriented programming, and center-based services were found to be more effective than home-based services, especially among higher risk parents.

Conclusions: The findings did not support the effectiveness of these services in preventing future maltreatment cases, and raised questions about a number of common family support assumptions regarding the superiority of home-visiting based and parent training services. A number of possible reasons for this are explored.

INTRODUCTION

The late 1980's, increases in the rates of child maltreatment and, moreover, the number of children in nation's foster care systems led to a re-examination of child welfare approaches. Rather than waiting until families reached a crisis stage, systems began to emphasize family-centered early intervention approaches designed to support and strengthen at-risk parents and families and prevent their subsequent involvement in the child welfare system, or their children's removal to foster care. States argued that additional and targeted Federal funding was needed in order to create and implement these efforts and Congress responded by enacting public law 103-66, the Omnibus Budget Reconciliation Act of 1993 which authorized $930 million dollars over a 5-year period for states to plan and implement a range of family preservation and family support (FPFS) services (Ahsan, 1996; US Government Accounting Office, 1997). As child welfare and Federal priorities shifted somewhat away from lengthy pursuit of family reunification and towards child safety and rapid attainment of permanent placement in the 1997 Adoption and Safe Families Act (PL 105-89), FPFS services were slightly re-defined to emphasize promotion of child safety and, in some cases, adoption. FPFS services were re-named Promoting Safe and Stable Families (PSSF) services.

The development and implementation of FPFS/PSSF services coincided with professional disillusion with after-the-fact treatment approaches, particularly traditional clinic-based approaches (Cohn & Daro, 1987) and increasing promotion of prevention approaches, particularly prevention approaches rooted in the rapidly developing home-visiting movement of this era. In 1993, the US Advisory Board on Child Abuse and Neglect noted that "no other single intervention has the promise for preventing child abuse that home visitation has." Many home visiting and family support models have been large-scale statewide or nationwide efforts, buoyed by national organizations promoting a particular model or approach. Some of the higher-profile home visiting models include family preservation approaches such as Homebuilders, and family support or prevention approaches such as the Nurse Home Visitation Program, Healthy Families America, and the Hawaii Healthy Start model. Other family support programs are small grass-roots efforts using diverse or eclectic approaches assembled by community-based agency staff.

Family support services differ from family preservation services, although both share the benchmark goal of reducing future child abuse. Family support services are primarily community-based preventive activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources, especially informal support services and opportunities available in the community; and create supportive social networks to enhance child-rearing skills. Examples of community-based family support services and activities include: respite care for parents and other caregivers; assistance to families for obtaining basic concrete needs; mentoring and parenting education programs, including teen parent programs; and a range of center-based activities (e.g., parent support groups) and home visiting activities (e.g., perinatal home visiting programs). Family preservation services, on the other hand, typically target families already in crisis related to abuse or neglect. In terms of the types of services offered, it is possible that FP services can overlap substantially with FS services, and a given agency or program might serve both FP and FS client populations. To date, states have tended to implement slightly more FS than FP service programs (US Government Accounting Office, 1997).

All states implementing FPFS projects are engaged in process evaluation (e.g., number and types of services delivered, client satisfaction, etc.). A few are measuring "soft" outcomes, such as changes on questionnaire items, or tracking gross area-wide abuse/neglect rates. States were not required to conduct client-level outcome evaluations, although a few have elected to do so (US Government Accounting Office, 1997). This study reports the results one statewide client-level outcome evaluation effort.

Although a few programs have demonstrated effectiveness in reducing future child maltreatment rates (e.g., The Nurse Home Visiting Program; Olds, et al., 1998), most programs have either failed to demonstrate actual reductions in future abuse rates or have simply not examined future abuse as an outcome (Blythe, Salley, & Jayaratne, 1994; Gomby, Culross, & Behrman, 1999; Littel, 1997). Commentary on FP or FS service outcome studies published to date have criticized the existing knowledge base on the grounds that few studies have made group comparisons (either experimental or quasi-experimental), have had an adequate sample size, have measured "bottom-line" outcomes like future abuse or neglect, have adequately accounted for individual client factors such as risk, or have adequately accounted for receipt of outside services or service cross-over (Gomby, et al., 1999; Heneghan, Horwitz &

Leventhal, 1996; Rossi, 1992). Where studies have not found reductions in future maltreatment rates, it has been argued that this might be due to "surveillance effect," a reporting bias effect in which clients under greater surveillance by service providers might be at relatively greater risk of being reported, thereby biasing against finding positive program effects. Finally, few studies have directly compared outcomes for different service types across risk-relevant client characteristics. It remains unclear whether FPFS type programs, especially as they might be implemented by local community-based agencies and providers rather than in laboratory trials, actually reduce future child abuse or neglect. Although home visiting has been emphasized as the service site of choice for these programs, it is not clear whether home visiting is systematically associated with greater reductions in maltreatment compared to center-based programs. Finally, it is not clear whether differing program approaches or program content are more or less effective across a range of risk-relevant client characteristics.

The purpose of the present study will examine maltreatment outcomes for participants in statewide group of community-based FPFS programs using a quasi-experimental design, and removing reports identified as uniquely due to surveillance effects. Based upon the overall intent and goals of the programs, it was predicted that: 1) programs would substantially reduce measured maltreatment risk; 2) program participants would have lower rates of future maltreatment than program dropouts or participants in one-time services, adjusting for initial risk and receipt of outside services; 3) greater program duration and intensity (i.e., intervention "dose") would be associated with greater benefit in reducing future maltreatment rates, controlling for initial risk levels; and 4) participants in home visiting based programs would show lower future maltreatment rates than comparable risk individuals in center-based programs. Finally, the study will compare the effectiveness of qualitatively determined program content types in reducing maltreatment rates among groups of clients with comparable initial risk.

