

# ADVANCING FAMILY PRESERVATION PRACTICE

E. Susan Morton  
R. Kevin Grigsby  
editors

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## *Introduction*

In the past 3 years, the field of Intensive Family Preservation Services (IFPS) has seen a dramatic increase in the publication of books and book chapters related to the subject (Adnopolz, Grigsby, & Nagler, 1991; Cole & Duva, 1990; Tracy, Haapala, Kinney, & Pecora, 1991; Wells & Biegel, 1991; Whittaker, Kinney, Tracy, & Booth, 1990; Yuan & Rivest, 1990). Generally, these recently published works either describe IFPS programs (Adnopolz et al., 1991; Kinney, Haapala, Booth, & Leavitt, 1990) or are discussions of program evaluations or evaluation-related issues (see especially Yuan & Rivest, 1990 and Wells & Biegel, 1991). Tracy et al. (1991) have provided a somewhat different publication in that they offer what is described as "An Instructional Sourcebook" that appears to be designed to help others learn about IFPS. All of these publications have been valuable contributions to the literature as they have begun to lay the groundwork for the initiation and promulgation of IFPS programs and program evaluation. One troubling aspect of the literature to date, however, is that there appears to be little description of how IFPS programs have changed or evolved over time. After all, IFPS programs have been in existence for nearly two decades. Surely there have been changes that have taken place as programs have "lived through" the past 20 years. As IFPS practitioners, supervisors, trainers, and evaluators, we became intrigued with the idea that IFPS services

have “advanced” since their inception. This book represents our attempt to answer the question of “What has happened over time to the initiation, development, implementation, and evaluation of Intensive Family Preservation Services in the United States?” Further questions include the following:

Are the same theories in use now that were in use years ago?

Has the relationship between Child Protective Services and IFPS programs changed in states that offer IFPS?

Have different or better models of service evolved?

Are the families that are being served at present the same types of families that have been served in the past or are there “special populations” that are in need of IFPS services?

Have the program objectives changed (over time) as IFPS programs have been in operation?

How have IFPS programs evolved in states that have offered IFPS for several years?

What types of families don’t seem to respond to IFPS?

In order to answer these and other questions, we called upon authors from around the United States to offer their responses based upon their own experiences as practitioners, administrators, and evaluators. We feel that their responses speak for themselves as they offer a succinct description of how Intensive Family Preservation Services have evolved over the last two decades, and of how they may continue to be advanced and refined through careful scrutiny and evaluation. It is our hope as the editors of this volume, that we offer an optimistic yet careful discussion of the evolution of IFPS with the hope that practitioners, administrators, and evaluators will incorporate the experience and knowledge of others who have been involved with IFPS programs as they have “advanced” over time. We do not claim to be offering a detailed history of the IFPS movement, but rather a meaningful commentary related to the questions above. We also hope that this offers students and other persons interested in learning about IFPS exposure to diverse points of view as related to the development, implementation, and evaluation of Intensive Family Preservation Services.

—R. Kevin Grigsby

—E. Susan Morton

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## ***PART 1***

### ***Background***



## *The Evolution of Family Preservation*

E. SUSAN MORTON

Family preservation services are not new. They have their origins in the practice of home visiting and in the history of child welfare in America. Family preservation has evolved from humble beginnings to its professional status today.

### *The Elizabethans*

The phrase *home visiting* is frequently used to describe services provided in the home to an individual or a family. Services encompass the physical, psychological, educational, social, and developmental needs of the client. This system of delivery of care can be traced back to before the Elizabethan era in England. At that time health and social services were provided to paupers in their own homes. These services were usually provided by the church and concerned benevolent wealthy families. By the 17th century public opinion regarding services to poor children and families had shifted. Between 1590 and the early 1600s, a comprehensive series of social welfare reforms known as the Elizabethan Poor Laws were enacted. A system of public relief was created. The practice of "outdoor relief" was replaced with the concept of "indoor relief" or institutional care. Children who were destitute or who came from families who could not adequately care for them were taken to live, work, and be educated in large institutional facilities called almshouses or poorhouses. Few services were provided to the parents

of these children (Wasik, Bryant, & Lyons, 1990). Poor adults, the aged, and those unable to care for themselves because of insanity or physical handicaps were sent to houses of refuge or workhouses. There they could live together and work to repay the community for their keep (Datta, 1976).

### ***Florence Nightingale***

Despite this change in attitude toward the poor, home visiting continued as a service to the sick. Around the mid-1860s, Florence Nightingale became a champion of home care. She argued that sick people needed not only services to be offered in the home but that these services must be provided by trained nurses (Monteiro, 1985). As a result of her lifelong dedication to home nursing care, particularly for the sick poor, by the end of the 19th century home visiting was a common practice in all of Europe (Buhler-Wilkerson, 1985). Over the years it has expanded to the point that, in Europe, it is now viewed as a government responsibility and all the helping professions including physicians and psychologists provide home visiting services (Wasik et al., 1990). Thanks to Ms. Nightingale's efforts, visiting nurses in this country continue to provide a valuable and vital service for sick people of all ages and socioeconomic backgrounds.

