

**CHILDREN AND FAMILY
RESEARCH CENTER**

**EVALUATION OF
FAMILY CENTERED SERVICES
IN ILLINOIS**

JUNE 1999

**A REPORT TO THE ILLINOIS DEPARTMENT OF
CHILDREN AND FAMILY SERVICES
JESS MCDONALD, DIRECTOR**

**PREPARED BY
CHILDREN AND FAMILY RESEARCH CENTER**

**SCHOOL OF SOCIAL WORK
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
1207 West Oregon Street
Urbana, Illinois 61801**

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Under DCFS Contract # 085510909 & # 0851090018

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EXECUTIVE SUMMARY

In 1993, Congress passed, and the President signed, legislation authorizing the Department of Health and Human Services to allocate monies to the state child welfare agencies to develop collaborative, community-based service systems to respond to children in need and their families. The law sought to establish a locally-responsive, state-supported, non-categorical approach to help improve child well-being and reduce child maltreatment. Since the amount of funding was small — approximately one-tenth of the total amount of government funds for family preservation and family support — all parties viewed this as seed money to redirect planning and thinking about how to determine and manage child welfare services.

ILLINOIS FAMILY CENTERED SERVICES INITIATIVE

The states took a variety of approaches to implementing this new family preservation and family support initiative. Illinois, naming its version the Family Centered Services (FCS) Initiative, chose to organize and maintain a new statewide governing body (the Steering Committee), comprised predominantly of representatives of private child welfare agencies and advocacy groups together with some governmental representatives, and to provide funding statewide to the 62 Child and Adolescent Local Area Networks (LANs). Beginning in 1995, after a year devoted to statewide planning, FCS used a phase-in approach for LAN involvement. Local assessment of needs, collaborative planning, and solicitation and review of agency proposals for participation launched implementation.

Over the first five years of the Initiative, each of the 62 LANs has established FCS as part of its governance structure and local service delivery system. Typically, FCS operates at the local level through a Planning Group or Committee with core roles of Co-Chair, the LAN Co-Convener (originally with one each from Department of Mental Health and Developmental Disabilities and Coordinated Community-Based Youth Services), the Fiscal

Agent, and LAN Liaisons from DCFS and the Illinois State Board of Education. Some LANs also have designated an FCS Coordinator.

FAMILY CENTERED SERVICES PROGRAM DEVELOPMENT

Consistent with federal and state directives, the LANs have developed FCS programs in ways that expand effective services, seek out innovative and promising ways of meeting local needs by extending participation in governance and planning to agencies and organizations not previously centrally involved, and broadening participation to include significant involvement of parents and other consumers. Responding to such difficult challenges has produced some impressive results. LANs have invested great energy in the process with most making substantial progress toward one or more of the Initiative's goals. Perhaps equally significant, FCS has functioned throughout these early years as opportunity to experiment, adapt, find new collaborators, and build promising relationships. In short, FCS has made significant strides in community capacity-building throughout the state, perhaps its primary purpose.

Allocations for FCS have grown to over 10 million dollars in the current year. When divided 62 ways and then sub-divided among two to 24 service contracts within a LAN, this impressive amount of funding shrinks to much less than is ideally required to provide for child and family needs in the state's communities. Nevertheless, these funds serve the seed money purpose of the federal and state initiatives. Accordingly, LANs report appreciation for the added resources that they have received, despite the obstacles associated with any new major undertaking.

SERVICES DELIVERED BY LANS

Decentralized attention by the LANs to their family centered service needs has produced a rich variety of local strategies for addressing those needs. For example, applying a typology developed by the evaluation team, we find that the state's current individual local

programs span the spectrum of family preservation and family support services. Thus, of 280 classifiable programs, FCS in Illinois offers: one intensive family preservation program, 13 in-home service programs, 50 targeted secondary prevention programs, 189 family support programs, and 27 mixed type programs. The LANs also have employed diverse strategies in arranging their configurations of local services. Although the average number of service contracts per year per LAN has hovered around 4 or 5, the range has gone from 2 to 2 dozen. In short, some LANs have chosen to emphasize distributing available funding widely but in smaller amounts to more agencies, while others have concentrated larger sums in fewer service contracts. Such contrasting styles may represent differential emphasis on the multiple, ambitious goals of the Initiative.