METHOD

Participants

Twenty-eight (28) primary agency sites participated in the evaluation project between 1996 and 1999. Within these 28 sites, 74 separate service programs were operated. Over a 3-year period, the sites documented serving 1,996 participants. Eighty percent of these (N = 1601) agreed to participate and returned usable unduplicated data. Of these, 86% were female. The average age of women was 27, with

18% being under 18 years of age at program entry. Eighteen percent (18%) of all women and 41% of women under 18 years old were pregnant at the time of program entry. Men in the programs were slightly older. Thirty-nine percent of participants (39%) were Caucasian, 32% were Native American, 12.5% were African American, and 14 % were Hispanic, primarily with Mexican heritage. Native Americans were notably over-represented in the sample. This was related to policies designating set-aside funding for tribally-operated family support programs, and most Native Americans enrolled were served by the tribally-operated programs. The Native American participants were themselves culturally diverse and endorsed a large and diverse number of single and complex tribal backgrounds. Forty-seven percent (47%) of all participants had less than a high school education. Among participants over 25 years of age, 31% had less than a high school education, compared to a statewide average of 16% for the same age group. Forty-one percent (41%) were currently married, and 28% were never married. Median household size was four, and children (median number = 2) in the households were mostly preschoolers.

Half of participants had household incomes less than $1,250 per month, compared to a median statewide household income of $2,177. Among those participants who were employed full-time, half earned less than $1,250 per month (or less than $7.21 per hour). The unemployment rate for participants was 16% (not counting the disabled, students or homemakers), compared to statewide rates ranging between 3% and 5% during the same time period. Among those under 18 years of age, 64% were students. A total of 69% of participants reported receiving some form of public assistance, primarily WIC (a nutritional program for pregnant women and young children, 43%), Food Stamps (29%), Medicaid (29%), or AFDC/TANF (cash assistance programs for indigent families with children, 13%). Rates of cigarette smoking were almost double the national average (43% vs. 23%), and a significant number of participants indicated they spent over 4 hours per day watching television, especially in the lower income groups (33%). Most program participants (75%) lived in small or rural communities, and were relatively geographically stable with half residing in their community for over 5 years.

Few (17%) participants were linked with the programs by CPS or the courts, and most were referred by friends, neighbors, relatives, or other social support agencies. Thirteen percent (13%) of participants had ever had a child removed from their home by CPS or the courts, and 8% had a child currently removed.

Procedures

At program enrollment, participants were solicited by program staff to participate voluntarily in the study. All participants completed a written informed consent process informing them of the nature of the study, risks and benefits, use of the data, participant rights, availability of services irrespective of study participation, and confidentiality assurances. It was emphasized that the study was being conducted by the University, and not by either the state CPS agency or the service agency. Participants were assured that answers provided would not be shared either with the service agency or state officials. Participants then completed a confidential questionnaire which was mailed directly back to the evaluation site and was not viewed by program service personnel. The process was repeated at termination for clients completing the programs. Participants also gave written consent for the evaluation to track subsequent reports made about them to the state CPS system. The study protocol and the consent form were reviewed and approved by the University Institutional Review Board.

Follow-up data on future referrals for child abuse or neglect was drawn from the statewide administrative database kept by the state CPS system. A failure event was defined as follows: 1) the event occurred after completion of the pre-test; 2) the event involved neglect, physical abuse, or sexual abuse of a child (failure to protect was not included); 3) the event was not screened out or ruled out after investigation; and 4) the program participant was clearly identified as the perpetrator (not as an involved person), by name and date of birth match. Events were aggregated so that events involving multiple children, multiple types of maltreatment or events occurring on the same date or within a few days of each other were collapsed into a single event. In order to identify if any of these failure events was due to surveillance effect (i.e., a report made by the service program or its staff which would not otherwise have been detected), reporter identities for all identified failure events were cross-checked by state CPS staff against a list of service programs and staff members.

Measures

Demographic questionnaire: A questionnaire was developed to capture basic demographic information, health related behaviors (e.g., use of tobacco, drugs, alcohol), lifestyle characteristics (e.g., car and phone ownership, geographic stability, time spent watching television, telephone use, etc.), and social relationships (e.g., participation in social activities, involvement with family). Initial versions of the

questionnaire were screened by outside consultants to insure their appropriateness for Hispanic and Native American populations, and suggestions were incorporated. The questionnaire was available in both Spanish and English language versions. An early version of the questionnaire was pilot tested on 100 parents in similar programs, and items answered inconsistently or indicated by parents to be confusing were corrected. Test-retest reliability was assessed by examining responses for participants with 2 weeks or less time between pre-test and post-test (N=19), excluding obvious items with no expected variability (e.g., gender, date of birth) and items which might not be expected to be stable (e.g., recency of last drink of alcohol). For ordinal or ratio level data items, the mean test-retest correlation was 0.74. For nominal level items the mean Kappa was 0.79.

