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AN EVALUATION OF THE FAMILY WELL-BEING PROGRAM AT THE WINDSOR-ESSEX CHILDREN'S AID SOCIETY

by

Jennifer L. Walker

A Thesis
Submitted to the Faculty of Graduate Studies through the
School of Social Work
in Partial Fulfillment of the Requirements for
the Degree of Master of Social Work
at theUniversity of Windsor

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Abstract

Family Preservation Services are intensive, time-limited programs provided to families at risk of out-of-home placement. Workers assist families to prevent out-of-home placement and ensure the child's safety. These programs have been widely used throughout the United States but have only recently emerged in Canada. Studies evaluating program effectiveness emphasize the need to examine multiple outcomes. This study examined the Family Well-Being program at the Windsor-Essex Children's Aid Society following the first year of implementation. Out-of-home placement, subsequent verified maltreatment, and case closure outcomes were studied. A quasi-experimental, matched groups design was employed and existing agency data was utilized. No significant difference was found regarding out-of-home placements or subsequent verified maltreatment. This study demonstrates the importance of evaluation early in the implementation of a new program to ensure program efficacy. Results of this study can be used to further develop and enhance the program in order to achieve its intended purpose.

Dedicated to my parents

Rev. F. Paul Murray

I finally did what you always hoped I would Dad - I wish you were here to see it.

and

Marion Murray

Thanks for instilling in me the belief that “there’s no such word as can’t”.

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Chapter I

INTRODUCTION

During the past several years, child welfare in Ontario has predominantly focused on the protection of children, over and above maintaining the family unit. This is due in part to the significant changes to legislation, rules of the courts and the implementation of the Ontario Risk Assessment Model (2002) which have sought to better serve our most vulnerable members of society, our children. These changes have greatly impacted on the lives of children, their families and the workers who seek to assist them. Families often find themselves involved with the Children's Aid Society (hereafter referred to as CAS) to obtain needed services for their children that they are unable to access or afford on their own. This chapter will provide a summary of the history and legal context of child welfare in Ontario. In addition, the scope of the problem, purpose of the proposed study, rationale for the study and implications for social work research, education and practice will be outlined.

History of Child Welfare in Ontario

In 1893, the first child welfare legislation was implemented in Ontario and Children's Aid Societies expanded throughout the province (McConville, 2004). According to the Provincial and Territorial Directors of Child Welfare (2003) the emphasis in this early legislation was on child protection and it is in this legislation that we first see state intervention in a family's life, giving authority to the state to act as a substitute parent. During the 1960's, child welfare policy was shaped by the Battered Child Syndrome (McConville, 2004) and in 1965 a new Child Welfare Act was enacted.

The Provincial and Territorial Directors of Child Welfare, report that during this time, there was an emphasis on early detection, investigation and verification of abuse and subsequently “rescu[ing] children from abusive situations” (p. 4). Also important at this time was the development of the Canada Assistance Plan (CAP) in 1966. Through this plan, provinces could cost-share with the federal government, with no limits, the expense of child welfare services. However, there were conditions regarding what services qualified for CAP funding and there was a bias toward an emphasis on substitute care and as a result provinces expanded these services (Provincial and Territorial Directors of Child Welfare, 2003). The Canada Assistance Plan did not facilitate an integration of services that continues to be an issue today.

By the early 1980’s, the child welfare system was being heavily criticized. The Provincial and Territorial Directors of Child Welfare (2003) advise that this was due to the large number of First Nations children who had been taken from reserves and placed in residential schools, First Nations’ leaders sought to have authority placed within their own communities to care for their children. In addition, consumer rights movements questioned state intervention and the rights of children were “recognized internationally through the United Nation’s convention on the rights of the Child” (p. 4). Child welfare was also scrutinized for its intrusiveness and expense.

In 1984, the Child and Family Services Act (CFSA) introduced major changes to child welfare legislation. The primary mandate of this act included “an attempt to balance state intervention and individual rights; an expansion of services to families; a reduction in the number of children in care; a decrease in the amount of time children

spend in 'limbo'; increased funding for intervention" (McConville, 2004). These changes led to a shift in focus from rescuing children to preserving families. Initially, as family supports increased, the number of children in care decreased; however, this did not last as the funding for the expanded family resources under this new mandate was insufficient. Due to an inability to provide needed services to support children in their families and national attention regarding sexual abuse and several child deaths, the focus again shifted by the late 1980's back to child protection (Provincial and Territorial Directors of Child Welfare, 2003).

In 1995, the federal government replaced CAP with the Canada Health and Social Transfer (CHST) (Provincial and Territorial Directors of Child Welfare, 2003). Under CAP, provinces had the freedom to spend increasing amounts on qualifying services as the need arose with the assurance that the cost would be shared equally by the federal government. With the CHST, however, funding was no longer limitless and it "combined all federal cost-sharing for health, post-secondary education, social assistance, and social services into one 'super block' transfer" to provinces (p. 6). The impact of the CHST on child welfare is of great concern. As child welfare is a mandated service, certain services must be provided to protect children, regardless of cost. As indicated by the Provincial and Territorial Directors of Child Welfare (2003), this has led to provinces having to pick up the additional costs as the amount provided by the federal government remains constant despite the actual costs incurred. Furthermore, with funding for multiple service areas being given in a block form, provinces have had to prioritize the allocation of funds and social services compete for resources with health care that has a much higher level of

support, politically and publicly. As a result of the CHST block transfer of funds, many services to families have been cut throughout the province.

More recently, in 1996, the Ontario Child Mortality Task Force was established to review the cases of "children who had died while receiving child welfare services" (Ontario Association of Children's Aid Societies (OACAS), 1997). The recommendations of this Task Force led to several changes in child welfare over the past number of years. First of all, the Fast Track system is a provincial database that has been developed to track families involved with CAS's throughout the province and provides information regarding the nature of a family's involvement. Secondly, the Ontario Risk Assessment Model (2002) was developed to provide a risk assessment tool to be utilized across the province (OACAS, 1997). A comprehensive training program for all new child protection workers was also developed. Recommendations were also made concerning the maximum number of cases workers should carry in an effort to address the issue of high caseloads for workers that prevented them from being able to effectively protect children (OACAS, 1997). This also led to a new funding framework in which funding for CAS's was linked with the volume of cases being handled. Most importantly, the Task Force recommended that amendments be made to the Child and Family Services Act (1984) to include a definition for neglect, protection on the grounds of prior history of neglect, and protection for children who witness family violence (OACAS, 1997).

On May 3, 1999, Bill 6, Child and Family Services Amendment Act that included the Task Force recommendations passed on the 3rd Reading of the Ontario Legislature.

This led to the current Child and Family Services Act ((CFSA), 2000) that now governs the work of CAS's throughout Ontario. It is interesting to note that the 1st Reading of Bill 6 occurred in October, 1998. During the debates of the 2nd Reading, the Honourable Sandra Pupatello stated that this gap in time (6 months) between readings indicated that children are not a priority to the government. The Honourable Sandra Pupatello further pointed out that prevention was also part of the CFSA and that the government had never fulfilled this part of the mandate (Hansard, May 3, 1999).

Legal Context

In considering child welfare policy, there are several key issues that seem to direct the focus of legislation and subsequently, services for children and families. First, is the issue of how to balance child protection services that emphasize the removal of children from the home with family services that seek to maintain the care of children in the family system. In Ontario, the former has certainly been the primary goal, at least over the past six years mainly due to the CFSA (2000) which clearly states that "[t]he paramount purpose of this Act is to promote the best interests, protection and well being of children." Through this legislation, it is apparent that the ideological position of the government supports government agents invading the privacy of a family for the purpose of protecting children. The CFSA goes on to list support to parents and utilizing least intrusive measures in working with families as secondary goals of the legislation. As well, the need for permanency for children is recognized and kinship care is to be considered prior to placing children in the care of the CAS. This illustrates an ideological position to pursue other avenues to protect children prior to apprehension.

The CFSA (2000) is the provincial legislation that regulates and guides the work carried out by the Windsor-Essex CAS. It gives the CAS authority to intervene in a family where abuse or neglect is proven, or suspected to have occurred, or there is a risk of such occurring. This legislation also gives the CAS authority to remove a child or children from a family if there is no other way to ensure their safety. The Ontario Risk Assessment Model (2002), which is the standard assessment tool and recording system followed by CAS's throughout Ontario, also contributes to the punitive nature of receiving CAS services. For example, it focuses on the risk factors in a family that need to be addressed in service planning. While strengths are a part of this planning, that is not the major focus of the Ontario Risk Assessment Model (2002). Due to the CAS's work being a mandated service, families often experience their intervention to be intrusive and punitive rather than supportive in nature.

Another way in which families find CAS involvement to a negative experience is due to the fact that they are often not educated in the process of a child protection hearing nor are they familiar with the language of the court (Sheehan, 2003). This can lead to parents not being adequately advised of their rights, not properly understanding the importance of meeting the timelines set by the court, and the serious implications of not meeting the timelines. In addition, the legal process is a very lengthy one that impedes timely decisions being made for children and their families. For example, Sheehan found that cases were usually adjourned two or three times before an interim or final order was made. Using a six months supervision order as an example, the six months do not start counting until a final order is made. Depending on the length of time between

adjournments, families may experience CAS involvement for a longer period than what the CAS is actually asking for if the parties do not reach an agreement prior to the judge making the order.

Changes were made to the Family Law Rules (2000) which set new limits to the "maximum period (cumulative) that a child can remain in the care of a [CAS]". However, this does not mean that a case will be resolved within the set timeline. It simply means that if the date for trial for a child in the CAS's care, exceeds the maximum time, the judge must make a decision to either send the child home or make an order for Crown Wardship.

Scope of the Problem

The number of child protection cases and children in care has increased in the past few years across the province of Ontario including Windsor and Essex County. When a referral on a new or closed case is received by the Windsor-Essex Children's Aid Society, a determination is made whether or not it meets the eligibility criteria for an investigation. If so, the intake department conducts the initial investigation and based on the evidence obtained, child protection concerns are either verified or not verified. If concerns are not verified, the file is closed. When there are verified child protection concerns, the case is then transferred to the family services department for ongoing services. Such ongoing services may be provided to families either on a voluntary basis or through a court order.

According to the Windsor-Essex Children's Aid Society's statistics, the number of families receiving ongoing services has increased dramatically over the past several years. In 2000/2001 there was an average of 797 ongoing protection cases. In 2001/2002 this number jumped to 1,185; in 2002/2003 this number rose to 1,246; in 2003/2004 this number again jumped to 1,537; by 2004/2005 the number had increased to 1,628; and in 2005/2006 the number finally decreased to 1,457. However, this represents an increase of almost double the number of families receiving ongoing services in a period of six years. In addition, during the same time period, the number of children admitted to care also increased dramatically. In 2000/2001 there were 272 children admitted to care; in 2001/2002 the number rose to 382; in 2002/2003 the number had again risen to 440; in 2003/2004 this number jumped to 487; in 2004/2005 the number of admissions finally dropped to 341 and in 2005/2006 the number again rose slightly to 360.

Child abuse and neglect has many ramifications for children, families, and society as a whole. There are enormous financial costs involved in servicing families where there are abuse and neglect issues and in maintaining children in care and there are other costs that need to be recognized and for which no monetary value can be assigned. These other costs include physical and mental health issues as well as behavioural and social problems for children who are abused and neglected. Each of these areas will be discussed in the following section.

The cost of maintaining children in care is extremely expensive. Out of the Windsor-Essex Children's Aid Society's budget of 48.3 million dollars in 2005-2006, over 50% was used to maintain children in foster, group or other care arrangements. For

the 1,146 children who were served in out-of-home placements during the 2005/2006 fiscal year, there was an average of 303 foster homes available. Clearly, this number falls far short of the need. In addition, many children cannot be placed in a foster home setting due to severe behavioural, physical or mental health needs which require them to be placed in a group home or treatment facility, oftentimes, outside of the Windsor and Essex County area.

Prior to January 4, 2004 the Windsor-Essex CAS had one protection support worker attached to each ongoing protection team. Ongoing case managers carrying high risk or complex cases requiring additional support, parenting instruction and behaviour management techniques would refer cases to the protection support worker who would then work with families, in addition to the ongoing case manager, to assist in these areas. As of January 4, 2004 this resource was no longer available and families requiring such services could only receive them through other community agencies. The Family Well-Being program was established in February, 2006 in response to the increased number of children in care. As well, it was recognized that the CAS needed to be able to service families in crisis directly in an effort to "bridge the gap" between the CAS and community agencies due to waiting lists.

Child maltreatment and neglect can have many long-term effects. Abuse is often inter-generational in nature, carrying on from one generation to another within families. Thomlison (2004) found that parents who were abused physically as children are more likely to physically abuse their own children. Similarly, Dixon, Brown and Hamilton-Giachritsis (2005) and Pears and Capaldi (2001) found that parents who were victims of

abuse as children were more likely to abuse their own children than parents who had not been abused. Childhood sexual abuse has also been found to impact on parenting. Roberts, O'Connor, Dunn, and Golding (2004) found that more than a quarter of the women in their study who reported being sexually abused during childhood became pregnant in their teens. They also found that these mothers reported more negativity in their relationship with their child and less confidence in their parenting. In another study by Schuetze and Eiden (2005), mothers with a history of childhood sexual abuse reported more negative parenting perceptions and were more likely to utilize punitive discipline with their children.

In addition to the inter-generational effects, many people who have been victims of child abuse and neglect experience physical and mental health problems. These difficulties may not only be experienced in the immediate aftermath of victimization due to physical and psychological injuries sustained from the abuse, but for years to come. Taylor and Jason (2002) found that victims of childhood sexual abuse were more likely to suffer from chronic fatigue. Additionally, they found that those who had experienced multiple abuse events (physical, sexual, or death threat) during childhood were also more likely to suffer from chronic fatigue. Ackard, Neumark-Sztainer, Hannan, French and Story (2001) found that boys and girls in grades five through twelve who have experienced physical abuse, sexual abuse or both types are more likely to engage in binge-purge behaviour than their non-abused peers. Results also showed that victims who have experienced both physical and sexual abuse were the most likely to engage in

this behaviour, with girls being four times more likely and boys being over eight times more likely than their same-sex, non-abused peers.

Johnson et al. (2002) and English et al. (2005) found that children who have been physically abused are more likely to experience depression. In a study by Simkins and Katz (2002) exploring the abuse histories of adolescent girls involved in the juvenile justice system, a majority of the girls had been hospitalized for psychiatric reasons and almost half had attempted suicide at least once. Simply removing a child from an abusive environment will not entirely repair the mental or emotional problems they are experiencing. Shin (2005) found that foster youth were more likely than youth in the general population to experience depression, anxiety, loss of behavioural or emotional control and poor psychological well-being. Moreover, foster youth who had been maltreated were twenty-three times more likely than youth who had not been maltreated to receive mental health services.

Children may experience forms of oppression such as labeling and stigmatization from other children or perhaps school officials who are aware that their family is involved with the Society or that a child is living in a foster home. This can have a serious impact on children in their education and their ability to develop healthy friendships and social skills. Kendall-Tackett and Eckenrode (1996) found that children who had been abused and/or neglected performed more poorly in school. Furthermore, children who were neglected experienced lower grades and a similar number of suspensions as children who were neglected and physically or sexually abused. As well, children who were abused and neglected experienced more disciplinary referrals and

grade repetitions. Additionally, children in care often experience multiple placements for a variety of reasons such as a difficult fit between them and the foster family or the child's behavioural or mental health needs. Many older children often exhaust all placement options in this community and are subsequently moved out of the local community for group home or residential placements. Such unstable residency issues can lead to attachment difficulties for children. As well, reunification between the child and their biological family becomes increasingly complicated when they are placed outside of the local community as access arrangements and family counselling which if often necessary to address issues that led to the child being removed from the home are much more difficult to achieve.

Victims of childhood abuse and neglect frequently act out behaviourally and often become involved with the justice system as a result. In their study of runaway youth seeking crisis shelter services, Thompson, Zittel-Palamara and Maccio (2004) found that many of the youth reported problems of neglect as well as physical, sexual, and/or emotional abuse. Smith, Ireland, and Thornberry (2005) reported that any form of maltreatment experienced during adolescence leads to more arrests, general and violent offending and illicit drug use in young adulthood. Simkins and Katz (2002) found that many of the girls in their study who were involved in the juvenile justice system had a history of being abused and neglected and had been removed from their families as a result. In addition, over three quarters of the girls reported the use of drugs and alcohol. The relationship between abuse and the use of tobacco, alcohol and illicit drugs by adolescents was also found to be significant in the study conducted by Moran, Vuchinich

and Hall (2004). Specifically, they found that regardless of gender, age, and family constellation, youth who had been physically abused were twice as likely to use these substances, those who had been sexually abused were three times as likely to use substances, and youth who had been both physically and sexually abused were even more likely to use substances. Brems, Johnson, Neal, and Freemon (2004) conducted a study of the childhood abuse history of adult men and women receiving detoxification services. They found that more than a quarter of the women had been physically abused and almost a third had been sexually abused.

Summary

As discussed in this section, child abuse and neglect is an issue that affects not only the children and families directly impacted, but society as a whole. This is no longer viewed as a private family matter, not to be discussed outside of the home. It is an issue for which the government has provided a legal mandate to address through the Child and Family Services Act. Unfortunately, over the past several years the focus of legislation has been reactive rather than preventative in nature. CAS's across the province of Ontario have been funded based on the number of investigations completed, cases closed at intake or transferred for ongoing protection services and the number of open, ongoing cases. There has not been provision in the funding framework for additional preventative services. As a result, money has been spent on investigating abuse and providing placements for children who cannot be maintained safely in their homes. There has been an inadequate amount of money spent on preventative programs and community services to address the many issues of poverty, substance abuse, domestic violence, physical and

mental health issues and behavioural and social problems that increase the risk of abuse and neglect or often result from it.