### ***Early Days of America***

In the early days of this country no public policy regarding child welfare existed. Children had no rights and were considered important only as they fit into the adult community (Grotberg, 1976). They were viewed as the property of their parents and were valued as an economic resource for the family. Work was viewed as a social good (Datta, 1976). In 1619, Virginia's assembly decided that any person, regardless of age, found idle could and should be bound over to compulsory work (Dulles, 1965). Historical records from Plymouth Colony indicate that children by the time they turned 6 years of age were expected to be "little adults" and work both in and out of the home (Demos, 1972). The practice of apprenticing or indenturing poor, illegitimate, or orphaned children was very popular in Colonial America. Several states including Massachusetts, Virginia, and North Carolina required the practice for all poor children (Grotberg, 1976).

As in England, almshouses were also built for destitute children. No distinction was made between poorhouses and workhouses. Children were grouped together with adults who were sick, disabled, mentally ill, retarded, or criminal. The first of these was built in 1657 in New York. By 1790 almost every coastal municipality had such institutional facilities. Most Americans supported the idea of the almshouses and considered them positive and economical approaches to the care of dependent children since they provided work opportunities for children (Datta, 1976). Little thought or attention was given to providing direct relief services to poor children or their parents in their own homes. This type of service was believed to encourage laziness and unemployment.

### *The Industrial Revolution*

As the population of this country grew due to mass immigration, cities began to experience increased urbanization and economic and social unrest resulting from the Civil War and the Industrial Revolution. Problems such as poverty, crime and delinquency, contagious diseases, overcrowding, and poor sanitation became common. Environmental conditions began to be viewed as leading causes of personal illness and suffering. This shift in thinking resulted in a change in attitude toward the provision of services to children and families. Children who were destitute or from the working poor classes of society were seen as needing to be saved from these social conditions. Children were now seen as possessing innate goodness and were powerless in society. Adults needed to protect and preserve the goodness that children possessed. Writers such as Charles Dickens, Harriet Beecher Stowe, and Bronson Alcott expressed these new found attitudes of societal child mistreatment in their books and essays. America had entered the Age of Rescue (Grotberg, 1976). By the end of the 1870s, the practice of sending children to almshouses or making them indentured servants gradually fell into disuse (Simms, 1991).

Voluntary and public institutions designed to care for dependent children and destitute adults increased—such as the Young Women's Christian Association (YWCA) in 1874 and the Young Men's Christian Association (YMCA) in 1885. In the late 1800s, settlement houses were established in impoverished communities in New York, Boston, Philadelphia, and Chicago. One of the most famous settlement houses was Hull House in Chicago, founded by Jane Addams in 1889. Workers

taught hygiene and nutrition; created recreational, cultural, and social programs for people; assisted families in locating better housing; supplied food and clothing to the indigent; and provided support and guidance to families (Addams, 1935/1960).

Teachers began to make home visits. These visiting teachers worked in urban areas to help foster a relationship between the child and his or her family and the school system. Their goal was to reduce truancy, increase scholarship, improve the home environment, and promote an appreciation for education and learning (Levine & Levine, 1970).

Visiting nurses expanded their services and added preventive care for mothers, babies, children, and people suffering from tuberculosis. Home visiting was developing as a practice of the service delivery system in the areas of health, education, and social services. It would take until the 20th century for it to become an organized integral service in the public welfare system of this country (Wasik et al., 1990).

While services to poor families were increasing, a new idea for the care of abandoned or orphaned children—in the orphanage—was being explored. This movement had begun with religious and small private charity groups back in the mid-1700s. Public institutions soon followed in the 1800s (Bremner, 1971). After allegations of abuse and documentation of poor conditions began to surface, some concerned citizens started to call for alternatives. The public debate as to whether to improve and reform these facilities or to maintain children in homes has raged on for years. In 1853 the Children's Aid Society was established in New York. Its mission was to save indigent children from the perils of city life. Urban destitute children were sent to rural areas in the midwest and upstate New York to live with families who would teach them good work habits and provide good moral training. This created the establishment of the first free foster homes. In 1883, a similar initiative called the Children's Home Society was begun. This statewide voluntary agency in Illinois provided free foster homes for children. Children were seen as contributing family members. Foster families were expected to teach the children the value of hard work and discipline. In return they would receive free child labor. Thus this new form of foster care served the interests of both poor families and families seeking employees (Zelizer, 1985).

By the 1890s, both of these programs had been replicated in many states. Despite this acceptance of foster care as an alternative, children's institutions continued to be an alternative for minority, handicapped, and incorrigible children and infants. Minority children were often

considered by white society as being unfit or genetically deviant. All of these youngsters were seen as liabilities because of their perceived uselessness (Datta, 1976).