Child Abuse Potential Inventory(CAP): The Child Abuse Potential Inventory (Milner, 1986) is a widely used 160 item agree/disagree format questionnaire developed to estimate risk for committing child physical abuse. The CAP Abuse Scale, which is the main interpretative scale of the CAP, has been reported to have high internal consistency (KR-20 = .92 - .95), a one-month test-rest stability of 0.83, and good discriminant and future predictive validity (Milner, 1986). Normative values for the Abuse Scale are slightly less than 100 (Milner, 1986). Two-week test-retest reliability in our study population (N = 19) was .91 for the Abuse Scale. Both English and Spanish language versions were made available to participants.

Service Programs

The FPFS service programs in this study were diverse, and were conceptualized as differing in 3 main characteristics: 1) service setting (i.e., center-based vs. home visit); 2) service duration and intensity; and 3) service model (e.g., Parenting classes, Healthy Families, Parents-as Teachers, etc.). Service duration was defined as the elapsed time between the pre-test and the post-test and was a client-level variable. All other service characteristics were program-level variables. Center-based programs were defined as those whose services were delivered at a clinic, office, or other community location and where clients traveled to the site in order to receive the services. Home visiting programs were defined as programs where the majority of the program's services were delivered in the client's home. Service intensity was defined as the number of contacts in a one-month period as prescribed in the program's service model.

Qualitative categorization of the service models was made on the basis of discussions with the programs and direct examination of program curricula and services. Some programs followed well-defined

standardized service models (i.e., Healthy Families America or Parents-As-Teachers). Other programs were more eclectic and a typology had to be developed qualitatively. A total of 154 site visits were conducted by the third author, a medical anthropologist. These involved obtaining descriptions of program services from staff as well as direct observation of services delivered to clients including observing group meetings and accompanying staff on home visits (N = 96). Extensive notes were taken during each visit regarding the facility, staffing, clientele served, types of services delivered, and service philosophy or approach. These notes were transcribed and examined for common themes. Nine service types emerged from the site visits, and were designated as follows:

- *Healthy Families*: These programs were participants in Healthy Families America (HFA) home visiting model (Daro & Harding, 1999), a voluntary home visiting based program for pregnant and new parents focusing on child development, health and parenting services: N = 92 cases with a drop-out rate of 20%. There were no CPS or court referrals to these programs, and the average pre-treatment CAP score was 150.
- *Parents-As-Teachers*: These programs were participants in the Parents-As-Teachers home visiting model (Wagner & Clayton, 1999). PAT is a home visiting educational program focusing on teaching parents developmentally appropriate activities for their child, and linking families with needed community services: N = 177 cases with a drop-out rate of 7%. CPS or court referrals accounted for 1% of clients in this programs, and the average pre-treatment CAP score was 71.
- *Nurturing Programs*: These programs had a largely educational focus on teaching pregnant and new parents child and infant nurturing skills, including how to respond to different developmentally normal infant needs, tips on physical and nutritional care, and suggestions for promoting positive parent-child interactions: N = 217 cases with a drop-out rate of 27% . CPS or court referrals accounted for 4% of cases in these programs, and the average pre-treatment CAP score was 162.
- *Mentoring Programs*: These programs provided parents, often young or new parents, with a parent mentor—a more experienced parent or staff person who served as a role model, confidante, and support person: N = 325 cases with a drop-out rate of 34%. CPS or court referrals accounted for 21% of cases in these programs, and the average pre-treatment CAP score was 170.

- *Agency Collaborative*: These programs focused used a collaborative case management model in which a consortium of service agencies came together, along with the clients, to define a coordinated and often multi-agency response to needs as jointly defined by the client and the staff: N = 49 cases with a drop-out rate of 65%. CPS or court referrals accounted for 2% of cases in these programs, and the average pre-treatment CAP score was 164.
- *Basic Needs*: These programs focused on directly supplying concrete forms of assistance, such as arranging for day care, assistance in finding housing or transportation, assistance in acquiring food or child care supplies, etc: N = 122 cases with a drop-out rate of 43%. CPS or court referrals accounted for 11% of cases in these programs, and the average pre-treatment CAP score was 126.
- *Parent Education Center*: Services were typically parent education groups or classes focusing on discipline and child management strategies using a variety of parent training curricula: N = 170 cases with a drop-out rate of 46%. CPS and court referrals accounted for 25% of cases in these programs, and the average pre-treatment CAP score was 159.
- *Episodic*: These were subprograms designed to provide a one-time service, such as a community-based educational program or parenting workshop. By definition, participants were not enrolled in any other longer-term or ongoing type of service provided by the program: N = 306 cases and drop-out was not a relevant consideration. CPS and court referrals accounted for 11.5% of cases in these programs and the average pre-treatment CAP score was 132.
- *Family Preservation*: These were described as "wrap-around" service models, often involving in-home services, with potentially multiple contacts per week, and targeted at families in acute crisis: N = 138 cases. CPS or court referrals accounted for 74% of cases in these programs compared to an average of 11% in all other service types (Chi-square = 441.7, $p < .001$). Children were currently removed from the home in 23% of cases compared to an average of 7% in all other service types (Chi-square = 77.5, $p < 0.001$). The average pre-treatment CAP score was 157.

It is important to note that agencies can, and often did, operate more than one type of service program. For example, an agency might operate both a parent-education center and an episodic program. However, in these cases, the service programs were generally separate and clients seldom crossed-over from one service type to another. Multiple enrollment in different service types at the same FPFS agency, or multiple

enrollments at different FPFS agencies was noted in less than 2% of all cases. Also, most service types included both clients referred by CPS and non-CPS clients recruited directly from the community at large.