As well, there is far too little focus on parenting and supportive services for parents who want to care adequately for their children but lack the skills or knowledge to do so. With the enormous cost to families and society, both financially and socially, of having children cared for outside of their family homes, it is financially prudent that there be a shift in focus to preventative and supportive programs to assist families and keep children safe within the family system. Perhaps if fewer children are victims of abuse and neglect or fewer children are removed from their families, there will be a decrease in the other problem areas discussed previously. This in turn may decrease the demand for services and cost to society for issues such as poverty, crime, substance abuse treatment, medical and mental health problems.

Rationale for the Study

It is important when implementing a new intervention or program, to evaluate its effectiveness. The information gained by such evaluation is imperative in order to determine whether the intervention or program is being implemented as intended and accomplishing what it was designed to do as well as to improve services to clients. At this time, the province of Ontario is in the midst of "Child Welfare Transformation". The CFSA (2000) has been reviewed and Bill 210 was passed on November 30, 2006 and is now being implemented throughout the province of Ontario. Bill 210 makes several amendments to the previous CFSA to enhance services provided by Children's Aid Societies in order to better meet the needs of children and families. As previously

mentioned, the number of children in out-of-home placements has increased over the past number of years. The provincial government has recognized the need for change and is open to innovative and preventative programs. As well, the government is emphasizing the need for evidence-based outcomes and expects agencies to conduct research. For this reason, the evaluation of the Family Well-Being (FWB) program is crucial to determine program effectiveness and to provide evidence for continued funding.

Implications for Social Work Research, Education and Practice

The proposed study is important to social work research as it will add to the present knowledge base. There have been several studies regarding the placement outcome for families involved in Family Preservation Services (FPS) and child welfare. However, it is only in more recent years that other outcome factors such as subsequent maltreatment and child and family functioning have also been examined as indicators of the benefits of FPS in child welfare. Due to the limited use of FPS in Canada, there is limited Canadian research regarding the use of FPS within child welfare. Therefore, this study will add to the body of Canadian research. In addition, during this critical time of "Child Welfare Transformation" in Ontario, this study will provide evidence-based research of the effectiveness of the FWB program that is a key factor in advocating for additional funding to support the continuance of this and similar programs.

The proposed study is important for social work educators as it will inform them regarding best practices in working with families where there are concerns of child abuse and neglect. The proposed study is also important with respect to social work practice as FPS seek to provide services to families that are supportive, preventative and protective.

The study will also inform program developers about effective programs in child welfare. FPS are strength-based services and the new FWB program will provide the CAS with a way to reach out to high-risk families in our community in a positive, helpful manner. In addition, as families involved with FPS begin to have their needs met in a tangible and supportive manner, they will hopefully begin to see that the CAS is there to be of assistance. This may help to decrease the negative view the public has of the CAS. Furthermore, because FPS seeks to utilize and expand upon the support system a family already has in place to meet their needs families will hopefully feel less threatened.

Chapter II

REVIEW OF THE LITERATURE

The majority of the articles included in the literature review were obtained through keyword searches on the following databases: PsychInfo, Social Services Abstracts and Social Work Abstracts and were published between 1990 and the present. The keywords used for the search included: family preserve*, child welfare, child protect*, child abuse, neglect, child mal*, outcome, eval*, effect*, efficacy and benefit. These database searches resulted in an initial sample of 102 studies. As the purpose of the current study is to examine of the use of family preservation services in child welfare, studies were only included if they examined this population either solely or in combination with other population groups such as children's mental health or juvenile justice.

Three bodies of literature inform this study. The first section outlines the conceptual framework of the Family Well-Being program at the Windsor-Essex Children's Aid Society. The following sections provide an overview of the framework of FPS, outline the theories underlying FPS, and finally review the empirical evaluation studies that have examined the use of FPS in child welfare and evaluated their outcome. This literature review focuses on the use of FPS to prevent out-of-home placement due to child maltreatment.

Conceptual Framework of the Family Well-Being Program

The Society has implemented a Family Well-Being (FWB) program in hopes of providing a safe, supportive and effective alternative to unnecessary placements. The

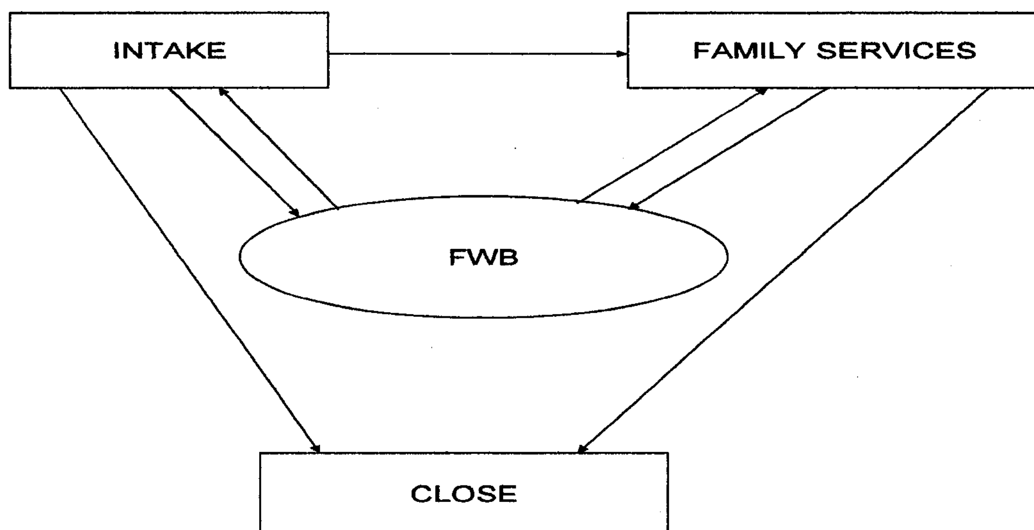
FWB program is not a stand-alone program but rather is integrated into the social work department at the Windsor-Essex Children's Aid Society. The program is strengths-based, seeking to build upon and enhance the skills of parents and the relationships between family members.

The FWB program receives referrals from both the intake and family services departments to assist families in crisis and at high risk of having a child placed outside of the family home. Referrals are made by the intake or family service workers in consultation with their supervisor. The decision to refer a family to the FWB program is based on the family's needs, risk level and availability of community resources. Where a referral is made by the intake worker, the case may subsequently be closed following FWB intervention, or transferred to family services for ongoing case management. When it is transferred from the intake worker to an ongoing family services worker, the FWB worker remains constant so as to minimize the amount of change the family experiences during this transition (see Figure 1).

Prior to the implementation of the FWB program, families were referred to other community agencies for services just as they are now. The difference however, is that the FWB program is able to "bridge the gap" in services in the local community. Families can receive short-term clinical, educational or concrete services through the FWB program while they are on the waiting list for longer-term services through another agency such as the Regional Children's Centre, Glengarda Child and Family Services, Teen Health Centre, or Maryvale Adolescent and Family Services.

Although the FWB program is not a replication of any one FPS program, principles of FPS in North Carolina and the work of Carl J. Dunst (2006) on family-centered practice have heavily influenced its structure and philosophy. FWB workers carry approximately 7-9 cases at any given time and are available to assist families in

Figure 1. Referral Process to the Family Well-Being Program



crisis. For this reason, it is necessary for workers to work a flexible schedule, which may include evening and weekend appointments. An assigned FWB worker is available daily on a rotating basis to take referrals and respond to any crisis situations that arise. Services are offered for a brief period, averaging 8-12 weeks and are intensive, with workers conducting an average of up to 2-3 visits per week with a family. On average, each visit lasts 1-3 hours in duration. Workers are expected to provide the majority of services in the family's home, focus on the family as a whole in intervention and to

include at least one family member in the majority of contacts with other service providers. Table 1 shows an overview of the structural components of the FWB program.

Table 1. Structural Components of the Family Well-Being Program at the Windsor-Essex Children's Aid Society

STRUCTURAL COMPONENTS	BRIEF DESCRIPTION
Availability	FWB workers are available to assist families including evenings and weekends if needed.
Response Time	A FWB coverage worker is available daily on a rotating basis to take referrals and respond to crisis situations.
Intensity	Workers visit families up to 2-3 per week on average for 1-3 hours/visit.
Caseload	Workers carry approximately 7-9 cases at any given time.
Flexible Schedule	Workers are expected to work a flexible schedule to accommodate the needs of families who may require appointments after work or school.
Home-Based	The majority of FWB intervention with families takes place in the home.
Family-Based	The focus of FWB intervention is on the family as a whole. The majority of contact between the FWB worker and collateral services includes at least one family member.
Time-Limited	FWB services are offered to families for an average of 8-12 weeks.
Staffing	FWB workers provide in-home support and lead various parenting and education groups and concrete services. A senior social worker may also be assigned to families, depending on their service needs.

The components of FWB intervention can be divided into three categories: 1) clinical services, 2) educational services, and 3) concrete services (see Table 2). Families may receive FWB services on an individual basis, through attending groups, or both. Clinical services are provided by senior social workers on an as needed basis. Such

services may include brief family therapy, communication skills, anger management and stress management. Educational and concrete services are provided to all families by their assigned FWB worker. Educational services include parenting skills training, behaviour modification techniques, nutritious meal planning and budgeting finances. Concrete services are offered to assist families in meeting goals by providing transportation, clothing, assistance in acquiring/applying for housing, child-care and home maintenance.

Table 2. Intervention Components of the Family Well-Being Program at the Windsor-Essex Children's Aid Society

INTERVENTION COMPONENTS	BRIEF DESCRIPTION
Clinical Services	Where appropriate, an MSW is assigned to offer counselling such as family therapy, communication skills, anger management, stress management, etc.
Educational Services	Families will learn effective parenting skills, behaviour modification techniques, nutritious meal planning, budgeting. Parenting and education groups are offered on various topic areas.
Concrete Services	Workers assist families in meeting goals by providing transportation, clothing, assistance in acquiring/applying for housing, child-care, and home maintenance.

Four different types of parenting skills groups are also offered 1) Back to the Basics 2) Bridging the Gap 3) Amazing Parents Amazing Kids and 4) Home Maintenance. Back to the Basics is a 10-week parenting group that helps parents to build on their own strengths in order to better understand and promote the strengths of their children. Some of the topics covered include burnout prevention, child development,

children's fears and childhood trauma, behaviour management, effective communication, and effective discipline. Bridging the Gap is an 8-week parent/teen interactive group for families struggling with parent/teen conflict. Topics covered include self- awareness, stress management, effective communication, problem-solving and anger management strategies. The final session occurs one month after the 7th session as a means of follow-up. Amazing Parents Amazing Kids is a 9-week parenting course designed for single mothers with children ages 0-5 years. Topics include daily struggles, household and community safety, relaxation and self-care, nutrition, money management and budgeting, fun with children, daily routines and time management. The Home Maintenance group runs for five consecutive days and covers the following topics: being self-aware (breaking bad habits and building self-esteem; developing and improving cleaning standards and home safety; organizing your space, building family relationships, and how to use structure (rules, routines, consistency, and follow-through); empowerment to cope and implementing your plan; helpful hints and websites.

Framework of Family Preservation Services

According to Comer, Well and Hodges (1994), services designed to serve families can be viewed along a continuum (see Figure 2) ranging from family support (least intrusive) to FPS (moderately intrusive) to out-of-home placement (very intrusive). FPS are intensive, with direct contact with families ranging from 2 to more than 20 hours per week; time-limited programs, ranging from 4 weeks to 6 months. FPS are provided to families at risk with the dual goals of maintaining the family and ensuring the safety of children (Berry, 1997). The philosophical basis of FPS is that children can best be

served by providing services that strengthen and empower the family as a whole (Berg, 1994).

Referrals to FPS may come from child protection agencies or other service providers in the community working with families at risk. Workers in FPS programs carry small caseloads and work intensively with families to assist them in recognizing their strengths, drawing upon and further building their support systems in the community and with extended family. Workers are often available to assist families 24 hours a day, 7 days a week as the need arises. Concrete services are often a vital component of FPS programs. As such, Maslow's hierarchy of needs influences intervention as it illustrates that without the basic needs of food, clothing, shelter, stability, and security being met, individuals and families cannot focus on tasks such as improved parenting skills and strengthening relationships (O'Connell & O'Connell, 1992). In order to identify a family's social support resources, conducting a comprehensive assessment of a family's social support system is vitally important (Tracey, 1990). A multi-systems approach, which offers a broader view of support, utilizes a family's formal and informal sources of support (Comer, Fraser & Weil, 1994). Formal sources may include other community agencies, doctors or teachers while informal sources may include friends, relatives, and neighbours.

The starting point in working with any family of course is relationship building and this is especially true in FPS. A strong helping relationship is foundational in the process of change. Due to the intensive nature of this work with families, workers have a more complete picture of family dynamics leading to more accurate assessments

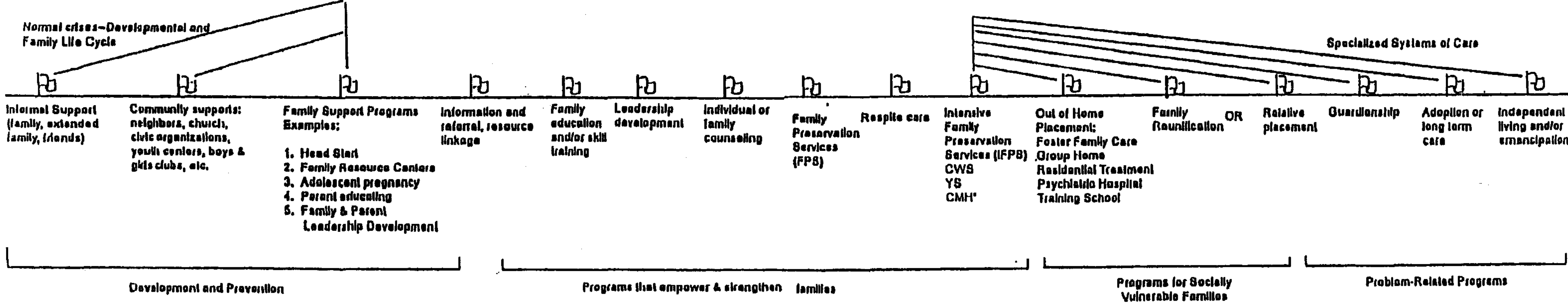


Figure 2.

(Banach, 1999). By drawing on the strengths within a family rather than focusing on problems, families feel empowered to work toward solutions (Berry, 1997). When families are a part of the decision-making process and have some ownership in the goals being set, they are more likely to meet these expectations (Berg, 1994; Littell, 2001). This leads to clients feeling valued and being recognized as experts in knowing what they need most and what methods will be most effective for them in achieving their goals. This differs drastically from the present child protection system which often dictates what problems need to be addressed by a family, in what order of priority and through what means.

FPS has been utilized throughout the United States for the past three decades and there have been many benefits. As mentioned, workers gain a much more comprehensive view of the families they are working with which leads to better and more accurate assessments (Banach, 1999). As well, workers may be able to determine at a much earlier point in time that abuse is continuing or an out-of-home placement is needed (Littell, 1997) because workers are seeing families with much more intensity than in the present model of case management in this community. For this reason, FPS can assist in identifying high-risk cases where meaningful change is unlikely from those where families can be actively involved in the change process. A key benefit of FPS is the emphasis for practitioners to view services from the viewpoint of the recipient. Dale (2004) found that parents are often willing to seek help when needed but have become frustrated with a system that has little or nothing to offer them until they are in crisis and protective services must intervene. Parents are also more favourable toward services that

are supportive and preventive in nature than those which are imposed and that carry the threat of removal of children.

Theoretical Review of Family Preservation Services

The most common FPS model cited in the literature is the Homebuilders model that began in 1974 in Tacoma, Washington (Kinney, Haapala, Booth, & Leavitt, 1990). Homebuilders is a very intensive, crisis-oriented model designed to work with families during a very brief, 4-6 week period. This model draws on three major theories: crisis intervention theory, family systems theory and social learning theory (Barth, 1990). In this section, the origins and key elements of these theories will be described.

Crisis Intervention Theory

Contemporary crisis intervention theory emerged primarily from the work of Erich Lindemann and Gerald Caplan in the 1940's and 1950's and has been further developed by many theorists since. Lindemann (1979) focused on people in crisis due to disaster or death of a loved one. He found that people experiencing acute grief as a result of these types of crises, may have the following reactions: somatic distress, preoccupation with the image of the deceased, guilt, hostile reactions, and loss of patterns of conduct. The duration of a grief reaction is unique to each individual and appears to be dependent on the success with which a person does the "grief work". This includes letting go of the deceased person, readjusting to life without them and forming new relationships (Lindemann, 1979).

Gerald Caplan expanded on Lindemann's work, exploring developmental crisis reactions for example, getting married, becoming a parent or retiring and accidental crisis

reactions such as adjusting to the loss of sight or mobility or facing a terminal illness (Roberts, 2000). Caplan introduced the concept of homeostasis or balance within the family system to crisis intervention. A family can be viewed as a mobile which, when knocked off balance, shifts and adjusts for a time and eventually finds a new balance. At times, families need assistance to find this new balance and learn new patterns of behaving or relating to one another. Caplan also was the first to identify stages of a crisis (Roberts, 2000).

Just as people experience various stages in the grieving process, Roberts (2000) outlines a seven-stage model for crisis intervention. The stages include: planning and conducting a crisis assessment, establishing rapport and rapidly establishing a relationship, identifying major problems including the precipitating event that led to the current crisis, dealing with feelings and emotions, generating and exploring alternatives, developing and formulating an action plan, and establishing a follow-up plan and agreement. Kaplan (1968) discusses the need for crisis intervention to be readily available as this is when it will be most effective. He also notes that it is usually brief in duration and may include family members and others in the community.