In any event, FCS has succeeded in offering an extensive menu of services and in involving an impressive number of participants, over 94,000 population, by the most recent complete program year. School age children and youth comprise an estimated 60% of participants. In terms of ethnicity, no group constitutes a majority of the participants. In terms of need, it appears that a majority of families involved in FCS deal with distressed economic circumstances. Depending on their LAN, services available for participants encompass thirty different types, as follows: after-school programs, respite care, parent education, recreation, transportation, tutoring, mentoring, employment training, violence prevention, crisis intervention, counseling, literacy, referral services, case management, special needs services, youth leadership, financial assistance, substance abuse, HIV/AIDS services, youth/family advocacy, emergency assistance, community outreach, mother/infant health, home visiting, parent networking, pregnancy prevention, nutrition, translation, community education, and child care. Consistent with family centered practice, many LANs gave special consideration to providing services in ways adapted to the sociocultural context of the families in their communities.

IMPLEMENTATION EVALUATION

FCS clearly has accomplished a good deal. The research also shows that FCS has contributed to the development of local systems of child welfare services and governance. The evaluators heard and read numerous accounts of successes. Next steps in tracking implementation and impact should focus on providing research based technical assistance locally and to the state in timely documentation of service activities, client outcomes, community outcomes; and in developing sufficiently sensitive methods to measure them.

IMPACT EVALUATION

The FCS evaluation has uncovered promising indications of positive impacts and outcomes. Field interviews and observations in most of the LANs, including extended and repeated observations in a dozen of them, along with a telephone survey of child and family service providers in two LANs, provide considerable evidence of the impact FCS has had in strengthening the local service network and increasing coordination and collaboration. Consumer surveys indicate high levels of satisfaction with the quality of services and the manner of delivery. In addition, review of available measures of impacts on children and families from FCS programs offer further indications of effectiveness. While it is premature to measure community wide changes in child abuse indicators, various intermediate outcomes strongly suggest that FCS is contributing to such desired ultimate outcomes for child and family participants.

There have also been some obstacles to documenting discrete client outcomes that are inherent in an initiative that primarily has a seed money purpose with long-term incremental development expectations. The necessarily short and retrospective timeline for the first evaluation effort also limited the methodology that could be used. Such obstacles have been frequently cited in the national evaluations associated with this federal initiative, in evaluation efforts in other states, and generally in the family centered services research policy field. In the coming years, these issues will be more fully addressed. Solutions to

measurement and methodological problems identified in this evaluation are primary goals for the renewed FCS program

CHALLENGES

FCS faces several significant challenges as it plans for its sixth year. This year introduces the new requirements of the federal reauthorization with adoption promotion and support and time-limited reunification added as significant program responsibilities. FCS staff have worked diligently this past year to respond to this federal mandate in ways that will keep existing efforts intact and effective while launching appropriate services in the two new areas.

Other major challenges continue. They include searching for new and blended funding to ensure sustainability, fostering and maintaining authentic parent involvement, and responding effectively to the specter of welfare cutbacks and its associated requirements. Empowering LAN co-conveners, co-chairs and liaisons to achieve maximum effectiveness is a major issue, as is demonstrating to current and potential FCS participants the advantages of active program participation. Finally, the implementation of systematic evaluation efforts that will enable the evaluation of impact at the LAN and statewide levels will be the critical next step.

1 INTRODUCTION AND BACKGROUND

Responding to a request from the federal government under the Family Preservation and Family Support Services Initiative, Illinois submitted a five-year plan that outlined its vision for a combined Family Centered Services (FCS) Initiative. Traditionally, family preservation and family support initiatives developed independently, with different philosophies and practices. Family preservation services, in general, have targeted families in crisis or at imminent risk of having a child placed outside the home. Services were concentrated and of short duration. Family support services, on the other hand, have been offered more globally and focus on building family strengths by teaching new skills and providing linkages to existing resources. By combining family preservation and family support services in one enterprise to be administered locally, Illinois made an innovative attempt to shift its family service delivery system from a centralized system to a more child-centered, family-focused, community-based system that is integrated with local resources and better able to respond to unique community needs.