RESULTS

Study attrition from pre-test to post-test. Study attrition in the programs was high. Excluding clients seen in episodic programs (by definition, a one-time service), only 38% (N = 493) of participants completing a pre-test also completed a post-test. Causes of study attrition were attributable to program drop-out (35%) and program completers where the agency failed to obtain the post-test (27%). Demographic and CAP Abuse Scale score differences between participants who did versus who did not complete a post-test were small, and are presented in Table 1. The median pre-test/post-test interval was 151 days (lower quartile < 73; upper quartile > 212).

Pre-test/post-test changes. Changes from pre-test to post-test were examined for demographic questionnaire items (N = 493) including: inflation adjusted income, unemployment rates (not counting students, homemakers, or the disabled), self-reported levels of tobacco, alcohol, or drug use, amount of time spent watching television, amount of time spent involved with community/tribal activities, amount of time spent with family, self-reported closeness to family, use of public assistance and removal of children from the home. Changes in categorical data were evaluated using McNemar's test and changes in continuous data were evaluated using within-subjects ANOVA's. None of the changes reached statistical significance without correcting alpha levels for multiple tests.

Pre/post changes on the CAP Abuse Scale score were evaluated using a within-subjects ANOVA. CAP Abuse Scale mean scores decreased slightly (12 points, corresponding to 0.17 σ using normative variance or 0.12 σ using study variance), from 141 to 129 ($F = 16.4$, $p < 0.001$). However, 40% of all participants produced a CAP which would be categorized as invalid according to the instrument's validity indices (overwhelmingly, in this case, the "fake-good" index). Examining valid profiles only, the mean change was smaller (9 points, from 170 to 161) but still statistically significant ($F = 5.8$, $p < 0.05$). Larger changes were found for participants whose pre-treatment score was above the published signal detection CAP cut-off score of 166. For these participants (N = 157) mean scores dropped from 263 to 219 ($F = 1873$, $p < 0.001$), but still remained above the cut-off on average.

In order to examine patterns of change according to service type, pre-test CAP Abuse Scale scores were first examined, and were noted to differ widely among the various service types ($F = 8.5$, $p < 0.001$), with 3 subsets of pre-test scores identified using Duncan's multiple range procedure. The lowest subset consisted of Parents-As-Teachers (mean score = 73), the middle subset consisted of Healthy Families and Basic Needs Programs programs (mean scores = 126 and 146), and the highest subset consisted of the remaining six service types (means ranging from 192 to 205). Each cluster was examined separately using repeated measures ANOVA. No significant time effect was found for the lowest cluster (PAT) participants; no significant type X time interaction was found for the two middle cluster service types (HFA and basic needs); and no significant type X time interaction was found the remaining six higher cluster service types.

Analysis of Failure Rates. Because collection of future failure data was unaffected by program or study attrition, data was available for then entire study population (N = 1,601). A total of 195 (or 12.2%) of program participants had at least one defined failure event, across follow-up times ranging from a few days to over 3 years (median follow-up = 584 days or 1.6 years). Most participants having a failure event had a single event, although some had up to five separate failures. The majority of failures were for neglect (61%) or physical abuse combined with neglect (21%). Ten percent (10%) were for physical abuse alone and 8% were for sexual abuse. Approximately one in six failures (15.4%) resulted in a new removal of a child from the home. Less than 4% of all failures were found to be uniquely due to reports made by the FPFS service agency or any of its staff (i.e., surveillance effect). At the distal margin of the survival curve, cumulative failure was 17%, and hazard rates were higher during earlier risk periods. A plot of hazard rates, over time, is depicted Figure 1.

Before making group comparisons, it was important to establish an individual client estimate of pre-treatment risk for future abuse or neglect. Not all groups contained equivalent risk populations, so statistical control of initial risk was important. In order to develop a pre-treatment risk indicator, failure data were analyzed using a Cox Proportional Hazards Survival model. Potential predictors were entered in three blocks, using a Wald forward selection procedure within each block. The first block of candidate predictors consisted of demographic and lifestyle variables (sex, race, education, number of children, use of alcohol and tobacco, marital status, income, family and community involvement, etc.). The second block

consisted of system related variables (receipt of public assistance, referral to the program by CPS or the court, and history of ever having a child removed). The final block was psychometric and consisted of the CAP Abuse Scale score. No service related variables were included in the model. All non-significant predictors were removed from the model at each step. The final model included the following predictors of failure, in order of r^2 values: higher number of children in the family; higher pre-test CAP Abuse Scale score; history of ever having a child removed by the court; less education; and lower income. These predictors were then weighted according to final model Beta coefficients and combined. The resulting variable was approximately normally distributed and correlated with failure rates ($r = 0.28$). The variable was divided into three risk strata. A low risk group comprising the lowest 16.7% (1/6th or N = 267) of the distribution, an average risk group comprising the middle 67% (2/3rd or roughly +/- 1σ, N = 1,067) of the distribution, and a high risk group comprising the highest 16.7% (1/6th or N = 267) of the distribution. These three risk groups had corresponding failure rates of 4.1%, 10.7%, and 26.2%, and survival curves are presented in Figure 2. Examining the risk profiles across agency sites, three agency sites were noted to have substantially greater numbers of high-risk participants (defined as more than double the expected number), and one large site (PAT) was noted to have virtually no high-risk participants. These four large outlier sites were removed and analyzed separately from the remaining program sites serving more moderate or mixed risk populations. The remaining programs served 1,244 (or 78% of total) participants and risk was symmetrically distributed in the population.