It is for this reason that FPS programs often have an immediate response to the need (usually within 24 hours) and services are provided for an intense, brief period of 4-6 weeks when the motivation for change is greatest. It is important for the FPS worker to establish rapport and build a trusting relationship with the family quickly. FPS workers focus on specific, time-limited tasks that the family is motivated to work on in order to alleviate the crisis they are experiencing. When a family's equilibrium or internal

balance, is disrupted by some unforeseen crisis such as a parent's unexpected job loss or being evicted from their home, they are more open to help and therefore change as they seek a resolution to the problem (Barth, 1990). In the context of FPS, such help may include assistance with resume writing and job searches, providing information on local food banks, housing and apartment listings, social service agencies in the community, teaching budgeting skills, or providing tangible, concrete assistance in the form of food, clothing, transportation, shelter, or babysitting while a parent attends a job interview or looks for housing.

Family Systems Theory

Family systems theory evolved through the contributions of many researchers and therapists (Bateson, Jackson, Haley, Satir, Weakland, Ackerman, Minuchin, Bowen, Lidz, and Whitaker) throughout the 1950's to 1960's (Rhodes, 1986). The theory focuses on the boundaries, alignments and power within the family (Barth, 1990).

Boundaries

Boundaries refer to the "rules" within a family, determining who participates in family tasks and in what manner or to what degree. Such boundaries may be healthy such as parents establishing rules and limits for their children or teaching children the need for personal privacy with respect to their bodies. In contrast, boundaries may be unhealthy as in families where a parent sexually abuses their child or readily introduces a new partner to their children as a parent figure, allowing them to discipline the children without having a bond to them. Boundaries or family "rules" can also refer to gender roles within a family. Some families take on a more traditional structure with the male

partner working outside the home while the female partner stays home and cares for the children. Other families have less traditional gender roles where both parents work outside the home or the male partner cares for the children while the female partner works outside the home. As well, families may have open boundaries with systems outside of the family unit such as friends and neighbours, schools, churches, and other community organizations or agencies. These families are more open to giving and receiving assistance should the need arise. Other families are closed to outside systems and do not easily welcome outsiders such as social service agencies into their family environment. Such families may have a lot of secrets they want to keep hidden or may be from another culture and have a difficult time accepting help from outside sources.

Alignments

Alignments are the partnerships formed between family members that affect how they work together or against one another. In families where there is an alcoholic father, the children and mother may be strongly aligned against the father. Children sometimes align with an abusive father, viewing the mother as weak for taking the abuse or not leaving. In families where a single mother has a severe substance abuse problem that prevents her from being physically or emotionally available to her children, siblings will often form strong alignments with one another as they rely on each other to have their needs met.

Power

Power refers to each family member's ability to impact the family system and determines who will set the boundaries and shape alignments in the family. Traditionally

in Western culture, males have been seen to have the most power within the family as they have often been the one to earn the greater income and therefore "earned the right" to set the "rules" for the family. In other families where there is a single mother who has been abused or where there has been a divorce and the custodial parent decides it is time for them to "live their life", the oldest child often becomes parentified, taking on the role of being a parent to his or her siblings because mother or custodial parent often is not available to parent their children.

Presently, there are many approaches to family therapy however three main approaches include family systems therapy, structural family therapy and strategic family therapy. Family systems therapy, developed by Murray Bowen in the 1960's, emphasizes the concept of differentiation of self. This refers to the ability for a person to separate their intellectual functioning from the emotional functioning (Goldenberg & Goldenbeg, 1991). The concept of triangulation is also important, whereby a twosome will draw in a third party when stress arises. This is seen for example in a couple where there is domestic violence when the wife reaches out for help from a women's shelter. This third party is not necessarily external to the family unit and at times may be another family member. Family systems therapists work with parents rather than the whole family unit, although the impetus for seeking help may be a child's symptomatic behaviour. The focus of treatment is on assisting parents to differentiate themselves from their families of origin as patterns of relating are seen to be multigenerational and therefore need to be understood in order to be changed (Goldenberg & Goldenbeg, 1991).

Structural family therapy was developed primarily by Salvador Minuchin in the 1970's. This approach to family therapy emphasizes the structure or organization of the family. The primary goal of structural family therapy is to change the family structure as this will result in change being experienced by all family members (Goldenberg & Goldenbeg, 1991). For example, as permissive parents learn to set clear boundaries and follow-through with consistent consequences, all family members must adjust to these new patterns of relating. This approach focuses on the present and is very interactive. The therapist works with the family as a whole and effectively "joins" the family in an effort to experience what they each experience as members of the family in order to best understand where shifts in the family's structure or partnerships between family members need to change (Goldenberg & Goldenbeg, 1991).

Jay Haley and Cloe Madanes were the main developers of strategic family therapy. This approach to family therapy became popular in the 1980's. Strategic family therapy draws heavily on communication theory, recognizing that messages are communicated between people both verbally in what is spoken and non-verbally through body language, tone of voice, etc. Communication is used as a tool to establish power and control in a relationship and symptoms are seen as a way of controlling a relationship (Goldenberg & Goldenbeg, 1991). The focus of strategic therapists is in the present, exploring communication patterns and behaviour sequences between family members (Goldenberg & Goldenbeg, 1991). The use of directives in therapy is key as well as paradoxical intervention in which the therapist encourages the continuation of the problem behaviour. In so doing, the therapist takes power and control within the family,

either the behaviour will continue as the therapist has directed or it will be abandoned which is the therapist's ultimate goal (Goldenberg & Goldenbeg, 1991).

Rhodes (1986) stated that all family therapists agree on three basic concepts. The first is that the behaviour of family members impacts on everyone within the family. For example, the behaviour of a teen with suicidal ideation impacts on all family members. A father who has been emotionally distant may withdraw further, not knowing how to help his child. A mother may feel guilt and helplessness believing that there is something she should have done differently. Siblings may feel hurt or angry because all of the family's attention is directed toward this one child.

Secondly, family problems are cyclical, repeating from one generation to the next. This is seen frequently in families where there is domestic violence, substance abuse or sexual abuse. Without treatment, these problems are carried on to the next generation and often parents who are currently involved with the Society, were also involved when they were children for similar issues.

Thirdly, one family member's symptoms are a reflection of larger problems in the relations between family members. Children who have severe behavioural problems are often reacting to the chaos within their families. To simply focus on the child's behaviour without considering what is going on within the family and exploring interactions between family members is to treat the symptom, rather than the problem. For this reason, the emphasis in FPS is the entire family, not one particular member, although there may be times when workers meet with the parents or children separately or as dyads.

Social Learning Theory

Social learning theory emerged in the 1970's and has been greatly influenced by the work of Albert Bandura. While rewards and penalties for behaviour were known to influence a person's likelihood to repeat or avoid similar behaviour, Bandura (1977) introduced the importance of one's personal expectations on a person's own behaviour. If a person does not expect that they can change or that the changes they make will lead to changes in the family system, their motivation to change may be low. However, expectations and behaviour are reciprocal and a change in thinking does not necessarily have to precede a change in behaviour. For example, many parents involved with the Society stop using corporal punishment because they have been directed by the Society or ordered by the court not to use this form of discipline. They do not often agree that corporal punishment is wrong or detrimental to their children but change their behaviour out of concern for the repercussions on them if they continue to use this form of discipline. Over the course of time, they may find other ways to discipline their children effectively and no longer have a need to resort to corporal punishment to experience success in disciplining their children.

Social learning theory also emphasizes that while people often learn through direct experience, they also learn through observation. The assumption is that behaviour is learned and therefore can be unlearned. Using the previous example of corporal punishment, many parents have learned this form of discipline from their own parents, it is how they were raised. Similarly, they can learn new methods of effective discipline by being shown how to implement time-outs, rewards systems and behaviour charts. FPS

programs often utilize social learning theory in parent-education, training and behaviour modification. The emphasis is on helping family members see that patterns of behaving and relating to one another can be changed and that change in one area (eg/ positive reinforcement or consistent and predictable consequences) produces change in another area (eg/ child's behaviour).

Summary

The Family Well-Being program utilizes the theoretical underpinnings of each of the theories discussed. The FWB draws on the principles of crisis intervention theory in that the daily coverage worker is available in order to respond immediately to crisis situations. As well, services are provided for a brief time period of 8-12 weeks. In addition, the family as a whole is included in FWB services as it is recognized that problems in families often include the interactions between family members and that when one person changes, it has an impact on the rest of the family. Finally, a cognitive-behavioural approach is used in assisting parents to learn more effective parenting techniques both through individual in-home services and in the groups offered by the FWB program.

Family Preservation Services: Empirical Review

Twenty-four contributions were located that empirically investigated the outcome of Family Preservation Services with families involved in the child welfare system. The outcomes include child protection issues: placement, subsequent maltreatment, case closure, service without placement and risk of placement at termination; concrete issues: financial and housing; and family functioning: child well-being, parent well-being and

child and parent well-being. An overview of the sample, methods, intervention and findings for each study is included in Tables 3 and 4. All of these studies appear more than once in the following discussion and tables, as they involved simultaneous investigation of more than one outcome variable.

Child Protection Outcomes

Out-of-Home Placement

Twenty-one studies were located that address the relationship between Family Preservation Services and out-of-home placement of children who have been abused and/or neglected and are listed in Table 3 (Bagdasaryan, 2005; Berry, 1992; Berry, Cash & Brook, 2000; Biehal, 2005; Bitoni, 2002; Cash & Berry, 2003; Feldman, 1991; Kirk, 2000; Kirk & Griffith, 2004; Littell, 1997; Littell, 2001; Littell & Schuerman, 2002; Nelson, 1991; Pecora, Fraser & Haapala, 1991; Potocky & McDonald, 1996; Ryan & Schuerman, 2004; Schwartz, AuClaire & Harris, 1991; Smith, 1995; Unrau, 1997; Wells & Whittington, 1993; and Yuan & Struckman-Johnson, 1991). Nine of the studies were retrospective (Berry, 1992; Bitoni, 2002; Littell, 1997; Littell, 2001; Littell & Schuerman, 2002; Kirk, 2000; Kirk & Griffith, 2004; Nelson, 1991; Ryan & Schuerman, 2004). Two of these retrospective studies by Kirk (2000) and Kirk and Griffith (2004) were both conducted in North Carolina using large sample sizes of 111,886 and 26, 264 respectively. Findings from Kirk (2000) found that when all child welfare cases with high-risk factors and having experienced one or more previous out-of-home placements were reviewed, the IFPS group maintained 20 – 30% fewer out-of-home placements than the control groups at any point in time. As in the previous study, Kirk

Table 3.

Overview of Empirical Studies: Child Protection Outcomes

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Child Protection Outcomes			
Out-of-Home Placement			
Kirk (2000)	111,886 children in North Carolina / retrospective, matched groups design, non-probability sampling	Intensive Family Preservation Services	IFPS group maintained 20 -30% fewer placements than control group (sig.).
Kirk & Griffith (2004)	26,264 families in North Carolina / retrospective, population-based design, non-probability sampling	Intensive Family Preservation Services	IFPS resulted in sig. fewer placements compared with traditional CPS. Effects of IFPS may wane after 1 yr.
Biehal (2005)	209 youth in England / pre-test post-test, 6 month follow-up, quasi-experimental study design, non-probability sampling	Support team group - intensive, short-term work	IFPS group were sig. less likely to be placed. Those with previous placement more likely to be placed again (sig.).
Berry (1992)	367 cases in Northern California / retrospective review of cases, non-probability sampling	In-Home Family Care Program	88% of families who received FPS avoided placement for up to one year.
Smith (1995)	26 families / pre-post And 3 months follow-Up test design, non-probability sampling	FPS program - intensive services for 90 days, daily contact between worker and family	At termination, 24 of the 26 families remained in tact and at 3 months follow-up 23 of the 26 families remained in tact

Table 3 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Littell (2001)	2194 families of the Illinois Family First program / data obtained from a previous evaluation, non - probability sampling	Illinois Family First program – participation in development of service plan, agreed with plan, initiated contact, kept appointments, completed assigned tasks, cooperated	Greater client collaboration in service planning led to greater levels of compliance with program and a reduction in placement (sig.).
Pecora, Fraser & Haapala (1991)	453 families in Utah and Washington / Quasi-experimental Design with a partial 12 month follow-up Period, non-probability sampling	Homebuilders programs in Utah and Washington Case overflow comparison group - received traditional child welfare and/or mental health services	Comparison group had a 14.8% placement prevention rate compared with 58.8% for treatment group. 93% of children remained with family or relatives at termination. 67% of subset of families followed after treatment remained with family or relatives.
Potocky & McDonald (1996)	27 families with drug-exposed infants / limited time series, pre-test post-test design, non-probability sampling	Services provided - home visits, nursing services, child education services, parent education/ support group, parent/child interaction group, and transportation	Families with more children experienced more placements (sig.). Participation in parent education/support group & parent/child interaction group led to fewer placements (sig.).
Cash & Berry (2003)	104 families / associational design	In-Home Services Program	Only 2 families experienced an out-of-home placement.

Table 3 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Berry, Cash & Brook (2000)	53 cases / one group pre-test, post-test & 1 yr follow-up design, non- probability sampling	Intensive Family Preservation Unit - 2-5 cases, 75% of time with family in person, 35% in the home. Concrete services and clinical skills provided	2 families had placement while receiving services. Re-openings resulted in 6 placements. Intact families at follow-up received almost twice as much service as those who experienced placement (sig.).
Bagdasaryan (2005)	488 cases in Los Angeles County / single group post-measure only design, non-probability sampling	Family Preservation Program of the Los Angeles County Department of Children and Family Services	Single parent families 61% less likely to have successful outcome (sig.). History of placement led to more successful outcomes (sig.). Mental illness led to more unsuccessful outcomes.
Unrau (1997)	192 families in Alberta / correlational Study, non-probability sampling	Family Initiatives Program	Over 75% of children at risk of placement remained home at follow-up. History of placement led to subsequent placement. Behaviour problems and emotional and domestic violence problems led to more restrictive outcomes (sig.).

Table 3 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Littell & Schuerman (2002)	1911 cases divided into subgroups - cocaine exposed infants, other cocaine problems, housing & cocaine problems, parent's mental Illness, & child care skill deficits / data obtained from a previous evaluation of the Illinois Family First program, non-probability sampling	Illinois Family First program - substance abuse treatment, housing assistance, individual counselling, family counselling, psychiatric services, parent education, homemaker services	Characteristics of duration, intensity, and breadth of services had no sig. effect on out-of-home placement. At follow-up, "other" cocaine cases had sig. higher placement rates than all other groups other groups.
Bitoni (2002)	159 cases in Nevada / retrospective study, stratified sampling	Nevada Family Preservation Services program - 72 hours response time, intense family and home-based service, therapeutic and concrete services, max. 4 cases/worker, up to 12 weeks, team approach with 2 workers/family	Decrease in risk of placement in 75% of cases. Motivation at intake, number of child behaviour symptoms, and presence of serious health condition (parent) had a sig. impact on outcome.
Ryan & Schuerman (2004)	292 families & 886 children / retrospective subset of data from the Evaluation of Family Preservation & Reunification Programs (limited to New Jersey, Kentucky & Tennessee), non-probability sampling	Service characteristics - concrete (transportation, cash assistance, food, housing, clothing/ furniture/supplies); clinical (money management, child discipline, goals of working together, caretaker interaction with child)	Concrete services decreased risk of placement in families with economic problems. Older children and those with a previous placement more likely to be placed again.

Table 3 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Littell (1997)	1911 cases in Illinois / data obtained from a previous evaluation of the Illinois Family First program, non-probability sampling	Illinois Family First program - babysitting, respite care, chore services or cleaning, clothing, day care, educational programs, employment, financial assistance, food, furniture and Household goods, homemaking services, language translation, legal aid, medical and dental care, housing assistance, nursing services, recreational activities, toys and recreational equipment, transportation and utility benefits	Families with previous placement history more likely to experience placement. Duration of services did not impact placement outcomes. Families with more intense contact with caseworkers experienced more placements at 3 & 6 months follow-up. Concrete services reduced risk of placement at 3 months follow-up.
Schwartz, AuClaire, & Harris (1991)	116 cases in Hennepin County / two group experimental design with unsystematic assignment to treatment group and probability sampling for comparison group	Home-Based Treatment Program – time limited (4 weeks), in-home services, low caseloads (2 families/worker), intensive, case teaming, structural family therapy, focus on alternatives to placement Comparison Group - placed in foster homes, hospitals, group homes, and residential treatment centres	52% of comparison group had previous placement history compared to 43% treatment group (sig.). 43.6% of treatment group cases avoided placement during study. Setting and progressing toward treatment goals led to fewer placements.

Table 3 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Feldman (1991)	205 families in New Jersey / pre-post test Experimental design, Probability sampling	FPS – based on Homebuilders model Control group – Referred to traditional Community services	FPS group had sig. fewer placements than control group from termination to 9 months follow-up. Family characteristics not sig. regarding placement. FPS group experienced placement at a slower rate than control group (sig.).
Nelson (1991)	248 families in Ohio, Iowa, Minnesota, and Oregon / retrospective study, probability sampling	In-home placement prevention programs	Sexual abuse cases had lowest placement rates; delinquency cases had highest rates. Substance abuse and Concurrent community mental health services as Well as primary Caretaker's cooperation with services most sig. predictors of placement for child abuse and neglect cases. Prior placement, being in a regular class at school, and attendance at most or all intervention sessions most sig. predictors of placement for juvenile justice cases.