Eventually the practice of foster family placement was created. This offered an alternative to placing children in orphan asylums. States such as Massachusetts began to pay families board money to care for foster children. No longer were children responsible for paying for their keep. States would now assume the responsibility of paying to ensure the welfare of their needy children (Datta, 1976).

In 1851 the first state statute for adoption was enacted in Massachusetts. By 1929 every state had passed some type of law regarding the adoption of children (Datta, 1976).

Other initiatives to promote services to children soon followed. The first Society for the Prevention of Cruelty to Children was founded in New York in 1874 and later, in 1877, the Charity Organization Society was created. These organizations sought individual reform by recruiting volunteer friendly visitors to go into poor peoples' homes and provide advice and support. This attempt to provide individual case services along with the settlement worker movement served as the context for the development of the social work profession. Gradually this country had begun to develop an awareness of the need to protect the welfare of children. Along with this came the belief that society had the responsibility and the right to intervene in a family's life when the welfare of the children was at risk (Bremner, 1971).

### ***The First White House Conference on Children***

In 1909, President Theodore Roosevelt established the First White House Conference on Children. This was the start of a public commitment to assist children by keeping them in their homes and preserving "home life" (Bremner, 1971). "Home life is the highest and finest product of civilization . . . children should not be deprived of it except for urgent and compelling reasons" (Lubove, 1965). Poverty alone should not be a reason to remove children from their homes. Thus the concept of family preservation was born. Despite this support for maintaining children at home, though, the conference was careful to designate only voluntary charity as the means to care for families. Services to children and their families continued to remain scarce and unprofessional. Sadly, actual implementation of family preservation

practice did not occur for years to come. Yet, momentum for children's services was building.

### ***The Children's Bureau***

The U.S. Children's Bureau (1912), in the Department of Labor and later in 1968 absorbed into the Office of Children and Youth, and the Child Welfare League of America (CWLA) (1915) were organized as a result of the White House conference. With the establishment of the U.S. Children's Bureau there was a congressional recognition of the federal government's responsibility for children. The Bureau became responsible for investigating and reporting upon matters pertaining to the welfare of children, including infant mortality, birth rates, children's institutions, and all legislation affecting children (Coll, 1973).

The first chief of the Bureau was Julia Lathrop, a social worker and former resident of Hull House. She was the first woman to be selected by a U.S. President to head a federal statutory agency (Grotberg, 1976). One of Chief Lathrop's earliest projects was to initiate the first federal child-care publications. Two famous booklets, which offered practical advice to mothers based on the latest knowledge of child development, were *Prenatal Care* (1913) and *Infant Care* (1914) (Weiss, 1985).

The Children's Bureau and other social service agencies were finally able to bring child labor under the control of the federal government in 1938 with the passage of the Fair Labor Standards Act. The Depression had made the threat of child competition for paying work intolerable for adults. Therefore, the Act's intent was to protect the economic security of adults by removing children from the industrial workplace. It provided a floor for wages and a ceiling on the number of work hours in certain industries. It also supported the emergence of school, and the importance of education, as an alternative to work for children under the age of 16. In 1974, the Fair Labor Standards Act was amended to include children employed in agriculture (Finkelstein, 1985).

Eventually the Bureau was able, under the Sheppard-Towner Act of 1921, to administer grant-in-aid to states for maternal and child health care. This was the forerunner of federal funding for direct services to children and families (Bremner, 1971).



### ***Social Security Act of 1935***

The passage of the Social Security Act of 1935 provided further assistance to families to care for children. It created the framework for the federal child welfare policies of today. Under this act, Title IV, Grants to States for Aid to Dependent Children (now called AFDC), provides matching funds for state grants to families with dependent children. Title V, which was later subsumed under Title IVb, provides federal funding to develop statewide child welfare services (McGowan, 1990). Title V targeted children who had been neglected, abused, or abandoned as being eligible for social services, not just for financial aid. This changed social policy by creating services for the poor rather than simply providing income for them (Finkelstein, 1985). The United States now had its first skeletal system of public assistance, social insurance, and child welfare services.

By 1967 AFDC recipients also received services including child care, homemaker services, job placement services, and work incentives for parents. This was a shift from income maintenance to service delivery. AFDC and the child welfare provisions eventually were combined in 1974 into Title XX of the Social Security Act. Title XX has become the single largest federal social service program allocating funds to the states for child services (Finkelstein, 1985).

### ***Foster Care***

In 1959, the Child Welfare League of America conducted a national study of the foster care system. For years the field of child welfare had remained a small, closed residual system. Services were uneven, discriminatory, and unprofessional (McGowan, 1990). The results of the study were disturbing. The researchers found that children were removed from their homes unnecessarily and as a result of lack of alternatives. Minority and poor children were overrepresented in the system. Once removed, children were often placed in unstable, undesirable settings and the biological parents were largely ignored. Few attempts at reunification of the child with his biological family occurred and adoption was reserved for white infants. In a sense, we had a nation