Comparison of Program Completers with Dropouts. The first test of program effects on failure rates involved comparing completers of non-episodic programs with program dropouts. As noted earlier, 35% of non-episodic participants were indicated by the service sites as having dropped out before completing the programs. Given the obtained sample and follow-up parameters, the power to detect a 10% versus 20% cumulative survival difference at the margins of the survival function would be 0.98. There were no statistically significant pre-treatment differences between completers and dropouts in initial risk groupings or in receipt of additional services outside the FPFS programs, so these variables were not controlled in the subsequent analysis. Because dropouts would be expected to be less vulnerable to surveillance effect reporting, surveillance effect reports were removed from this analysis. Groups were compared in two ways. First, a Kaplan-Meier survival analysis was used, comparing completers with dropouts, both overall

and within risk level strata using the log-rank test. The second approach utilized Hierarchical Linear Modeling (HLM; Bryk & Raudenbush, 1992) to examine failure counts using a variable-exposure Poisson model, with subjects nested within service sites. The first approach is the more conventional way to examine this data and accounts for temporal patterns in the data, while the second approach has the advantage of incorporating all failure events for cases where there were multiple failures, and better accounts for potential dependencies due to the nested structure of the data. No statistically significant effect related to program completion was found using either approach. Survival curves for both groups are presented in Figure 3.

Limiting the analysis to non-episodic failures only (N = 174), dropouts and completers were compared using Chi-square for differences in whether or not failure resulted in a new removal of a child from the home. Power for detecting a moderate effect size (.25) with this sample size was 0.91. No significant differences were found.

Comparison of Full-Program with Episodic Program Participants. A total of 306 participants (19%) were seen in episodic (i.e., one-time) services. Episodic programs were operated by the same sites operating the longer, more intensive programs. Recipients of episodic services were slightly (0.05 standard error units) lower in initial risk than recipients of full program services, and were somewhat more likely to receive two types of services outside the FPFS programs, counseling (24% vs. 17%) and non-FPFS home visiting services (22% vs. 15%). Initial risk and receipt of outside services were statistically controlled in subsequent analyses. Also, because episodic service recipients would be less vulnerable to surveillance effects, failures due to surveillance were removed from the data set. Failures were again analyzed using survival analysis and HLM variable-exposure Poisson modeling, nesting participants within sites. A Cox Proportional Hazards survival model was used entering the composite risk score as a continuous variable and receipt of outside counseling and home visiting services as nominal variables in the first block of a two-block model. Full versus episodic group membership was added in the second block to examine r^2 changes. Episodic participants were found to have significantly better survival than full-program participants, controlling for initial risk and outside service receipt (Chi-Square = 6.8, $p < .01$). No significant difference was found using the HLM variable-exposure Poisson modeling approach, although the trend was in the same direction as found using the survival approach.

Limiting the analysis to failures only, episodic and full-program participants were compared using Chi-square for differences in whether or not failure resulted in a new removal of a child from the home. Rates were virtually identical, and no significant differences were found. Using a logistic regression to control for initial levels of risk and receipt of outside services, no significant differences in removal rates were found.

Analysis of Dose and Effect. The third approach to examining overall benefits was to test for a dose-effect relationship. The programs provided services of varying intensity. Although the "dose" of services received within each program was in some ways set at a programmatic level, there were individual differences in the duration of services received. It is possible that participants judged to have greater need (i.e., more severe problems) received more services. Unfortunately, the number of service units received for each client was not available, so the duration of services was used as an estimate of the individual service "dose" (assuming that longer duration meant, on average, more services) and initial risk status was used as an estimate of the client's level of child-maltreatment relevant problems. This analysis was limited to non-episodic program completers for whom post-tests (used to determine service duration) were available (N = 493). Statistically controlling for initial risk in a Cox proportional hazard model, there was no significant effect of service duration on survival. Limiting the analysis to failures only, a logistic regression was conducted examining the effect of program duration on the likelihood of removal, controlling for initial level of risk. No effect related to program duration was found.

Next, a programmatic level analysis was performed using the average number of visits per month for each site's program model as determined by site visits. This depended upon the program's treatment model, and was a program-level, rather than an individual-level variable. The HLM approach was used for this analysis, entering program model intensity in visits-per-month as a level-2 variable. Level-1 of the hierarchical model was the individual client level and predicted failure (using a variable-exposure Poisson model) from the grand-mean centered risk score. Thus, the intercept term reflected the expected failure probability of a client in that program with a population average risk score, and the slope term reflected the expected increase in failure probability associated with increased risk scores at that site. Level-2 of the model was the program level and tested the effect of program intensity on the program's failure rate controlling for risk (i.e., the Level-1 intercept), and also tested the effect of number of visits per month in

mitigating the impact of risk (i.e., the Level-1 risk slope). No significant effects related to the number of visits per month were found for either intercepts or slopes.

Analysis of Outlier Sites. Analytic strategies similar to those described above for comparing completers versus dropouts, episodic versus full program participants, and examining dose effects were used for the outlying low-risk site (which was synonymous with the PAT program type; N = 177) and the three outlying high-risk sites (N = 180). The PAT program had a very low (6%) overall failure rate, consistent with the exceptionally low-risk profile of its clients. There were insufficient numbers of dropouts (13) for comparison purposes. PAT program participants were compared to low-moderate initial risk episodic participants from other programs, and no significant differences in survival were found using a Kaplan-Meier survival analysis. There was insufficient variability in duration or intensity to test for dose effects.