Table 3 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Wells & Whittington	248 families in Ohio, Iowa, Minnesota, and Oregon / retrospective Study, probability Sampling	In-home placement prevention programs	Sexual abuse cases had lowest placement rates; delinquency cases had highest rates. Substance abuse and concurrent community mental health services as well as primary caretaker's cooperation with services most sig. predictors of placement for child abuse and neglect cases. Prior placement, being in a regular class at school, and attendance at most or all intervention sessions most sig. predictors of placement for juvenile justice cases.
Yuan & Struckman-Johnson (1991)	709 families in California / data collected from 3 year evaluation of 8 demonstration projects, non-probability sampling	Family Preservation programs	Majority of children at risk were due to physical abuse or physical neglect. Almost half of children had experienced prior placement. Previously placed children more likely to be placed (sig.). Neglect most common reason for placement (sig.).

Table 3 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Subsequent Maltreatment			
Littell (2001)	2194 families of the Illinois Family First program / data obtained from a previous evaluation, non-probability sampling	Illinois Family First program - participation in development of service plan, agreed with plan, initiated contact, kept appointments, completed assigned tasks, cooperated	Greater client collaboration in service planning led to greater compliance with program and a reduction in subsequent reports of child maltreatment (sig.). New reports negatively impacted on compliance.
Littell & Schuerman (2002)	1911 cases divided into subgroups - cocaine exposed infants, other cocaine problems, housing & cocaine problems, parent's mental Illness, & child care skill deficits / data obtained from a previous evaluation of the Illinois Family First program, non-probability sampling	Illinois Family First program - substance abuse treatment, housing assistance, individual counselling, family counselling, psychiatric services, parent education, homemaker services	FPS service characteristics of duration, intensity, and breadth of services had no sig. effect on subsequent child abuse and neglect for any subgroups. At follow-up, "other" cocaine cases had sig. higher subsequent maltreatment than all other groups.
Berry, Cash & Brook (2000)	53 cases / one group pre-test, post-test & 1 yr follow-up design, non- probability sampling	Intensive Family Preservation Unit - 2-5 cases, 75% of time with family in person, 35% in the home. Concrete services and clinical skills provided	At follow-up 19 families had new reports of maltreatment – 8 cases were re-opened.

Table 3 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Littell (1997)	1911 cases in Illinois / data obtained from a previous evaluation of the Illinois Family First program, non-probability sampling	Illinois Family First program – babysitting, respite care, chore services or cleaning, clothing, day care, educational programs, employment, financial assistance, food, furniture and household goods, homemaking services, language translation, legal aid, medical and dental care, housing assistance, nursing services, recreational activities, toys and recreational equipment, transportation and utility benefits	Duration of services had no impact on subsequent maltreatment. Families with more intense contact with workers experienced more subsequent reports of maltreatment at follow-up. Concrete services did not have a sig. effect on subsequent maltreatment.
Ryan & Schuerman (2004)	292 families & 886 children / retrospective subset of data from the Evaluation of Family Preservation & Reunification Programs (limited to New Jersey, Kentucky & Tennessee), non-probability sampling	Service characteristics - concrete (transportation, cash assistance, food, housing, clothing/ furniture/supplies); clinical (money management, child discipline, goals of working together, caretaker interaction with child)	Concrete services decreased risk of maltreatment in families with economic problems. Children in families involved in one or more income support programs were likely to be maltreated.

Table 3 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Case Closure			
Littell (2001)	2194 families of the Illinois Family First program / data obtained from a previous evaluation, non-probability sampling	Illinois Family First program - participation in development of service plan, agreed with plan, initiated contact, kept appointments, completed assigned tasks, cooperated	Families with lower levels of compliance were more likely to stay open to child welfare services longer than those with higher levels of compliance (not sig.).
Littell (1997)	1911 cases in Illinois / data obtained from a previous evaluation of the Illinois Family First program, non-probability sampling	Illinois Family First program – babysitting, respite care, chore services or cleaning, clothing, day care, educational programs, employment, financial assistance, food, furniture and household goods, homemaking services, language translation, legal aid, medical and dental care, housing assistance, nursing services, recreational activities, toys and recreational equipment, transportation and utility benefits	Chronic abuse/neglect cases more likely to remain open. At one year, duration had an effect on case closure (sig.). Intensity of services not related to case closure at 3 & 6 months follow-up but was at one year follow-up, likely due to subsequent maltreatment at 3 & 6 months follow-up.

Table 3 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Unrau (1997)	192 families in Alberta / correlational Study, non-probability sampling	Family Initiatives Program	More than half of families who received FPS were no longer receiving child welfare services by follow-up.
Littell & Schuerman (2002)	1911 cases divided into subgroups - cocaine exposed infants, other cocaine problems, housing & cocaine problems, parent's mental Illness, & child care skill deficits / data obtained from a previous evaluation of the Illinois Family First program, non-probability sampling	Illinois Family First program - substance abuse treatment, housing assistance, individual counselling, family counselling, psychiatric services, parent education, homemaker services	FPS service characteristics of duration, intensity, and breadth of services had no sig. effect on case closure for any subgroups. At follow-up, "other" cocaine cases were still receiving child welfare services while most cases in other subgroups had closed.
Berry, Cash & Brook (2000)	53 cases / one group pre-test, post-test & 1 yr follow-up design, non- probability sampling	Intensive Family Preservation Unit - 2-5 cases, 75% of time with family in person, 35% in the home. Concrete services and clinical skills provided	82% of families had successful case closure. 8% were transferred to less intensive services. At 1 yr follow-up, 15% had re-opened.

and Griffith (2004) found that when other high-risk factors along with time were accounted for the IFPS group, compared with traditional child protective services, resulted in significantly fewer out-of-home placements. However, the effects of IFPS may wane after one year.

Three studies investigating the relationship between Family Preservation Services and out-of-home placement of children who have been abused and/or neglected evaluated the Illinois Family First placement prevention program and had sample sizes of over 1,900 cases (Littell, 1997; Littell, 2001; Littell & Schuerman, 2002). The first (Littell, 1997) found that the duration of services did not impact on out-of-home placement rates. However, families with previous out-of-home placement history were more likely to experience further out-of-home placement. Furthermore, families who had more intense contact with caseworkers experienced more out-of-home placements at three and six-month follow-up. In addition, families who received concrete services experienced a reduced risk of out-of-home placement at three months follow-up. The second study (Littell, 2001) found that greater client collaboration in service planning led to greater compliance within the program that in turn, led to a reduction in out-of-home placements. In addition, out-of-home placement negatively impacted the families' compliance with program expectations. Lastly, Littell and Schuerman (2002) evaluated the following subgroups: cocaine exposed infants, other cocaine problems, housing problems only, housing and cocaine problems, parent's mental illness, and child care skill deficits. The study found that Family Preservation Service characteristics of duration, intensity and breadth of services had no significant effect on out-of-home placement for any of the

subgroups. As well, at one-year follow-up, "other" cocaine cases had significantly higher out-of-home placement rates.

The four remaining retrospective studies used smaller sample sizes that ranged from 159 to 367 cases (Berry, 1992; Bitoni, 2002; Nelson, 1991; Ryan and Schuerman, 2004). Berry (1992) reviewed cases over a three-year period of the In-Home Family Care Program in Northern California. The study found that 88% of families who received Family Preservation Services avoided out-of-home placement for up to one year. Moreover, when more than half of the worker's time was spent in the family's home, none of the families experienced out-of-home placement. As well, the provision of concrete services led to the greatest success. The second study by Bitoni (2002) reviewed 159 closed case records of the Nevada Family Preservation Services program. The findings of this review showed a decrease in risk of out-of-home placement in 75% of cases. Family characteristics such as motivation at intake, number of child behaviour symptoms, and presence of serious health condition (parent) were found to have a significant impact on outcome; however, there was no significant difference regarding the relationship between program success and type of child protection services complaint.

Third, Ryan and Schuerman (2004) examined a subset of data of 292 families from the Evaluation of Family Preservation and Reunification Programs to study out-of-home placement outcomes in New Jersey, Kentucky and Tennessee. They found that the provision of concrete services decreased the risk of out-of-home placement in families with economic problems. In addition, older children and those who had experienced a previous out-of-home placement were more likely to be placed again. Last, Nelson

(1991) investigated the out-of-home placement outcomes for families involved with in-home placement prevention programs throughout Ohio, Iowa, Minnesota, and Oregon. Children in these families were at risk of out-of-home placement either due to child abuse and/or neglect or juvenile delinquency. The study found that the most significant predictors of out-of-home placement regarding child abuse and neglect cases were substance abuse and concurrent community mental health services of the primary caretaker as well as their cooperation with services. Sexual abuse cases had the lowest out-of-home placement rates. In contrast, the most significant predictors of out-of-home placement regarding juvenile justice cases were prior out-of-home placement, being in a regular class at school, and attendance at most or all intervention sessions.

Nine of the remaining 12 studies utilized experimental or quasi-experimental research designs (Berry, Cash & Brook, 2000; Biehal, 2005; Feldman, 1991; Pecora, Fraser & Haapala, 1991; Potocky & McDonald, 1996; Schwartz, AuClaire & Harris, 1991; Smith, 1995; Wells & Whittington; 1993; and Yuan & Struckman-Johnson, 1991). Of these studies, only Feldman (1991) and Schwartz, AuClaire and Harris' (1991) investigations employed an experimental design. Feldman (1991) evaluated Family Preservation Services in New Jersey based on the Homebuilders model. Using a sample of 205 families, the study found that families in the intervention group had significantly fewer out-of-home placements than the control group. Furthermore, the placement rate differences between the treatment and control groups were significant for up to nine months post-treatment but beyond that, the differences were no longer significant. Schwartz et al. compared out-of-home placement outcomes for cases in Hennepin

County, Minnesota. They found that 52% of comparison group clients and 43% of the home-based service clients had a previous history of out-of-home placement. Families who set treatment goals and where parents showed progress toward treatment goals experienced fewer out-of-home placements.

The remaining studies use quasi-experimental design. Yuan and Struckman-Johnson (1991) collected data from a three-year evaluation of eight demonstration projects throughout California for 709 families who participated in family preservation programs. The majority of the children at risk of out-of-home placement were at risk due to physical abuse (42.9%) or physical neglect (33.3%). Almost half of the children had experienced at least one prior out-of-home placement and previously placed children were more likely to be placed out of the home than those who had never been placed before. Children were placed more often for reasons of neglect than for other reasons. Cash and Berry (2003) utilized an associational design to examine outcomes for families in an In-Home Services program. Only two out of 104 families in this study experienced an out-of-home placement.

A correlational study of families in the Family Initiatives program in Alberta, Canada was conducted by Unrau (1997). More than three-quarters of children at risk of out-of-home placement remained home at three and six months after receiving intervention; however, history of out-of-home placement was related to subsequent out-of-home placement. Behaviour referral problems and cases with emotional and domestic violence problems experienced more restrictive outcomes.

The study by Biehal (2005) used a pre-test, post-test, and six month follow-up quasi-experimental design to compare the out-of-home placement outcomes for youth ages 11-16 years in England. Using a non-probability sampling method, youth were assigned to either the support team group or mainstream social work service group. Findings indicated that those in the support team group were significantly less likely to be placed out of the home but that those who had been placed out of the home before were more likely to be placed again. Pecora, Fraser and Haapala (1991) utilized a quasi-experimental design with a partial 12 months follow-up period and a sample size of 453 families to evaluate a Homebuilders programs in Utah and Washington. The study found that families in the intervention group had significantly fewer out-of-home placements than the control group. Specifically, the study reported that 95% of at risk children remained with their family or relatives at termination and 67% of children in a subset of families ($n = 263$) followed after treatment remained with family or relatives at 12 months follow-up.

Using a limited time-series, pre-test, post-test design, Potocky and McDonald (1996) evaluated the out-of-home placement outcomes for 27 families with drug-exposed infants. They found that families with more children experienced more out-of-home placements. Conversely, families who did not experience out-of-home placement participated in the parent education/support group and parent/child interaction group more than families whose children were placed in foster care. Wells and Whittington, (1993) employed a pre-test, post-test and 9-12 month follow-up design to evaluate out-of-home placement outcomes for 42 families in an Intensive Family Preservation program.

Caseworkers evaluated 62% of the children to be at imminent risk of out-of-home placement at admission to the program. Of these children, 31% were placed and none of the children considered not at risk were placed. Furthermore, between discharge and follow-up 59% remained where they were living at discharge.

In another study Berry, Cash, and Brook (2000) researched 53 cases from an Intensive Family Preservation Unit within a large metropolitan agency using a one group pre-test, post-test, and one year follow-up design. Workers spent an average of 47.52 hours/family or 75% of their time in direct contact with families, with 35% of this time being in the family home. As a result, they found that only 4% ($n = 2$) families experienced an out-of-home placement while receiving IFPS and only 11% ($n = 6$) of cases that were re-opened experienced out-of-home placements. A significant finding was that families who remained intact at one year follow-up had received almost twice as many days of service as those who experienced out-of-home placement. This study also found that IFPS were less effective with neglect cases than physical abuse cases. Smith (1995) utilized a pre-post test design to investigate 26 families in an intensive Family Preservation program in which workers had daily contact with the families. At the end of the program, 24 of the 26 families remained in tact and at three months follow-up 23 of the 26 families remained intact.

Last, in contrast to the studies by Biehal, (2005); Ryan and Schuerman (2004); Unrau (1997); Littell (1997); Schwartz, AuClaire and Harris (1991); and Yuan and Struckman-Johnson (1991), which show that previous out-of-home placement history has an impact on subsequent out-of-home placement, Bagdasaryan (2005) employed a single

group post-measure only design to evaluate 488 cases in Los Angeles County and found that families with a history of out-of-home placement were more likely to have a successful outcome, avoiding out-of-home placement. However, findings also showed that single parent families and those families where there is mental illness, were more likely to have unsuccessful outcomes, with cases closing either due to non-compliance with requirements of the program or because children were placed in foster care.

Out-of-Home Placement Summary

In summary, of the 20 studies reviewed, 25% (*n* = 5) had sample sizes of over 1,900 cases and 60% (*n* = 12) had sample sizes between 709 and 104 cases. Only 15% (*n* = 3) had sample sizes of 53 cases or less. Findings from each of the 20 studies indicate that the use of FPS in child welfare decreases the likelihood of out-of-home placement. Furthermore, many of the studies also suggest that other factors are important to consider when evaluating the effectiveness of FPS in decreasing out-of-home placements. First of all, parental motivation and participation may lead to more successful outcomes (Littell, 2001; Potocky & McDonald, 1996; Bitoni, 2002; Schwartz, AuClaire, & Harris, 1991; Nelson, 1991). As well, parental difficulties such as substance abuse and mental health issues may negatively affect outcomes (Bagdasaryan, 2005; Littell & Schuerman, 2002; Nelson, 1991). Previous out-of-home placement history may also increase the likelihood of future out-of-home placement (Biehal, 2005; Ryan & Schuerman, 2004; Unrau, 1997; Littell, 1997; Schwartz, AuClaire, & Harris, 1991; Nelson, 1991; Yuan & Struckman-Johnson, 1991).

Subsequent Maltreatment

Five studies examined the impact of Family Preservation Services on subsequent maltreatment (Berry, Cash & Brook, 2000; Littell, 1997; Littell, 2001; Littell & Schuerman, 2002; Ryan & Schuerman, 2004). Three of these studies (Littell, 1997; Littell, 2001; Littell & Schuerman, 2002) evaluated the Illinois Family First placement prevention program and each of them have previously been described in the section pertaining to out of home placement. The first study (Littell, 1997) found that the duration of services did not have an impact on the frequency of subsequent maltreatment. However, families who had more intense contact with workers experienced more subsequent reports of maltreatment. The number of concrete services provided to families did not have a significant effect on subsequent maltreatment at any time. The second investigation (Littell, 2001) found greater client collaboration in service planning led to greater compliance within the program, which in turn, led to a reduction in subsequent child maltreatment. In addition, new reports of child maltreatment negatively impacted on client's compliance with intervention. The third study (Littell & Schuerman, 2002) found that Family Preservation Service characteristics of duration, intensity and breadth of services had no significant effect on subsequent child abuse and neglect for any of the subgroups: cocaine exposed infants, other cocaine problems, housing problems only, housing and cocaine problems, parent's mental illness, and child care skill deficits. In addition, at one-year follow-up, "other" cocaine cases had significantly higher subsequent maltreatment than all other groups.

The fourth study examined the effect of providing concrete service in reducing subsequent maltreatment (Ryan and Schuerman, 2004). In their retrospective investigation of Family Preservation and Reunification Programs in New Jersey, Kentucky, and Tennessee they found that children in families involved in one or more income support programs were likely to be maltreated however, the provision of concrete services decreased the risk of maltreatment in families with economic problems. Finally, the previously described study by Berry, Cash and Brook (2000) that investigated 53 cases found that at one year follow-up, 19 families (36%) had new reports of maltreatment and 8 (15%) of the 19 cases were re-opened, and re-openings occurred approximately nine months after case closure.

Subsequent Maltreatment Summary

In summary, the studies reviewed indicate that there are several factors to consider when evaluating the effectiveness of FPS in decreasing subsequent maltreatment. Once again, parent motivation and participation may help to reduce subsequent maltreatment (Littell, 2001). Factors such as substance abuse (Littell & Schuerman, 2002) and previous maltreatment (Ryan & Schuerman, 2004) may increase the risk of subsequent maltreatment. Two studies (Littell, 1997; Ryan & Schuerman, 2004) appeared to be contradictory of whether or not the provision of concrete services is useful. Littell (1997) found that concrete services decreased subsequent maltreatment while Ryan and Schuerman (2004) found that the provision of concrete services decreased the risk of subsequent maltreatment in families with economic problems.

Case Closure

There were five studies that investigated the relationship between Family Preservation Services and case closure (Berry Cash & Brook, 2000; Littell, 1997; Littell, 2001; Littell & Schuerman, 2002; Unrau, 1997). All of these studies have been described in greater detail in previous sections. Littell's (2001) study of 2,194 families found that cases with lower levels of compliance with intervention were more likely to stay open to child welfare services longer than those with higher levels of compliance although this finding was not significant.