Examining the three outlying high-risk sites, there was no significant difference between program completers and dropouts in these programs, either by the survival or HLM approaches. There was no difference from medium-high initial risk participants receiving only episodic services, controlling for initial risk and outside service receipt, and removing surveillance effect reports. There also was no significant dose-effect relationship, controlling for initial risk.

In order to examine whether removal and separate analysis of the outlying agency sites substantially changed the original completer-dropout, full-episodic, and dose-effect analyses, all analyses were repeated using the full data set, including outlying sites. The overall pattern of findings and statistical significance were unchanged.

Analysis of failure rates by program type. The various program types (excluding episodic services; resulting N = 1,295) were compared among themselves. Any failures attributable to surveillance effect were excluded from the analysis. Raw failure rates, unadjusted for initial risk or follow-up interval, are presented in Table 2. Programs were first compared overall, and then in a pairwise fashion, using Kaplan-Meier survival analyses. Significant overall differences were found among the program types, controlling for risk strata (log rank = 22.2, $p < .01$). A plot of risk-adjusted proportional hazards survival functions is presented in Figure 4. Follow-up pairwise comparisons found that the basic needs and mentoring types of programs had better survival than the parent-education center, nurturing, family preservation or Healthy Families America types (log rank = 3.99, 4.81, 6.31, and 3.84 respectively for basic needs, 5.27, 8.2, 10.29,

and 4.98 respectively for mentoring; all $p < 0.05$). Examining within risk strata, these differences were not apparent among the lower risk clients, where almost all program types were associated with 5% or lower failure rates, but emerged among the high-risk group, where failure rates ranged from a low of 18-20% for the basic needs and mentoring program types to a high of 33%-34% for the Healthy Families America and family preservation program types.

Comparing service sites: center-based versus home visiting programs. Forty-one percent (41%) of programs were primarily center-based and 58% were primarily home-visit based. On average, the center-based programs served a significantly higher risk clientele ($F= 4.73$, $p < .01$). Twenty-six percent (26%) of clients in center-based programs were in the highest risk group, compared with 17% of clients in home-visiting based programs. The PAT site, a large and atypical home-visiting site with virtually no high-risk clients, was removed from this analysis, and the high-risk differential decreased to 26% versus 24%. Home visiting program staff had slightly less professional experience than center-based staff (4.5 years vs. 5 years; $F = 35.3$, $p < .001$), and were primarily Bachelors-level personnel (62%) whereas center-based staff primarily had Master's degrees (95%; Chi-square = 204, $p < .001$). Program types were contrasted using HLM modeling, with participants nested within programs. Again, a variable-exposure Poisson analysis of failure rates was used at Level-1, modeled by individual risk which was centered around the grand mean, with service location (home based or center based) entered as a Level-2 predictor of intercept and risk slope random effects. Preliminary exploratory analysis suggested that staff education or years of experience accounted for insufficient variance to merit inclusion in the model. Center-based programs were found to have lower overall failure rates adjusted for risk ($t = 3.10$, $p < .01$), and also were associated with decreased risk slopes ($t = 2.17$, $p < .05$), suggesting that clients in center based programs showed less of an increase in failure rates as risk increased. Again, the lower failure rates for center-based participants were particularly evident at the higher risk levels, as seen in Figure 5.

DISCUSSION

The pattern of results are discouraging regarding the overall success of the programs in meeting their benchmark goal of reducing future rates of child abuse and neglect. Program completers did not have lower rates of future abuse or neglect cases than either program dropouts or clients who received only a one-time service. Increased program model intensity or duration of services were not associated with

increased benefits. These findings held true for both future maltreatment, and for the likelihood of child removal from the home by CPS in the event of future maltreatment. The findings persisted in analyses controlling for initial client risk levels, outside service receipt and omitting reports reflecting surveillance effects. The findings were buttressed by other findings in the study: the failure to find significant changes in self-reported lifestyle, economic, or family variables; the failure to find net changes in out-of-home placement rates; the very small changes on the CAP inventory; and the fact that simple provision of basic concrete needs seemed to perform as well as, or better than, many of the more involved and typical FPFS parenting approaches, including in-home services. The absence of differences was not likely to be due to Type-II error given that power was adequate to detect an important sized effect. Finally, the findings are consistent with larger reviews of similar evaluation studies (Heneghan, Horwitz, & Levanthal, 1996; Gomby, Culross, & Behrman, 1999).

It is important to note that the study did not employ random assignment of clients to treatment or dose conditions, nor did it rigorously control treatment interventions for distinctiveness, integrity, or provider effects. Consequently, it is not possible to draw firm conclusions about causality. Each of the quasi-experimental comparisons made is inherently flawed. However, each approach is flawed in a different way, and combined, the approaches have some degree of complimentarity. For example, it could be argued that dropouts received a significant amount of treatment benefit before dropping out, thereby masking intervention effects. Based upon this argument, however, one might expect that episodic service clients, who received only a one-time service, would do worse than either completers or dropouts. However, this was not the case. In one analysis, episodic service recipients had *better* outcomes, and in another there was no difference. It might be argued that findings in the episodic analysis were related to the small differences in initial risk and outside service receipt between the episodic and full-program completers, differences which might not be completely mitigated using the blunt instrument of covariance control. However, there were no such initial risk or outside service differences in the dropout comparison, and the results were similar.