The remaining four studies included a follow-up period (Berry, Cash, and Brook, 2000; Littell, 1997; Littell and Schuerman, 2002; Unrau, 1997). The first study by Littell (1997) of 1911 cases in Illinois found that chronic abuse cases were more likely to remain open. The intensity of services was not related to case closure at three and six months follow-up but was related at one-year follow-up. Moreover, at one-year follow-up, the duration of services had a significant effect on case closure, likely due to subsequent maltreatment. Unrau (1997) investigated 188 families in Alberta, Canada and found that 56.4% of the families at three months follow-up and 62.7% at six months follow-up who received FPS were no longer receiving child welfare services. Moreover, cases of physical abuse were less likely to remain open after IFPS.

In Berry, Cash and Brook's (2000) study of 53 cases, 82% of families had successful case closure following treatment and 8% of families were transferred to less intensive services. At one year follow-up 15% of cases had re-opened. Last, Littell and Schuerman's (2002) study of 1911 cases divided into subgroups: cocaine exposed infants,

other cocaine problems, housing problems only, housing and cocaine problems, parent's mental illness, and child care skill deficits indicated that FPS service characteristics of duration, intensity and breadth of services had no significant effect on case closure for any of the subgroups. In addition, at one-year follow-up, most of the "other" cocaine cases were still receiving child welfare services while most of the cases in the other subgroups had closed.

Case Closure Summary

In summary, FPS appears to have mixed results regarding case closure. While each of the studies showed varying levels of case closure following FPS intervention, it appears that other factors impacted on this decision apart from the intervention itself. Such factors included the level of compliance with intervention (Littell, 2001), chronic abuse cases (Littell, 1997), physical abuse cases (Unrau, 1997), incidents of subsequent verified maltreatment (Littell, 1997), and substance abuse issues (Littell and Schuerman, 2002).

Family Functioning Outcomes

This section describes the 12 studies that examined the effect of Family Preservation Services on family functioning (see Table 4). Due to the variety of ways that each study defined and reported findings about changes in family functioning due to FPS intervention, these studies have been divided into three sub-categories: child well-being, parent well-being and family well-being.

Child Well-Being

Child well-being in the following studies has been defined in various ways but mainly it has been defined as emotional difficulties, behaviour problems, academic performance and using the Child Well-Being Scale (CWBS) developed by Magura and Moses (1986) that measures a family's capacity for child rearing by examining various factors such as household adequacy, parental disposition and child performance. Six studies were located that studied the relationship between Family Preservation Services and child well-being (Ayon & Lee, 2005; Berry, Cash & Brook, 2000; Biehal, 2005; Lewis, 2005; Potocky & McDonald, 1996; Wells & Whittington, 1993). All of the studies had small sample sizes of 209 cases or less. Of these six studies, Lewis' (2005) investigation was the only one to employ an experimental design that included a pre-test, post-test, and three-month follow-up to evaluate the outcomes for 150 families referred to the Utah Youth Village. For the intervention group, pre-test to initial post-test and pre-test to follow-up post-test change scores were significant for showing a decrease in child behaviour problems.

Four of the studies used quasi-experimental designs with pre-post tests (Berry, Cash & Brook, 2000; Biehal, 2005; Potocky & McDonald, 1996; Wells & Whittington, 1993). The first study by Biehal (2005) sampled 209 youth in England and found that improvement in child functioning was evident for both the IFPS and control groups. Potocky and McDonald (1996) investigated of 27 families with drug-exposed infants receiving FPS that included home visits, nursing, child education, parent education/support group, parent-child interaction group and transportation. They found

Table 4.

Overview of Empirical Studies: Family Functioning Outcomes

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Family Functioning Outcomes			
Child Well-Being			
Biehal (2005)	209 youth in England / pre-test post-test, 6 month follow-up, quasi-experimental study design, non-probability sampling	Support team group - intensive, short-term work	Improvement in child well-being was evident for both groups.
Ayon & Lee (2005)	88 families in Los Angeles County / secondary data analysis employing a cross-sectional survey design, non-probability sampling	Family Maintenance - traditional child and family services, 6-12 months Family Preservation Services – home-based services, 6 months, worker visits 1-2x/week	FP group – sig. differences re: academic adjustment, symptomatic behaviour, and discipline and emotional care. Minorities reported greater improvement than Caucasians.
Wells & Whittington (1993)	42 families / pre-test, post-test & 9-12 months follow-up design, 2 group comparison, non-probability sampling	Intensive Family Preservation program	At follow-up, children and parents reported child's behavioural problems as more severe than comparison group (sig.). Scores between intervention and comparison groups were sig. re: behaviour problems.

Table 4 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Lewis (2005)	150 families referred to Utah Youth Village / pre-test, post-test, 3 months follow-up experimental design, probability sampling	Families First service - intensive services in the home and community for 6 weeks Control condition – Received services normally available through schools and courts in the community	From pre-test to follow-up post-test, change scores were sig. for child behaviour.
Potocky & McDonald (1996)	27 families with drug-exposed infants / limited time series, pre-test post-test design, non-probability sampling	Services provided - home visits, nursing services, child education services, parent education/ support group, parent/child interaction group, and transportation	No sig. difference in pre-post test Child Well-being Scale scores for families in program. Correlations were noted re: nursing services and child performance (sig.).
Berry, Cash & Brook (2000)	53 cases / one group pre-test, post-test & 1 yr follow-up design, non- probability sampling	Intensive Family Preservation Unit - 2-5 cases, 75% of time with family in person, 35% in the home. Concrete services and clinical skills provided	Greatest change re: child well-being at case closure related to behaviour management, relationship with caregivers and less emotional abuse (sig.). Children who had been abused made sig. greater gains than those who had been neglected. At 1 yr follow-up, preserved families had made larger gains than non-preserved families in many areas of child well-being.

Table 4 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Parent Well-Being			
Biehal (2005)	209 youth in England / pre-test post-test, 6 month follow-up, quasi-experimental study design, non-probability sampling	Support team group - intensive, short-term work	Parents' scores in both groups above threshold for psychological distress at referral were reduced by almost half at post-test (sig.).
Potocky & McDonald (1996)	27 families with drug-exposed infants / limited time series, pre-test post-test design, non-probability sampling	Services provided - home visits, nursing services, child education services, parent education/ support group, parent/child interaction group, and transportation	Relationship found between educational services and parental disposition (sig.). Correlations were noted re: nursing services and child performance (sig.).
Ryan & Schuerman (2004)	292 families & 886 children / retrospective subset of data from the Evaluation of Family Preservation & Reunification Programs (limited to New Jersey, Kentucky & Tennessee), non-probability sampling	Service characteristics - concrete (transportation, cash assistance, food, housing, clothing/ furniture/supplies); clinical (money management, child discipline, goals of working together, caretaker interaction with child)	Provision of specific services did not result in more positive family functioning re: paying bills. More cash assistance received led to more problems paying bills.
Berry, Cash & Brook (2000)	53 cases / one group pre-test, post-test & 1 yr follow-up design, non- probability sampling	Intensive Family Preservation Unit - 2-5 cases, 75% of time with family in person, 35% in the home. Concrete services and clinical skills provided	Improvement re: physical environment - housing and financial management (sig.). Improvement in consistent discipline, marital and parent-child conflict (sig.).

Table 4 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Lewis (2005)	150 families referred to Utah Youth Village / pre-test, post-test, 3 months follow-up experimental design, probability sampling	Families First service - intensive services in the home and community for 6 weeks	For the intervention group, pre-test to initial post-test change scores wee sig. for concrete services/ physical care and resources.
		Control condition – Received services normally available through schools and courts in the community	
Walton (1996)	110 families in Utah / Post-test only Experimental design, Probability sampling	Intensive Family Preservation Services group – reunification treatment worker - average 5.4 hours/ week with each family, max. 6 cases, 90 day period	More treatment parents felt they acquired new parenting skills but scores on the Family Assessment Device showed no difference between groups.
		Control group – routine out-of-home care services – average 3.1 hours direct contact with families over 90 period, average 22 cases for extended periods of time	Sig. differences were found between the two groups on the Sic-Month Follow-Up Survey.

Table 4 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Smith (1995)	26 families / pre-post And 3 months follow-Up test design, non-probability sampling	FPS program - intensive services for 90 days, daily contact between worker and family	No sig. changes in income or expenses however, number of sources of income rose slightly. Home environment improved re: cleanliness and general conditions (not sig.). Sig. change re: meal preparation and food supplies. All areas of parenting skills improved by end of program. In most activities relating to supervision of children changes were sig. At follow-up 92% of families remained intact. 75% of couples reported fighting at pre and post-test, however there was a decrease in frequency of fights at post-test. There was in increase in activities together. Sig. change in all areas of child supervision, except education involvement.

Table 4 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Family Well-Being			
Biehal (2005)	209 youth in England / pre-test post-test, 6 month follow-up, quasi-experimental study design, non-probability sampling	Support team group - intensive, short-term work	Improvement in child and family functioning for both groups. No sig. difference between groups re: family functioning.
Feldman (1991)	205 families in New Jersey / pre-post test Experimental design, Probability sampling	FPS – based on Homebuilders model Control group – referred to traditional community services	FPS group improved sig. re: family functioning from intake to case closure. Sig. difference between groups from intake to case closure on only 2 scales.
Smith (1995)	26 families / pre-post And 3 months follow-Up test design, non-probability sampling	FPS program - intensive services for 90 days, daily contact between worker and family	Improvement in all areas of family functioning at end of program. Changes were sig. re: relationship building. At follow-up, 92% of families remained intact. Families increased communication. Increase in number of families reporting they had friends they could call on for support (not sig.). Parents more attentive to children and showed improved expectations and discipline strategies.

Table 4 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Bitoni (2002)	159 cases in Nevada / retrospective study, stratified sampling	Nevada Family Preservation Services program - 72 hours response time, intense family and home-based service, therapeutic and concrete services, max. 4 cases/worker, up to 12 weeks, team approach with 2 workers/family	Decrease in risk of placement in 75% of cases. Motivation at intake, number of child behaviour symptoms, and presence of serious health condition (parent) had a sig. impact on outcome.
Lewis (2005)	150 families referred to Utah Youth Village / pre-test, post-test, 3 months follow-up experimental design, probability sampling	Families First service - intensive services in the home and community for 6 weeks Control condition – Received services normally available through schools and courts in the community	Intervention group experienced sig. improvement in overall family functioning from pre-test to initial post-test compared with control group and this was maintained between initial post-test and follow-up post-test. All pre-test to initial post-test change scores were sig. for intervention group. Pre-test to follow-up post-test scores for parent effectiveness approached sig.

Table 4 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Berry, Cash & Brook (2000)	53 cases / one group pre-test, post-test & 1 yr follow-up design, non- probability sampling	Intensive Family Preservation Unit - 2-5 cases, 75% of time with family in person, 35% in the home. Concrete services and clinical skills provided	Families who remained intact made greater gains throughout treatment in several areas relating to family and child well-being. Sig. improvement experienced by families from intake to case closure on many dimensions of family stressors and strengths. Re: social support, families improved mostly in ability to access services (sig.).
Walton (1996)	110 families in Utah / Post-test only Experimental design, Probability sampling	Intensive Family Preservation Services group – reunification treatment worker - average 5.4 hours/ week with each family, max. 6 cases, 90 day period Control group – routine out-of-home care services – average 3.1 hours direct contact with families over 90 period, average 22 cases for extended periods of time	More treatment parents felt that the family was functioning better but scores on instruments showed no difference between groups. Child in treatment Group returned home more frequently and found between the two remained home for longer perieds (sig.). Sig. differences were found between the two groups on the Six-Month Follow-Up Survey.

Table 4 (continued).

Author(s)	*Sample/Methods*	*Intervention*	*Findings*
Cash & Berry (2003)	104 families / associational design	In-Home Services Program	Differential services did not have positive impact on families. Families were at approximately the same level of child and family well-being. Best predictor of outcome was conditions at onset of treatment. Successful families improved on CWBS and FSCS from intake to closure (sig.). Unsuccessful families showed little difference on CWBS. Scores on FSCS were sig. worse at case closure than intake.

that there was no significant difference in pre-post Child Well-being Scale scores for families in the program. However, significant correlations were found between nursing services and child's academic performance.

The third study to use quasi-experimental pre-test post-test design was by Berry, Cash and Brook (2000) who examined 53 cases and found the greatest change by case closure to be in the areas of child well-being related to behaviour management by parents, relationship with caregivers and decreased emotional abuse. Furthermore, children from abusive families made significantly greater gains in improved child behaviour than children from neglectful families. The fourth study by Wells & Whittington (1993) investigated outcomes for 42 families and found that at nine to twelve months follow up, on average, children and parents reported child's behavioural problems to be more severe than the comparison group. This finding is interesting given that children reported 50% of problems were resolved between admission to program and discharge and parents reported a third of problems at admission were resolved by follow-up. Finally, Ayon and Lee (2005) conducted a secondary data analysis from a previous study that employed a cross-sectional survey to investigate the outcomes for 88 African American, Latino and Caucasian families in Los Angeles County. Families receiving traditional child and family services were compared to families in the Family Preservation Services group. The study found that families in the FP group reported significant differences in child well-being areas of academic adjustment and symptomatic behaviour. In addition, it was found that minorities reported greater improvement on these measures than Caucasians.

Child Well-Being Summary

In summary, of the six studies that examined the impact of FPS on child functioning, four studies reported an improvement following participation in FPS (Biehal, 2005; Ayon & Lee, 2005; Lewis, 2005; Berry, Cash, & Brook, 2000). In contrast, Potocky and McDonald (1996) found that FPS did not make a difference in child functioning. When studies did report a positive change, children's behaviour was the most common area of improvement (Ayon & Lee, 2005; Lewis, 2005; Berry, Cash, & Brook, 2000). However, Wells and Whittington (1993) reported that this area was actually more severe for the intervention group than the comparison group at follow-up. They suggest that this difference may be due in part to socio-demographic differences between the two groups or differences in vulnerability between the groups.

Parent Well-Being

Parent well-being in the following studies has been defined in various ways such as effective parenting skills and discipline, ability to provide food and shelter and manage finances, concrete services such as food preparation and home maintenance, satisfying marital relationships, and the following instruments: 1) McMaster's Family Assessment Device (FAD) developed by Epstein, Baldwin, and Bishop (1983) which measures family functioning in terms of interactions among family members in areas such as problem solving, communication, roles, affective responsiveness, affective involvement, behaviour control, and general functioning; 2) Hudson's (1982) Index of Self-Esteem and 3) Hudson's (1982) Index of Parental Attitudes. Both of the Hudson scales are part of the Clinical Measurement Package designed by Hudson and self-report questionnaires.

Eight studies were located that examined the effectiveness of Family Preservation Services on parent well-being (Ayon & Lee, 2005; Berry, Cash & Brook, 2000; Biehal, 2005; Lewis, 2005; Potocky & McDonald, 1996; Ryan & Schuerman, 2004; Smith, 1995; Walton, 1996). Each of the studies has been previously discussed in greater detail in earlier sections and included sample sizes of 209 cases or less. Of the eight studies, Lewis (2005) and Walton's (1996) investigations were the only two studies to employ an experimental design. Lewis (2005) evaluated the outcomes of 150 families referred to the Utah Youth Village. The study found that for the intervention group, pre-test to initial post-test change scores were significant for improved concrete services/physical care of children and resources. Walton (1996) utilized a post-test only experimental design to evaluate outcomes for 110 families in Utah who received FPS and reported mixed results. Although significant differences were found between the two groups on the six-month follow-up survey as treatment parents reported they acquired new skills, scores on the FAD, Hudson's Index of Self-Esteem and Hudson's Index of Parental Attitudes showed no difference between the two groups.

Four of the eight studies utilized a quasi-experimental design (Berry, Cash & Brook, 2000; Biehal, 2005; Potocky & McDonald, 1996; and Smith, 1995). The first study (Biehal, 2005) examined 209 youth in England and found that parents whose scores in both the intervention and comparison groups were above the threshold for psychological distress at referral were significantly reduced by almost half at follow-up. Biehal suggests that the lack of difference between the two groups may have been due to the youth in the intervention group being more severe in ways that could not be measured

or that the services offered in the comparison group were sufficient to address the problem. Smith (1995) investigated 26 families in an intensive Family Preservation program in which workers had daily contact with the families. The study found that there were no significant changes in parent's income or expenses; however, the number of sources of income rose slightly. The home environment improved regarding cleanliness and general condition however this finding also was not significant. Significant improvement was noted with respect to meal preparation and food supplies. In addition, improvement was seen in all areas of parenting skills at the end of the 90-day program. There was also a significant positive change in all areas of child supervision, parent's involvement in their child's education between pre and post-test. In addition, 75% of the couples reported fighting at pre and post-test; however, there was a decrease in the frequency of fights at post-test and there was a reported increase in doing activities together.

The third investigation (Potocky and McDonald, 1996) of 27 families with drug-exposed infants found a significant relationship between providing educational services and improvement in parental disposition. Fourth, Berry, Cash and Brook (2000) examined 53 cases and found that with respect to caregiver skills, significant improvement was seen by case closure in areas of consistent discipline, as well as marital conflict. Additionally, they found that the greatest, significant improvement regarding physical environment was in the areas of housing and financial management.

Ayon and Lee (2005) employed a cross-sectional survey to investigate the outcomes for 88 African American, Latino and Caucasian families in Los Angeles

County. The study found that families in the FP group reported significant differences in parent well-being areas of discipline and emotional care.

The final study by Ryan and Schuerman (2004) was retrospective and examined a subset of data of 292 families from the Evaluation of Family Preservation & Reunification Programs. The study found that the provision of specific FP services did not result in more positive family functioning with respect to paying bills. In fact, the more financial assistance a family received, the more likely parents were to report problems with paying bills.

Parent Well-Being Summary

In summary, of the eight studies examining the outcome of FPS on parent functioning, four studies examined parenting skills and showed improvement (Ayon and Lee, 2005; Berry, Cash, & Brook, 2000; Smith, 1995). Although parents in the study conducted by Walton (1996) reported they had acquired new parenting skills, this was not reflected on the instruments. Two studies (Berry, Cash, & Brook, 2000; Smith, 1995) also reported improvement in the marital relationship. It is interesting to note that while poverty is often a significant issue for many families involved with child welfare services, that in the study conducted by Ryan and Schuerman (2004) increased financial assistance actually led to more difficulties in paying bills.

Family Well-Being

Family well-being in the following studies has been measured in various ways such as positive parent-child relationship, effective communication among family members, adequate social support, Child Well-Being Scale (CWBS) previously described

and the Family Systems Change Scale (FSCS) developed by Nelson and Landsman (1992) to measure aspects of family functioning such as adult skills and behaviour, child behaviour, family dynamics, family support and community involvement. Eight studies addressed the relationship between Family Preservation Services and family well-being (Berry, Cash & Brook, 2000; Biehal, 2005; Bitoni, 2002; Cash & Berry, 2003; Feldman, 1991; Lewis, 2005; Smith, 1995; Walton, 1996). Again, each of these studies has been discussed in detail in earlier sections and all employed small sample sizes of 209 cases or less.

Two of the eight studies in this section employed and experimental design with pre and post-tests (Feldman, 1991; Lewis, 2005). Feldman's (1991) study of 205 families in New Jersey found that FPS families had improved significantly in a number of areas related to family functioning between intake and case closure. However, FPS families improved more significantly than control group families on only a couple of scales. The second study (Lewis, 2005) investigated the outcomes for 150 families referred to the Utah Youth Village. The study reported that improvement in parent effectiveness/parent-child relationship from pre-test to initial post-test were significant for the intervention group compared with the families in the control group and this finding was maintained between the initial post-test and the follow-up post-test.

Only one study (Walton, 1996) used a post-test only design to examine the effects of FPS on family functioning. The study examined 110 families in Utah and reported mixed results. Although significant differences were found between the two groups on the six-month follow-up survey as parents in the treatment group reported that their

family was functioning better, there were no differences between groups on the Child Well-Being Scale (CWBS) and FSCS instruments used to measure family functioning. There was also no difference between groups regarding perceived problem resolution. However, children in the treatment group returned home more frequently and remained home for longer periods than children in the non-treatment groups.

A further three studies employed a quasi-experimental pre-test post-test design (Berry, Cash & Brook, 2000; Biehal, 2005; and Smith, 1995). Berry, Cash and Brook (2000) examined 53 cases and reported that by the end of treatment, families improved in their ability to access services. In addition, parents in physical abuse cases were more willing to accept help from friends and relatives than neglectful parents. The second study by Biehal (2005) examined 209 youth in England and reported that the improvement in family well-being was evident for both the IFPS and control groups. Family well-being was measured using several instruments including the Strengths and Difficulties Questionnaire (SDQ) developed by Goodman (1997) which measures emotional and behavioural difficulties; the General Health Questionnaire (GHQ-12) developed by Goldberg and Williams (1988) which measures psychological distress; the Family Assessment Device (FAD) which has been previously described; and Cantril's Ladder developed by Huxley, Evans, Burns, Fahy, and Green (2001) and measures subjective well-being. Again, Biehal explains that the lack of difference between the two groups may not simply be due to the intervention being no more effective but rather that the youth in the intervention group may have been more severe in ways that could not be measured or that the services offered in the comparison group were sufficient to address

the problem. Last, Smith's (1995) investigation of 26 families found that there was significant improvement in the area of relationship building between family members. In addition, families reported increased communication among family members and an increase in their support systems. Furthermore, parents were more attentive to their children and showed improved expectations and discipline strategies.

The study by Bitoni (2002) utilized a retrospective design to review 159 closed case records of the Nevada Family Preservation Services program. The study found that both groups experienced improvement, or resolved about five problems relating to child management and relationships; however, the unsuccessful cases had more than twice as many problems still unchanged. Using an associational design, Cash and Berry (2003) reported that overall, differential services (concrete, education or clinical) did not have a positive impact on families. After almost five months, families were at approximately the same level of child and family well-being as at the beginning of the intervention. They suggest that an explanation for this may be that families who were viewed as less problematic may have received different or more services. They also noted that the best predictor of outcome were conditions at the onset of treatment.

Family Well-Being Summary

In summary, six of the eight studies evaluating the outcome of FPS on family well-being reported improvement in areas such as parent effectiveness, relationships between family members, willingness to accept help, and ability to access services (Berry, Cash & Brook, 2000; Biehal, 2005; Bitoni, 2002; Feldman, 1991; Lewis, 2005; Smith, 1995). However, in the study conducted by Biehal (2005) there was no difference

regarding the improvement made between the intervention and control group. In addition, it is interesting to note that in the study by Ayon and Lee (2005) minority families in the FPS group experienced greater improvement in child and parent functioning than Caucasian families.

Summary/Critique of Theoretical and Empirical Literature

The various theories discussed which FPS draws on are all established theories that have been well-researched. The concepts of these theories are easy to measure and are easily learned and applied by practitioners. While mush research has been done regarding the use of FPS in child welfare, there is still much that is unknown. Of the studies reviewed that included a follow-up period, the longest that any of the families were followed was one-year post intervention. Therefore, little is known about the long-term effectiveness of FPS. As well, many of the studies utilized a single group design. This makes their findings difficult to interpret as there is no control or comparison group to measure their findings against. Finally, each of the studies defined family functioning differently. For one study, family functioning was measured by examining a family's difficulty in paying bills. This is a narrow definition of family functioning. It does not address the quality of relationship between family members that would speak to the risk of out-of-home placement or subsequent maltreatment outcomes much more so than financial difficulty. In order to truly understand the effectiveness of FPS in improving family functioning, researchers will need to find a much more consistent manner in which to measure this variable.

Focus of the Present Study

In the interest of adding to the knowledge base of the social work profession as well as the importance of evaluating practice in order to best serve families, the present study will examine the effectiveness of the Windsor-Essex Children's Aid Society's Family Well-Being Program. Based on the preceding review of the literature, it is clear that to measure the effectiveness of the use of FPS in child welfare, several variables must be considered. In addition, there have been many evaluations of FPS since 1990, with mixed results regarding outcomes.

The present study will investigate the FWB program's effectiveness in preventing out-of-home placement, subsequent verified maltreatment and case closure. This study will not investigate if FWB program improves family functioning as this data is not available in both the intervention and comparison groups. It also will not examine factors such as the type of placement or the restrictiveness of placement if placement occurs. However, an examination of the effectiveness of the various types of service delivery – comparison group, FWB in-home services, FWB parenting groups, or both FWB in-home services and parenting groups - will be included.

The present study differs from the previous studies reviewed in that it includes a matched-groups design. In so doing, the families examined are identical in the two groups as far as the initial reason for service and the initial risk level of the case. These are two of the key factors that impact the risk of out-of-home placement. By matching based on these two factors, the two groups were equivalent in terms of the likelihood of this outcome.

The five research questions of this study are:

Question 1. "What are the demographic and socioeconomic characteristics of the families in the intervention and comparison groups?"

Question 2. "What are the case characteristics of the intervention and comparison groups?"

Question 3. "Did families in the intervention group experience fewer out-of-home placements, fewer incidents of verified subsequent maltreatment and more timely case closure than families in the comparison group?"

Question 4. "Does the type of service delivery impact on case outcome?"

Question 5. "How do frontline workers in the Family Well-Being program perceive the program's effectiveness in preventing out-of-home placements and subsequent maltreatment?"

The answers to these questions will assist the Windsor-Essex Children's Aid Society by providing an evaluation of the effectiveness of the FWB program in preventing out-of-home placements and subsequent verified maltreatment as well as being able to close cases in a timely fashion. It will also help to delineate which aspects of the FWB program may be more effective than others thus allowing the CAS to more effectively allocate resources. In addition, the findings to these questions will assist the CAS in improving the FWB program in order to best meet the needs of the children and families it serves. Moreover, this study will add to the social work knowledge base of FPS in Canada that is lacking and will assist educators regarding best practices in assisting families where there are child abuse or neglect issues.

Chapter III

METHODS

In this chapter, an overview of the methodology utilized to complete the study is provided. The overview includes the study design, sampling method, data collection method measurement instruments, and data analysis plan.

Study Design

This study employed a quasi-experimental, matched groups design to evaluate the overall effectiveness of the Family Well-Being Program at the Windsor-Essex Children's Aid Society in preventing the out-of-home placement and subsequent maltreatment of children and in closing open protection files in a timely manner. Existing agency data was utilized for the intervention and comparison groups. This study design was chosen primarily because the data was readily available to the researcher. Furthermore, this research design allowed for a comparison of outcomes between groups without the ethical dilemma of withholding or delaying receipt of services to families in need. Families in both groups were followed for up to twelve months regarding the three outcome measures of out-of-home placement, subsequent verified maltreatment, and case closure.

Sampling

Characteristics of Sampling

The sampling frame consisted of families who have been involved with the Windsor-Essex Children's Aid Society for the investigation of child protection concerns. The independent variable was families in both the intervention group and the comparison

group who have had an investigation completed regarding child abuse and/or neglect issues. However, the intervention group consisted of families who, in addition to having an investigation completed, also received services from the Windsor-Essex Children's Aid Society's Family Well-Being Program during the one year period from April 1, 2006, when the program was implemented, to March 31, 2007. This period of time was chosen due to important changes at CAS being implemented as of April 1, 2007 as a result of Ontario's "Child Welfare Transformation" agenda which impacted on how eligibility for services is coded, how referrals are responded to, and how the overall risk level of families is measured. This is problematic for being able to consistently identify variables but does not change the FWB referral process or interventions provided.

The Family Well-Being program provides short-term services through a family-centered, strengths-based approach to families in crisis. It is intended to serve families who are identified as high risk for out-of-home placement. Workers are able to respond to referrals quickly and provide intensive services in the home on a weekly, or even more frequent, basis as needed. The program offers a variety of services provided by a team of child and youth workers and social workers. Child and youth workers provide hands-on parent training in the home and various psycho-educational and parent skills training groups geared toward parents with children at all ages and stages of development. Social workers provide crisis intervention, brief family therapy and family centered conferencing.

The comparison group consisted of families who received ongoing case management services only during the one-year period from April 1, 2005 to March 31,

2006 before the Family Well-being program was implemented. During this time, families requiring counselling or services to enhance their parenting knowledge and skills were referred by the case manager to outside community agencies that often had long waiting lists for families to receive these services. In addition, the outside community agencies were not necessarily able to provide in-home, crisis-oriented or short-term, intensive family services. As well, other community services or parenting groups may not have been aimed toward families in which there were child abuse and neglect issues.

Sampling Procedure

Families become involved and are eligible for services with the CAS for a variety of reasons such as child abuse, child neglect, domestic violence, substance abuse and so on. These reasons for CAS involvement vary in terms of severity from no/low, moderately-low, intermediate, moderately-high and high risk. To best ensure comparability between the intervention and comparison groups, families were matched based on the initial eligibility reason for service and initial risk level of the case.

The eligibility reason for service is determined through the use of the Ontario Eligibility Spectrum that categorizes various types of abuse and neglect. For example, a case may be open due to parent-child conflict, neglect issues, domestic violence, physical or sexual abuse, parent's mental health or substance abuse issues to name a few. The overall risk level of a case is determined using the Ontario Risk Assessment Tool and serves as a guide to determine the minimum level of contact workers are to have with families. For example, a case that is rated intermediate requires that the worker attend the home on a monthly basis; moderate-high – bi-weekly, and high risk – weekly.

Grinnell (1993) discusses the importance of matching similarities between groups on key variables that are expected to impact the outcome of the study.

By matching on the two variables discussed, it is more likely that the intervention and comparison groups are comparable to one another in terms of the reason for CAS involvement and initial risk level that relates to the severity of the issues. The literature suggests that these two variables appear to make the greatest difference in whether or not there is subsequent maltreatment, whether or not a child is placed out of the home or the case is closed, all of which are dependent variables in this study. The literature also suggests that family functioning is an important outcome to measure in evaluating the effectiveness of Family Preservation Services. While the FWB program has utilized the North Carolina Family Assessment Scale, it has not been implemented with all families receiving services through this program. As data regarding this outcome variable was not consistently available, it was not included in this study.

The FWB program serviced 530 families between April 1, 2006 and March 31, 2007. Some of these families had been involved with the Society on an ongoing basis since prior to the implementation of the FWB program and were therefore excluded from the study. There were 2,840 investigations completed during the period April 1, 2005 to March 31, 2006. Some families who were investigated during this time period, had their files closed and were subsequently investigated again and referred to the FWB program during the intervention period. In such instances, the family was included in the intervention group only. As families in each of the two groups were matched based on initial eligibility reason for service and initial risk level, all cases in the comparison group

that did not match those in the intervention group were also excluded. In situations where there were more cases in the comparison group that matched the cases in the intervention group, random sampling was employed to determine which cases would be included in the comparison group. The final sample for this study included 171 families in each of the two groups for a total of 342 families.

All workers involved in providing in-home services or leading various parenting groups through the FWB program, were invited to complete a questionnaire. This researcher attended a meeting with all workers to discuss the overall study and the purpose of the questionnaire. A total of 16 workers were provided with a copy of the questionnaire and an envelope to return the completed questionnaire in.

Data Collection

This study utilized pre-existing data collected by CAS to investigate the effectiveness of the CAS Family Well-being Program. The key benefit for examining data that had already been collected was that it is readily available to the researcher and therefore did not require additional time or cost to the agency. Moreover, it avoided the difficulties encountered with a low response rate that other data collection methods can incur (Grinnell, 1993). One unavoidable disadvantage of using existing data was that the researcher had no control over the original data collection and therefore there may be missing or inaccurate information which could impact measurement reliability and validity (Grinnell, 1993). In addition, those collecting the original data may not have been sufficiently trained to interpret response categories consistently. As well, although

not unique to the use of existing data, another disadvantage is that respondents may answer questions in a manner that they believe is socially acceptable (Grinnell, 1993).

The CAS data that was utilized for this study has been gathered in a variety of ways. Demographic information is collected either over the phone or during face-to-face contact with clients by frontline workers. Eligibility reason for service, placement dates and types are collected by the case manager or a covering worker if a new referral is received after-hours. Overall risk level of the case is collected by the case manager. All of the above information is typed into a computer on various templates and stored on the agency's database.

In each of the above, information may be entered directly into the agency's database as it is received or recorded using paper and pen. In the latter case, the information is subsequently entered into the agency database but not necessarily by the person who originally recorded the information. This additional step of entering the data later, especially if entered by another person than it was gathered by, can lead to inaccuracies in data input due to human error.

Ethical Considerations

The researcher is bound by confidentiality and examined data that is already accessible to the researcher as an employee of the CAS in which it was collected. Unfortunately, due to the use of pre-existing data, it was not possible to obtain informed consent from families. However, in order to ensure confidentiality of families receiving services from CAS, file names were removed from the data. In addition, findings from this study are reported in aggregate form in order that individual families cannot be

identified through a report of the findings. Data analysis was worked on at the CAS office and researcher's home. However, copies of the electronic database were kept in locked cabinets at both locations and data left on the researcher's computer was password protected. The study was approved by the Research Ethics Board of the University of Windsor prior to the researcher obtaining the data set. Although the researcher is an employee of CAS, she has not been in the past, nor is she currently, involved in the creation or implementation of the FWB program and therefore did not have a direct vested interest in the outcome of this study. Furthermore, she received encouragement and full support from her supervisors at CAS to evaluate the effectiveness of this program.

Measurement

Nineteen variables were measured in both the intervention and comparison groups, including five demographic variables and fourteen case characteristic variables. Demographic variables pertaining to the characteristics of families include the following: gender and age of the identified primary caregiver, marital status of the primary caregiver (single, married, common-law, separated/divorced, widowed), source of income (full-time or part-time employment, unemployed, Social Assistance, Disability pension, other), and number of children in the family.

Variables relating to case characteristics include: date of intake referral, date of intake closing or transfer to family services, date of family services closing, initial abuse type (physical, sexual, emotional, neglect, domestic violence, parent-child conflict/child's

behaviour, caregiver with a problem or caregiving skills), initial risk level (no/low, moderately-low, intermediate, moderately-high, high), service type (comparison, in-home only, group only, both in-home and group), out-of-home placement (yes/no), admission date, discharge date, subsequent verified maltreatment (yes/no), the number of incidents of subsequent verified maltreatment, the date of the incident of verified subsequent maltreatment, and the type of subsequent verified maltreatment (physical, sexual, emotional, neglect, domestic violence, parent-child conflict/child's behaviour, caregiver with a problem or caregiving skills). Two additional variables were measured pertaining to the intervention group only. These variables included the date of referral to the FWB program and the date of discharge from the FWB program.

The type of abuse is determined using the Ontario Eligibility Spectrum (2000). This is a two-dimensional matrix that not only determines the reason for CAS services, but is also used as a guideline to determine when a referral meets the requirements for service and how quickly a worker should respond to that incident.

The overall risk level of cases is determined by the Ontario Risk Assessment tool. This instrument is based on an instrument developed in the early 1990's by the New York State Department of Social Services (Barber, Trocme, Goodman, Shlonsky, Black, and Leslie, 2007). It is a 22-item standardized scale that has been utilized by all frontline CAS workers throughout the province of Ontario for the past seven years. The scale utilizes a 5-point Likert scaling format to measure 22 individual risk factors. For example, the risk factor of "Caregiver's Acceptance of Child" has the following

responses (9 = Insufficient information to make a rating, 0 = Very accepting of child, 1 = Limited acceptance of child, 2 = Indifferent and aloof to child, 3 = Disapproves of and resents child, and 4 = Rejects and is hostile to child). Each of the 22 factors is rated in the same manner but with responses specific to the factor being measured. The overall risk rating is determined based on the number of risks (3 or 4 ratings) balanced by the number of strengths (0 or 1 ratings) to achieve a final overall rating of high, moderately-high, intermediate, moderately-low or no/low risk.