Bearing in mind these design related caveats, the results do suggest some conclusions for future programming. First, it is clear that virtually all programs obtained equivalent results among low-risk clients. Indeed, the low-risk group had such low rates of future child maltreatment events that it would be

difficult to meaningfully lower them further. If a main or benchmark goal of programs is to prevent future child maltreatment, expending services on this group would appear to be an inefficient use of resources. Alternately, it is possible that these types of family support services to low risk populations are of value in other domains, however, preventing child maltreatment should not be touted as a benchmark goal or criteria for success. Among the higher risk groups, where future maltreatment rates exceeded 25% even during a short 1.6 year follow-up, the potential maltreatment prevention benefits of effective interventions increase, and there were suggestions that some approaches worked better than others with this group. For example, services which focus on providing families with basic concrete needs, or which provide mentoring services were found to be more effective than other service models. It was noteworthy that neither the more intensive service models (e.g., family preservation) nor services based upon nationally standardized models (e.g., HFA) were very effective with the high-risk, or even moderate-risk, groups. In fact, both approaches were among the highest in failure rates for these risk strata. However, it is possible that failures with high risk populations could be due to different mechanisms. HFA, for example, is not designed to deal with extremely high risk populations. Family preservation programs, on the other hand, are designed to address high-risk clients. For family preservation, the failure to find results may represent problems with the model itself whereas with HFA it may represent misapplication of the model to the wrong population. The other standardized curriculum in the study, the PAT model, could not be adequately evaluated for its effectiveness among higher-risk strata because its services were limited almost exclusively to very low risk clients.

The findings also raise questions about the enthusiasm for any and all services based upon home visiting. Center-based services, although serving a higher risk clientele, were associated with lower failure rates than home-based services. This is an important consideration given that delivering home-based services can be very labor intensive and expensive. It could be validly argued that the classification of "home-based" in this study reflected little more than the location of services and did not necessarily reflect the service content of any particular home-visiting model (with the exception of the HFA and PAT models). However, the results do suggest that there is nothing magic in simply delivering services in the home, and that center-based approaches as a group are clearly neither inferior nor undesirable program options among programs as they are currently implemented in the field.

Assuming the results support a conclusion that the programs were not effective in meeting their major benchmark goal, the question remains as to why this might be. Although not directly addressed in this data analysis, our impression from the 154 site visits made to the programs is that the programs as a group were neither poorly implemented nor ill thought out. Indeed, we were impressed by the dedication of the staff, their commitment to serving families, and their belief in developing and promoting family strengths. On the whole, we found the programs to be well organized and implemented. Assuming that implementation was adequate, some other possibilities might be suggested. Many of the programs relied upon parent education approaches which might be expected to produce knowledge, but not necessarily skill, acquisition. Some observers have commented that parent training approaches using behavioral practice and live direct coaching of parenting skills are better suited to changing maltreatment related parenting behaviors and improving the parent-child relationship (Urquiza & McNeil, 1996; Wolfe, Edwards, Manion, & Koverola, 1988). Second, to our knowledge, few of the programs directly assessed for or provided services for key parent variables which are known risk factors for the development of abuse or neglect, such as parental substance abuse, domestic violence, poverty or depression (Chaffin, Kelleher, & Hollenberg, 1996; Shipman, Rossman, & West, 1999), and it is possible that these variables, rather than social support, childhood health screenings, and imparting child development knowledge may be more meaningful targets, especially among higher risk strata, and especially where child neglect is the most prevalent type of maltreatment. The role of poverty in the etiology of child maltreatment, especially neglect, may be especially important to consider. Although it would not be accurate to characterize maltreatment as the exclusive province of the "unworthy poor", it is also important to recognize that poverty is a dominant characteristic among CPS caseloads, and the national incidence of maltreatment among children in families with annual household incomes of less than $15,000 (the median in this study) is 22 times greater than the incidence among children in families with annual household incomes of over $30,000 (Sedlak & Broadhurst, 1996). Recall that basic needs programming, which directly targeted some of the consequences of parental poverty, were among the most effective programs, especially at higher risk levels.

The findings from this study should be considered within the context of those findings which may emerge from other states which opted to conduct outcomes evaluations of their FPFS programs, and in

relation to ongoing Federal FPFS evaluations using treatment and control conditions (US Government Accounting Office, 1997). In interpreting the findings, it will be important to bear in mind that the FPFS projects represent an early-stage effort which will doubtless be refined and modified in response to this emerging body of data. The family preservation, family support, and child abuse prevention movements have been understandably criticized as being long on rhetoric and enthusiasm and short on scientific support. It is our hope that this initial round of FPFS implementation studies, even if not entirely consistent with the hoped for results, will serve to point the field in more scientifically sound directions.

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Table 1: Comparison by Follow-Up Status

	No Post-test completed	Post-test completed
Age	28.62	27.42
Income level	2.91	3.08
Number of Children	1.99	2.12
Educational level	2.60	2.78
Number of moves in the last 5 years	1.71	1.56
CAP Abuse Scale Score	144.59	142.47
Percent female	86%	88%
Percent white	36%	44%

Table 2. Raw failure rates by program type, excluding episodic programs, excluding surveillance effect reports, and unadjusted for follow-up time or initial client risk

	Failure Rate (N)
Agency Collaborative	12.8% (6)
Basic Needs	6.8% (8)
Family Preservation	18.4% (25)
Healthy Families America	16.3% (15)
Mentoring	9.9% (32)
Parent Education Center	17.2% (29)
Parents as Teachers	6.2% (11)
Total of all Non-Episodic Programs	13% (166)