There has been very little research to measure the reliability and validity of the Ontario Risk Assessment tool since its implementation. Barber, Trocme, Goodman, Shlonsky, Black, and Leslie (2007) acknowledged that with respect to internal consistency and inter-rater reliability, differences between the ratings of the original caseworker and those of case readers may be due to the caseworker having more information about the family than what was contained in casenotes. Regarding predictive validity, whether the risk rating is predictive of future maltreatment, they suggest that workers may not be completing the risk assessment tool through an impartial lens. In practice, the decision to close a file is often made prior to the risk assessment being completed. In light of this, workers may be completing the risk assessment in a manner that supports rather than guides this decision. Several field research studies have been conducted at the CAS in the past several years (Holland and Gorey, 1999; Holland and Gorey, 2000; Holland and Gorey, 2004; Holland, Gorey, and Lindsay, 2004). While the studies were not specifically designed to assess the reliability and validity of the Ontario Risk Assessment tool, they have found that this instrument shows modest to good

criterion (concurrent and predictive) validity. With the current Child Welfare Transformation in Ontario, a new Risk Assessment tool has been implemented which is more actuarial in nature. However, the previous Ontario Risk Assessment tool is the only risk assessment tool that has been utilized by all CAS's throughout the province throughout the past seven years.

A questionnaire was employed with staff involved in providing direct in-home services or leading parenting groups. The questionnaire included a combination of questions utilizing a Likert-scale format, close-ended questions, and one open-ended question. The questionnaire measured the following eleven variables: worker's length of employment with the Windsor-Essex Children's Aid Society, length of time working in the FWB program, knowledge of Family Preservation Services prior to working in the FWB program (none, very little, moderate, a lot), training in Family Preservation Services since working in the FWB program (none, very little, moderate, a lot), caseload size, number of hours/week spent in face to face contact with families, average risk level of cases (intermediate, moderately high, high), worker's perception of the FWB program's effectiveness in reducing the number of out-of-home placements and incidents of subsequent maltreatment (not at all effective, somewhat effective, moderately effective, very effective), what service delivery type workers think is most effective (in-home services only, parenting groups only, both in-home services and parenting groups together), and whether workers feel the management style reflects the strengths-based approach that the program embraces (not at all, very little, somewhat, a lot).

Data Analysis

Data analysis involved a four-stage process utilizing a variety of statistical techniques.

Univariate Analyses

During the first stage of data analysis frequency distributions were utilized to identify and correct any data entry errors. Following this, univariate measures of central tendency (mean), dispersion (range), and percentages were utilized to answer research questions #1 and #2. This included demographic and socioeconomic characteristics pertaining to sample, case characteristics, FWB program characteristics, and outcome variables such as out-of-home placement, length of placement, verified subsequent maltreatment, number of incidents of verified subsequent maltreatment, length of service at intake, length of service at family services, and case closure. The measure of central tendency (mean) was also calculated to answer research question #5 pertaining to the FWB workers' perceptions of the effectiveness of the FWB program in reducing out-of-home placements and incidents of subsequent verified maltreatment.

Bivariate Analyses

The second stage of data analysis was utilized to further explore research question #1. The chi-square x_2 analysis was employed to determine whether the intervention and comparison groups were similar regarding demographic and socioeconomic variables. While the two groups were matched regarding initial eligibility coding and risk level, the chi-square x_2 analysis measured the differences between the two groups regarding other

sample characteristics such as: the gender, age, marital status and income source of the primary caregiver, and the number of children in the family.

In addition, the chi-square (χ_2) analysis was also used to answer research question #3, which examined the difference between the intervention and comparison groups regarding the overall outcomes of out-of-home placement, subsequent verified maltreatment and case closure. During the third stage of data analysis, the *t*-test was utilized to further explore research question #3, measuring the difference between the two groups regarding length of out-of-home placement, number of incidents of subsequent verified maltreatment, length of intake service, and length of family service.

Multivariate Analysis

The fourth stage of data analysis investigated research question #4, regarding impact of type of service delivery (comparison, in-home only, group only, or both) on the outcome measures. Specifically, the One-Way ANOVA was employed to determine whether the type of service delivery impacted the length of out-of-home placement, the number of incidents of verified subsequent maltreatment, length of intake service, or length of family services for either the intervention or comparison groups.

Chapter IV

FINDINGS

This chapter reports the findings from various statistical analyses of the data. The findings will be presented in the following sections: a) descriptive statistics, univariate and bivariate analyses exploring research questions #1 and #2 regarding the sample, case, and FWB program characteristics; b) results of bivariate analysis for research question #3 which examined the outcome measures of out-of-home placement, subsequent verified maltreatment, and case closure for both groups; c) results of multivariate analyses for research question #4 exploring the impact of type of service delivery on case outcomes and d) results of univariate analysis for research question #5 which explored FWB workers' perceptions of program effectiveness.

Results for Research Questions #1 through #5

Research Question #1: Demographic and Socioeconomic Characteristics

Research Question #1 asked, "What are the demographic and socioeconomic characteristics of the families in the intervention and comparison groups?" Table 5 outlines the demographic and socioeconomic characteristics of both the intervention and comparison groups. Despite the two groups not being matched with respect to demographic and socioeconomic variables, they were quite similar to one another. Specifically, the majority of primary caregivers were female in both the intervention group (94.2%, n = 161) and the comparison group (91.8%, n = 157). The age of the primary caregiver in the intervention group ranged from 18 – 61 years with the average age being 35.98 years the age range in the comparison group was 19 – 74 years with the

Table 5.

Sample Demographic and Socioeconomic Characteristics: Intervention versus Comparison Groups

	Groups			
Characteristic	Intervention		Comparison	
	n	%	n	%
Age				
18-24 yrs	16	9.4	16	9.5
25-34 yrs	58	33.9	45	26.6
35-44 yrs	69	40.4	76	45.0
45-54 yrs	26	15.2	27	16.0
55 + yrs	2	1.2	5	3.0
	Mean = 35.98, SD = 8.33		Mean = 37.20, SD = 9.19	
Gender				
Male	10	5.8	14	8.2
Female	161	94.2	157	91.8
Marital Status				
Single	40	24.0	40	23.5
Married	45	26.9	54	31.8
Common-Law	30	18.0	37	21.8
Divorced/Separated	51	30.5	38	22.3

Widowed	1	0.6	1	0.6
Source of Income				
Employment	81	56.6	64	58.2
Social Assistance	39	27.3	33	30.0
Disability Pension	5	3.5	8	7.3
Other	18	12.6	5	4.5
Number of Children				
One	75	43.9	85	49.7
Two	52	30.4	41	24.0
Three	29	17.0	35	20.5
Four	15	8.8	10	5.8
	Mean = 1.95, SD = 1.09		Mean = 1.87, SD = 1.08	

Note: All variables were not statistically significant; SD = Standard Deviation

average age being 37.20 years. The average number of children was 1.95 and 1.87 respectively. Data regarding marital status and source of income was not available for all families. However, almost half of the primary caregivers in the intervention group (55.1%, $n = 92$) and the comparison group (46.4%, $n = 79$) were single, divorced/ separated or widowed. In addition, over half of the primary caregivers in the intervention group (56.6%, $n = 81$) and the comparison group (58.2%, $n = 64$) were employed, while

27.3% of the intervention group ($n = 39$) and 30.0% of the comparison group ($n = 33$) received Social Assistance.

Bivariate analyses were conducted to determine whether there was any significant difference between the intervention and comparison groups regarding the demographic and socioeconomic variables. Using the x_2 analysis, it was determined that there was no significant difference between the two groups for the sample characteristics of age, gender, marital status, source of income, or number of children. Differences between the two groups regarding source of income approached significance ($p < .096$).

Research Question #2: Case Characteristics

Research question #2 asked "What are the case characteristics of the intervention and comparison groups?" The intervention and comparison groups were matched regarding type of abuse as determined by the Eligibility Spectrum and the risk level based on the Ontario Risk Assessment tool. This resulted in a sample of N = 171 in both groups. The breakdown of case characteristics is outlined in Table 6. The most common reason for service was parent-child conflict/child's behaviour (33.9%, $n = 58$) and most cases were rated as either intermediate risk (38.0%, $n = 65$) or moderately-high risk (46.2%, $n = 79$).

An overview of FWB program characteristics specific to the intervention group is presented in Table 7. Of the 171 families who received services through the FWB program, 90.1% received in-home services only ($n = 154$), while 5.8% participated in parenting groups only ($n = 10$) and 4.1% received both in-home services and participated in parenting groups ($n = 7$). The length of service in the FWB program ranged from 1 to

Table 6.

Case Characteristics: Intervention and Comparison Groups Matched

Characteristic	n	%
Initial Abuse Type		
Physical Abuse	27	15.8
Sexual Abuse	2	1.2
Emotional Abuse	3	1.8
Neglect	15	8.8
Domestic Violence	15	8.8
Parent-Child Conflict/ Child's Behaviour	58	33.9
Caregiver with a Problem	27	15.8
Caregiving Skills	24	14.0
Initial Risk Level		
No/Low	5	2.9
Moderately-Low	8	4.7
Intermediate	65	38.0
Moderately-High	79	46.2
High	14	8.2

Table 7.

Family Well-Being Program Characteristics

Characteristic	n	%
Program		
Type of Service		
In-Home only	154	90.1
Parenting Group only	10	5.8
Both In-Home & Parenting Group	7	4.1
Length of FWB Service (in days)		
1-29	30	18.6
30-89	63	39.1
90-184	68	42.2
	Mean = 81.52, SD = 45.56	
FWB Caseload Size		
8	1	7.1
9	3	21.4
10	8	57.1
11	1	7.1
12	1	7.1
	Mean = 9.86, SD = 0.95	

Face–to–Face Contact (hours/week/family)		
1	4	28.6
2	5	35.7
3	1	7.1
4	3	21.4
5	1	7.1
	Mean = 2.18, SD = 1.10	
<u>Workers</u>		
Length of Employment at CAS (years)		
1	4	28.6
2 – 5	3	21.4
6 – 9	3	21.4
10 +	4	28.6
	Mean = 7.71, SD = 8.77	
Prior Knowledge of FPS		
Very Little	5	35.7
Moderate	5	35.7
A Lot	4	28.6
Training in FPS Since FWB Program		
Very Little	4	28.6
Moderate	7	50.0
A Lot	3	21.4

Note: SD = Standard Deviation

184 days with families receiving services for an average of 81.52 days. Caseloads ranged from 8 to 12 cases (M = 9.86) and FWB workers spent an average of 1 to 5 hours (M = 2.18) per week with each family. Workers had been employed by the CAS for an average of 7.71 years. Workers were quite evenly divided regarding the amount of knowledge about FPS they had prior to working in the FWB program; 35.7% stated they had "very little" knowledge ($n = 5$), 35.7% stated they had "moderate" knowledge ($n = 5$) and 28.6% reported they had "a lot" ($n = 4$) of knowledge. Workers reported differing levels of training in FPS since working in the FWB program; with 28.6% reporting "very little" training (n = 4), 50.0% "moderate" training ($n = 7$) and 21.4% reporting "a lot" of training ($n = 3$).

Research Question #3: Outcome Measures

Research questions #3 queried "Did families in the intervention group experience fewer out-of-home placement, fewer incidents of verified subsequent maltreatment and more timely case closure than families in the comparison group?" The outcome measures of out-of-home placement, subsequent verified maltreatment and case closure for both the intervention and comparison groups are outlined in Table 8. The intervention and comparison groups experienced virtually the same number of out-of-home placements, with 21 and 20 families respectively, experiencing an out-of-home placement. The chi-square x_2 analysis was employed to confirm that this did not represent a significant difference between the groups. Children from the intervention families remained in out-of-home placements for an average of 69.55 days while children

Table 8.

Outcome Measures

Outcome	Groups			
	Intervention		Comparison	
	n	%	n	%
Out-of-Home Placement	21	12.3	20	11.7
Length of Placement (Days)				
2 – 29	4	19.0	4	20.0
30 – 89	3	14.3	6	30.0
90 – 179	3	14.3	1	5.0
180 – 365	1	4.8	3	15.0
	Mean = 69.55, SD = 68.36		Mean = 92.57, SD = 111.36	
Subsequent Verified Maltreatment	46	27.5	44	25.7
Number of Incidents of Subsequent Verified Maltreatment				
1	39	84.8	33	75.0
2	4	8.7	7	15.9
3	2	4.4	1	2.3
4	1	2.2	2	4.5
5	0	0.0	1	2.3
	Mean = 0.33, SD = 0.64		Mean = 0.37, SD = 0.78	

Intake Closing	14	8.2	19	11.1
Length of Service at Intake (Days)**				
1 – 29	3	21.4	8	42.1
30 – 89	5	35.7	7	36.8
90 – 179	6	42.9	1	5.3
180 – 365	0	0.0	3	15.8
	Mean = 80.71, SD = 48.31		Mean = 80.26, SD = 101.01	
Family Services Closing*	58	36.9	76	50.0
Length of Service at Family Services (Days)				
1 – 29	1	1.7	0	0.0
30 – 89	5	8.6	7	9.2
90 – 179	16	27.6	10	13.2
180 – 365	34	58.6	59	77.6
366 +	2	3.4	0	0.0
	Mean = 207.69, SD = 83.45		Mean = 232.25, SD = 86.14	

Note: * $p < .05$; ** $p < .01$; SD = Standard Deviation
All between-group standard deviation differences were found to be non-significant with Levene's homogeneity test.

from the comparison group families remained in out-of-home placement for an average of 92.57 days. Despite this difference, an independent samples *t*-test was utilized to determine that there was no significant difference between the two groups regarding the duration of the out-of-home placements. Regarding families in the intervention group, three had experienced out-of-home placement prior to the referral to the FWB program.

Seven families experienced out-of-home placement during FWB intervention, four experienced out-of-home placement within three months of discharge from the FWB program and an additional four families experienced out-of-home placement within six months of discharge from the FWB program.

Both groups also had a similar number of families experiencing incidents of subsequent verified maltreatment. For the intervention group, 46 families experienced this outcome while 44 families in the comparison group did. Again, the chi-square x_2 analysis demonstrated that there was no significant difference between the groups on this outcome. For those families in each group who experienced incidents of subsequent verified maltreatment, there were between one and five incidents in each family with 39 families in the treatment group and 33 families in the comparison group experiencing only one verified subsequent maltreatment incident. Once more, utilizing an independent samples *t*-test, results indicate that there was no significant difference between the two groups regarding the number of incidents of verified subsequent maltreatment. Regarding families in the intervention group, 22 families experienced subsequent verified maltreatment during FWB intervention, 16 experienced subsequent verified maltreatment within three months of discharge from the FWB program, eight families experienced subsequent verified maltreatment within six months of discharge from the FWB program and an additional three families experienced subsequent verified maltreatment within one year.

As well, both groups closed almost the same number of cases at intake with the intervention group closing 14 cases and the comparison group closing 19 cases. The chi-square χ_2 analysis confirmed again that this difference was not significant. The length of time cases were open at intake was almost identical for both groups with an average of 80.71 days for the intervention group and 80.26 days for the comparison group. Interestingly, the chi-square χ_2 analysis demonstrated that there was a significant difference between the two groups with respect to cases closing to family services with the intervention group closing 58 cases and the comparison group closing 76 cases. Nonetheless, employing an independent samples *t*-test revealed that there was no significant difference between the groups regarding the length of time cases remained open to family services. Families in the comparison group were followed for twelve months after services were completed at intake. Families in the intervention group were followed for up to twelve months after being discharged from the FWB program. However, there were two families in the intervention group whose cases were open to family services for more than twelve months. This was due to the fact that these families were not referred to the FWB program until several months after being transferred to family services. Cases in the intervention group remained open for an average of 207.69 days while cases in the comparison group remained open for an average of 232.25 days.

Additional analyses were conducted to explore possible moderations of the overall intervention effects by all of the client characteristics (type of abuse, risk level, and all demographic and socioeconomic variables) on all of the outcome variables. Only

one of the many subsample analyses was significant. For the physical abuse subsample (N = 54), the intervention group (14.8%) was much less likely than the comparison group (40.7%) to have experienced subsequent verified maltreatment; $\chi_2 = 4.52, p < .05$.

Research Question #4: Type of Service Delivery and Case Outcomes

Research question #4 posed the question "Does the type of service delivery impact on case outcome?" The question sought to understand whether or not the type of service families participated in: comparison group (Group 1), FWB in-home services only (Group 2), FWB parenting group only (Group 3), or both FWB in-home services and parenting group (Group 4) made a difference regarding out-of-home placement, verified subsequent maltreatment, and case closure outcomes. The one-way analysis of variance (ANOVA) was utilized to determine that the relationship between these variables was significant only with respect to the length of time cases were open to family services (see Table 9).

Research Question #5: FWB Worker's Perceptions of Effectiveness

Research question #5 asked, "How do frontline workers in the Family Well-Being program perceive the program's effectiveness in preventing out-of-home placements and subsequent maltreatment?" Workers in the FWB program were invited to complete a 12-item questionnaire. Fourteen out of 16 questionnaires that were distributed were returned which represents a response rate of 87.5%. Questions #8 and #9 asked the workers how they perceived the FWB program's effectiveness in reducing the number of out-of-home placements and incidents of subsequent verified maltreatment. A Likert-type scale was

Table 9.