Figure 1. Hazard Function for future abuse or neglect

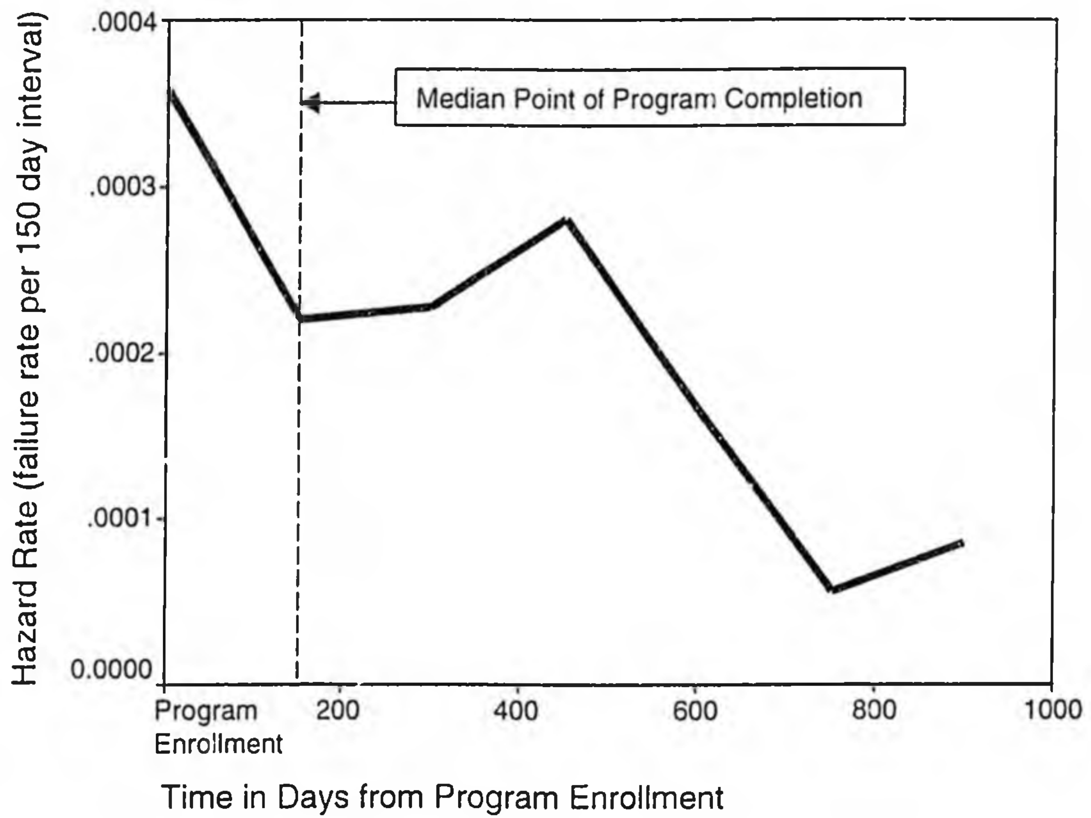
Hazard Function
Hazard Rate (failure rate per 150 day interval)
.0004
.0003
.0002
.0001
0.0000
Median Point of Program Completion
Program
Enrollment
200
400
600
800
1000
Time in Days from Program Enrollment

Figure 2. Survival curves for risk strata

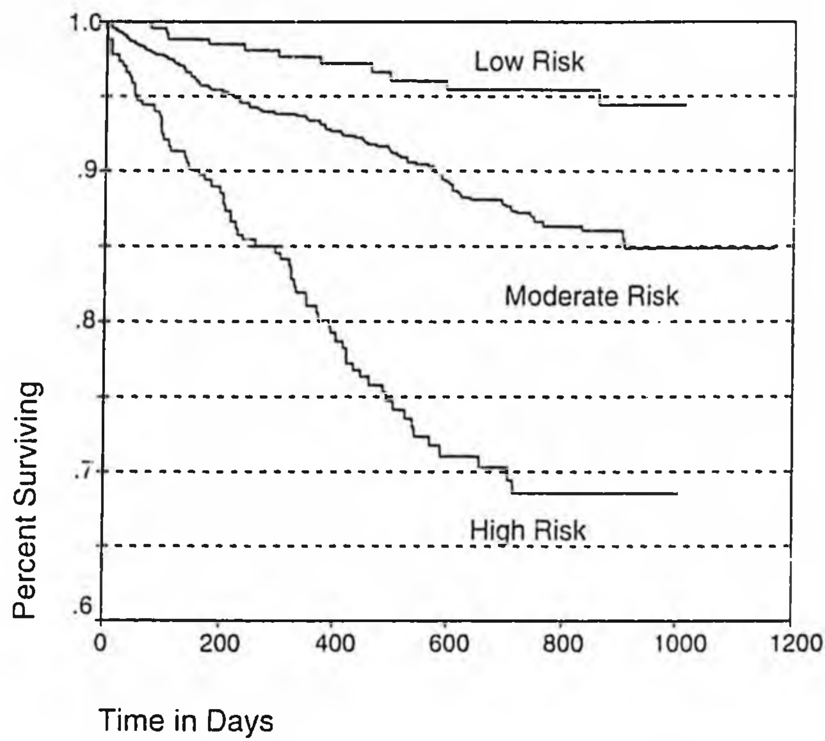
Survival Functions
1.0
.9
.8
.7
.6
Percent Surviving
Low Risk
Moderate Risk
High Risk
0
200
400
600
800
1000
1200
Time in Days

Figure 3. Comparison of Completers with Dropouts.