Type of Service Delivery and Case Outcomes

Type of Service Delivery	Outcome		
	n	Mean	SD
	Length of Out-of-Home Placement (Days)		
Comparison Group	14	1.21	1.12
FWB In-Home Only	10	1.00	1.05
FWB Parenting Group	1	2.00	0.00
Both FWB In-Home and Parenting Group	0	N/A	N/A
	Subsequent Verified Maltreatment Incidents		
Comparison Group	44	1.43	0.93
FWB In-Home Only	42	1.26	0.67
FWB Parenting Group	2	1.00	0.00
Both FWB In-Home and Parenting Group	2	1.00	0.00
	Length of Service at Intake (Days)		
Comparison Group	19	0.95	1.08
FWB In-Home Only	14	1.21	0.80
FWB Parenting Group	0	N/A	N/A
Both FWB In-Home and Parenting Group	0	N/A	N/A
	Length of Service at Family Services (Days)*		

Comparison Group	76	2.68	0.64
FWB In-Home Only	54	2.50	0.77
FWB Parenting Group	1	3.00	N/A
Both FWB In-Home and Parenting Group	3	3.00	1.00

Note: * $p < .05$; SD = Standard Deviation

utilized and respondents had a choice of four responses to each question: "not at all effective", "somewhat effective", "moderately effective", or "very effective". Overall, workers felt that the program was effective regarding both of these outcomes. 57.1% of workers reported that they felt the program was "moderately effective" and 42.9% of workers reported that it is "very effective" in reducing the number of out-of-home placements and in reducing the number of incidents of subsequent verified maltreatment (See Table 10).

Table 10.

Workers' Perceptions of Program Effectiveness

Variable	n	%
Out-of-Home Placement Prevention		
Moderately Effective	8	57.1
Very Effective	6	42.9
Subsequent Verified Maltreatment Prevention		
Moderately Effective	8	57.1
Very Effective	6	42.9

Chapter V

DISCUSSION

The purpose of this study was to compare outcomes for families who have received services through the Family Well-Being program at the CAS within the first year of its implementation, with families who received services from CAS the year prior. The outcomes examined in this study included out-of-home placement, subsequent verified maltreatment, and case closure. This chapter will provide an interpretation of the findings from this study, outline the limitations of the study, and discuss the implications for social work practice and education.

Interpretation of Findings

Findings from this study add to our knowledge base and Canadian research concerning the effectiveness of Family Preservation Services within child welfare. While there have been numerous studies regarding the use of FPS in child welfare throughout the United States, research in Canada has only begun to emerge in recent years and therefore is still quite sparse. Moreover, existing evaluation studies examining the effectiveness of FPS in child welfare have produced mixed results.

In the present study, families in both the intervention and comparison groups were matched case for case according to the eligibility reason for service and initial risk level. This was done in order to measure outcomes between families who would have the greatest potential of similarity regarding the issues they were struggling with and the potential risk of future harm. Despite being matched solely on these two factors, families in both groups were quite homogeneous on all variables relating to sample demographic

and socioeconomic characteristics. Given this finding, the comparability between the two groups is very high and any differences between the groups' outcomes are for reasons other than these variables. Of the eight empirical studies reviewed (Ayon & Lee, 2005; Biehal, 2005; Feldman, 1991; Kirk & Griffith, 2004; Lewis, 2005; Pecora, Fraser & Haapala, 1991; Schwartz, AuClaire & Harris, 1991; Walton, 1996) that included two groups, such a level of homogeneity between the groups on multiple demographic measures was not common. Scwhartz, AuClaire and Harris (1991) found that there were significant differences between the groups on only two of twelve variables (area of residence and past placement history) considered relevant to their study. Likewise, families in the study conducted by Walton (1996) were reported to be equivalent regarding demographic factors however, no specific information was provided.

The FWB program purports to be a short-term intervention with services lasting approximately 8-12 weeks. Although the average number of days families were involved with the program was within this 8-12 week timeframe (M = 81.52), it is important to note that overall, families were involved for anywhere from 1 to 184 days. The latter reflects a timeframe far beyond the program's stated intention. Despite this large range in days of service, the intended timeframe as well as the actual timeframe, is consistent with the empirical studies reviewed in which FPS programs ranged from 4 weeks to 6 months in duration.

The FWB program would not be considered to be intensive in nature as workers reported spending an average of 2.18 hours per week with families and carrying an average of 9.86 cases. In several studies reviewed, workers spent an average of 5 to 15

hours per day in direct contact with the families (Cash & Berry, 2003; Feldman, 1991; Lewis, 2005; Littell & Schuerman, 2002; Walton, 1996). Moreover, three studies reported workers having daily contact with families or at least being available to families 24 hours a day, 7 days a week (Lewis, 2005; Littell & Schuerman, 2002; Smith, 1995). As well, five of the FPS programs studied reported very small caseloads ranging from 2 to 6 cases (Berry, 1992; Lewis, 2005; Smith, 1995; Walton, 1996; Wells & Whittington; 1993) and two studies described programs in which families are assigned two workers (Berry, 1992; Littell, 1997).

There are a vast number of research studies that have examined the effectiveness of FPS programs in preventing out-of-home placements. The results of these studies have been mixed. In each of the studies in the current literature review that included a control or comparison group (Biehal, 2005; Feldman, 1991; Kirk and Griffith, 1004; Pecora, Fraser, and Haapala, 1991; and Schwartz, AuClaire, and Harris, 1991), the intervention group was found to have significantly fewer out-of-home placements. In the current study, the FWB program was found to be ineffective in reducing the number of out-of-home placements. Surprisingly, not only did the program not make a difference, both the intervention and comparison groups experienced virtually the same number of placements. It is interesting to note that the workers' perceptions of the effectiveness of the FWB program in reducing the number of out-of-home placements is very optimistic, compared with the reality of the findings. The current study also found no statistically significant difference between the groups regarding the length of placement. It can be argued however, that there is certainly practical significance for a family and child in the

difference between the groups. Children in the intervention group remained in an out-of-home placement for an average of two months versus three months for the comparison group. In the life of a child, a month is a long time to be away from your family.

Subsequent verified maltreatment is another important outcome to consider in evaluating FPS in child welfare. The studies in the current literature review that examined the effectiveness of FPS in reducing subsequent maltreatment (Berry, Cash & Brook, 2000; Littell, 1997; Littell, 2001; Littell & Schuerman, 2002; Ryan & Schuerman, 2004) showed mixed results. Furthermore, the studies indicated that other factors such as parent's motivation and cooperation, substance abuse issues and previous maltreatment may impact on this outcome rather than simply the intervention. Again, the current study showed that almost the same number of families experienced subsequent verified maltreatment and there was no significant difference between the groups with respect to the number of incidents of subsequent verified maltreatment. It is important to note that in exploring possible moderator effects, it was found that there was a significant difference between the intervention and comparison groups regarding subsequent verified maltreatment for as it related to the category of physical abuse.

The current literature review included five studies (Berry Cash & Brook, 2000; Littell, 1997; Littell, 2001; Littell & Schuerman, 2002; Unrau, 1997) that examined the effectiveness of FPS on case closure. These cases showed mixed results and again point to the fact that other factors such as substance abuse, parental compliance with intervention, and chronic abuse and neglect may account for the decision to close a case more so than the intervention. In the current study, fewer cases in the intervention group

were closed than in the comparison group. This was true for cases closing to intake as well as family services. Families in both groups were open to intake for almost the same average number of days. It is interesting to note however, that cases at family services that were closed in the intervention group had been open for a fewer number of days, on average, than those in the comparison group.

Study Limitations

Design Limitations

This study employed a quasi-experimental, matched groups design and existing agency data was utilized for the intervention and comparison groups. One limitation of the design chosen is that it only covered the first year of the implementation of the FWB program. As with any new program, it is an evolving entity and various components such as the role of the senior social workers were added several months into the program. As a result, some families who may have benefited from the skills of these workers may not have received their services as they participated in the program prior to this role being added. As well, there was a change in management within the program towards the end of the first year which greatly impacted on the ratio of workers to supervisor. In addition, due to the fact that the study only captured those families who received services within the first year of the program, this did not allow for a rigorous examination of outcomes over an extended period of follow-up.

The use of existing agency data while readily available, also led to limitations as there was data missing for demographic variables such as marital status and source of income. As well, information regarding the primary caregiver's education level, ethnic

origin and the family's religious affiliation was so lacking that these variables could not be included in the study. Given the rich cultural diversity of Windsor and Essex County, such information would have been beneficial in assisting the agency to further understand the treatment needs of families within the community.

Sampling Limitations

The intervention and comparison groups were matched based on the initial eligibility reason for service and initial risk level. It was felt that this would best ensure the comparability of the families as they would be matched with other families experiencing similar difficulties and assessed to be at the same level of risk regarding future abuse or neglect. There were however, difficulties with this process. First of all, the initial eligibility coding is assigned at the point that a referral is made to the CAS which requires investigation. Due to the fact that the referral source may have incomplete or inaccurate information, the concerns reported may or may not be verified at the end of the investigation. If they are verified, the eligibility code remains unchanged. However, many times the initial referral information is not verified but other concerns that come to light through the investigation process are verified. In these instances, the eligibility code is then changed to reflect the accurate reason for service. For example, a family who was initially investigated for concerns of physical abuse which in the end are not verified may actually have their file remain open for services because through the investigation process concerns regarding substance abuse are verified.

A similar difficulty arose with respect to the initial risk level. Several families were rated as “no/low” or “moderately-low” risk and their cases were subsequently closed at intake as cases are only transferred to family services if they rate “intermediate” risk or higher, although they are not all transferred. The intention of the FWB program is to assist families in crisis and at higher risk for out-of-home placement. These cases would presumably rate as having a higher risk level. However, several families who received services through the FWB were actually rated as “no/low” or “moderately-low” risk. This is due to the fact that the initial risk assessment is not completed by intake workers until the case is ready to be closed or transferred to family services. Therefore, a family who may have been in crisis at the initial opening of the case may have received services through the FWB program and as a result, resolved the crisis to a point where the case could be closed. The risk assessment would reflect the current situation and therefore the family will rate as a lower risk, whereas they would have rated much higher if the assessment had been completed at the onset. Due to these difficulties, another sampling frame may have been beneficial to more accurately ensure the comparability of families between groups.

Finally, due to the imposed limitation of the study to use a comparison group, there was a need to ensure against families being involved with the CAS under both conditions; during the period prior to the implementation of the FWB program and during the period following implementation of the FWB program. This resulted in many families who received services through the FWB program being excluded from the study.

Measurement Limitations

Due to the difficulties discussed previously relating to eligibility reason for service and initial risk level, a pre and post measure of these variables may have proven helpful. The procedures used to measure outcomes of out-of-home placement, subsequent verified maltreatment, and case closure did not prove to be problematic. As mentioned previously however, due to the timeframe selected for the study, a rigorous examination of these outcomes for an extended follow-up period was not possible. Moreover, with respect to the first outcome only the fact of whether or not families experienced an out-of-home placement and if so, the duration of that placement was measured. There are several other relevant factors that could be examined which also relate to out-of-home placement that will be further elaborated on in the following section.

The questionnaire provided to FWB staff was completed by most of the workers. There was one question however, that proved to be problematic for respondents. This was the question, "How many hours per week do you spend on average in direct, face-to-face contact with each family assigned to you?" Given the responses received, it was clear that this question could have been more clearly stated. It was evident that some respondents answered the question with the number of hours spent face-to-face with *each* family (2-3 hours) while others answered with the *total* number of hours spent face-to-face with families (20 hours). In the event of the latter, the researcher divided this number by the number of cases the worker reported having to determine the desired information.

Implications of Findings

This study provides a comprehensive, yet preliminary examination of the effectiveness of the Family Well-Being program at the CAS. It seeks to examine the program's effectiveness in reducing the number of out-of-home placements and incidents of subsequent verified maltreatment as well as more timely case closure. The use of a comparison group allowed for a perspective to measure these outcomes for families who have participated in the program with similar families who had not, without the use of a control group. The outcomes of this study speak to the need for further evaluation of the program and especially follow-up studies to measure the program's long-term effectiveness.

As mentioned previously, there are several factors related to the outcome of out-of-home placement that were not included in this study. Factors such as the type of placement (kinship service – voluntary placement with extended family or friend, kinship in care – court-ordered placement with extended family or friend, foster home, group home, residential treatment), and restrictiveness of access (fully supervised at the CAS, intermittent supervision at the CAS, supervised in the community, unsupervised) may also reveal important information concerning the effectiveness of the FWB program. Furthermore, examining the age of the children in the home and subsequently placed as well as previous placement history are important factors which should be examined in future studies of the FWB program.

Many research studies (Ayon & Lee, 2005; Berry, Cash & Brook, 2000; Biehal, 2005; Bitoni, 2002; Cash & Berry, 2003; Feldman, 1991; Lewis, 2005; Potocky &

McDonald, 1996; Ryan & Schuerman, 2004; Smith, 1995; Walton, 1996; Wells & Whittington, 1993) have examined the effectiveness of FPS on family functioning. Due to the use of a comparison group in which such data was not available for both groups, this variable was not included in the present study. However, these previous research studies argue that this is an important factor to be considered in examining the effectiveness of FPS programs and therefore future research should be conducted to examine the effectiveness of the FWB in this regard.

Additional qualitative research should be conducted with families who have participated in the FWB program to gain their perspective regarding their experience of the program. It is important to hear from the consumers themselves how they believe the program has benefited their family despite the lack of quantitative evidence. As well, similar quantitative research with case managers referring families to the FWB program is needed. As the ongoing workers for the families, case managers have a valuable perspective to add regarding the functioning of the families pre and post FWB intervention.

The current study adds to the very lacking body of Canadian research in the area of the use of Family Preservation Services in the field of child welfare. It is believed that the current study adds to the knowledge base of social work practitioners and educators regarding the use of FPS in child welfare as well as the important factors to be considered in evaluating the effectiveness of these programs.

Addendum

As a practitioner at the CAS, I feel it is important to add some additional comments. I have been employed at the CAS since 2002 and have therefore seen firsthand the impact of the FWB program on the workers and families we serve. I am aware from speaking with workers and managers in the FWB program that workers feel very positively about the program and the work that they are able to do with families through this program. There is a very positive and energetic atmosphere among the workers and they are encouraged to use and expand their skills in working directly with families and in developing and leading parenting groups.

As a supervisor of case managers who have referred many families to the FWB program, I know that workers view the FWB program as a vital and integral part of their case planning with many families. Case managers are thankful to have a program that is focused on prevention and early intervention which is easily accessible and readily available for families in crisis. Having the ability to refer a family in crisis to this program and have see them receiving services immediately has alleviated much of the frustration of seeing families in need wait for weeks or even months before receiving services in the community.

I am also aware that the families who have received services through the FWB program have gained a very positive view of the CAS and the support that is available. CAS's are often viewed with mistrust and a very negative impression of what we do for (or to) families. This perception has often been the experience workers are faced with in Windsor. As more and more families receive services through the FWB program and

gain a more positive view of the CAS overall, they are more open to receiving services and reaching out for help. The long-term effects of this can only be imagined at this point but cannot be underestimated.

It goes without saying that to run an effective program takes money. When the results of this study indicate minimal differences between the two groups it is easy to question whether continued funding of the program is money well-spent. However this study, while rigorous, is only a beginning. As mentioned, continued research is needed to further evaluate this program. While families experienced virtually the same outcomes regarding placement, there are important factors to be examined that were beyond the scope of this study. Importantly, is the question of the type of placement required by children. If in fact children from families in the intervention group were more often placed in foster homes than children in the comparison group, the cost of the FWB program is mitigated by the savings in per diem rates to care for children. The per diem rate of well under $50 for a regular foster home placement is minimal compared with the hundreds of dollars a day that it can cost to care for a child in a group home or residential treatment facility. In addition to this is the consideration of the cost on a family when a child must be placed out-of-town because they cannot be maintained in a foster home setting. Out-of-town placements add a complexity and cost regarding access visits, family therapy, and make successful family reunification much more difficult to achieve. Added to this is the additional factor that many of the families we work with are living in poverty and have no transportation. How do you place a monetary value to the cost of a family being separated by several hours?

It is my hope that this study will be an encouragement rather than a discouragement to the staff of the program and the leadership of the agency. In the study I have conducted coupled with the many program evaluations I reviewed, it is my opinion that the lack of difference between the groups is an indicator of problems with program implementation than with an ineffective program overall. It appears that the program began without well-defined and specific parameters of the families it is designed to service. If the primary objective of the program is to decrease the number of children in care, then the program cannot be a panacea for all families serviced by the CAS and achieve this outcome.

The literature reviewed indicates that families where there are mental health and substance abuse issues may not be best served by a FPS program due to the complex nature of these issues. The category of "Caregiver with a Problem" (such as substance abuse or mental health issues) accounted for 15.8% of the families in this study. It is worth considering whether families where this is the primary reason for service should be eligible for services through the FWB program or not. Conversely, the present study showed a definite significant difference between the groups with respect to subsequent verified maltreatment where physical abuse was the primary reason for service. This factor should be considered in future planning for this program.

As mentioned in this study, there are difficulties ascertaining whether the families being referred to the FWB program are truly at high risk of experiencing an out-of-home placement due to the timing of the completion of the risk assessment tool. It is a recommendation of this researcher that efforts be made to address this concern. If the

risk of placement is not truly known, how do you determine the effectiveness of the program preventing such placement?

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VITA AUCTORIS

NAME:	Jennifer L. Walker
PLACE OF BIRTH:	Windsor, Ontario
YEAR OF BIRTH:	1971
EDUCATION:	Walkerville Collegiate Institute, Windsor, Ontario 1986 – 1990
	University of Waterloo, Waterloo, Ontario 1990 – 1993 B.A.
	University of Windsor, Windsor, Ontario 1993 – 1995 B.S.W.
	University of Windsor, Windsor, Ontario 2004 – 2008 M.S.W.