This report presents an evaluation of the FCS Initiative from 1995–1999, the first five years of the project. While the data available varied over the course of implementation, to a large degree much of the analysis focuses on years three, four, and five of the project. Conducted in two phases, the evaluation presents findings regarding the implementation of FCS in local communities — its goals, services, successes, and obstacles — as well as the impact that FCS services have had on communities, families, and children.

1.1 FEDERAL LEGISLATION

The Family Preservation and Family Support (FPFS) Initiative was established under the Omnibus Budget Reconciliation Act of 1993 (OBRA). It was funded through title IV-B subpart 2 of the Social Security Act (Public Law 103-66). Acknowledging that the child welfare and family service system was not working for our most vulnerable children and

their families, Congress amended title IV-B to provide states and eligible Indian tribes with new federal dollars for preventive services (family support services) and services to families at risk of placement or in crisis (family preservation services). This legislation earmarked federal funds specifically for family support services and increased the funds available for family preservation. The aims of the legislation were to promote family strength and stability, enhance parental functioning, and protect children through funding a capped entitlement for states and eligible Indian tribes (Family Preservation and Support Services Program Proposed Rules, 1994).

The original appropriation for this new legislation (subpart 2) was \$60 million. Of this amount, \$2 million was reserved for federal evaluation, research, training, and technical assistance. For FY95, the authorization increased to \$150 million. Of this amount, \$6 million was reserved for federal evaluation, research, training, and technical assistance. In 1997, funding for the Family Presentation and Family Support Initiative was reauthorized under the Adoption and Safe Families Act (P.L. 105-89) for \$275,000,000 in FY99, \$295,000,000 in FY00, and \$305,000,000 in FY01.

To receive initial funding in FY95, states and eligible Indian tribes were required to submit a five-year plan, which was to be developed jointly by the state or Indian tribe and United States Department of Health and Human Services (DHHS), Administration for Children and Families (ACF). During the planning process, states were to consult with appropriate public and nonprofit private agencies and community-based organizations with experience in administering programs of services for children and families. This plan was to be submitted after completion of the planning processes but no later than June 30, 1995 (Family Preservation and Support Services Program Proposed Rules, 1994).

The Family Preservation and Support Initiative set out a broad vision, encouraged the involvement of a diverse range of stakeholders at the community and state levels, included families as consumers, and was not highly prescriptive. As a result, it required a shift from a hierarchical, top-down philosophy of governing to a partnership model. Attention was devoted to the need to link the various public and private agencies working

with children and families within communities, and to forge ties between formal helping agencies and informal networks of extended family, friends, and neighbors who support each other in their parenting responsibilities. Further, this model provided greater flexibility to states and encouraged innovation at state and community levels. Accountability through the system was assured not through regulation, but through an emphasis on supporting and rewarding programs that achieved results (Department of Children and Family Services, 1995).

Critical elements of the Family Preservation and Family Support legislation shifted the existing service systems towards a stronger emphasis on prevention of family crises, family breakdown, and out-of-home placement. The emphasis was to promote child safety, development, and well-being through strengthening and supporting children's families and keeping them at home if it was safe to do so. In addition, the Initiative aimed to strengthen the community's service delivery system and to shift reliance on child protection services to a network of community services which included, but was not limited to, public child welfare services.

1.2 FEDERAL AND STATE REQUIREMENTS FOR EVALUATION

The Family Preservation and Support Services Program Proposed Rules (1994) focus on evaluation at the national level, requiring DHHS to commission three concurrent evaluations. The rules do not mandate evaluations at the state level, but they express interest in any such efforts and encourage their coordination with national evaluations and participation in the General Accounting Office study (Lyons, 1997).

In its original five-year plan for the Family Preservation and Family Support Initiative, Illinois outlined a commitment to research and evaluation and identified outcome indicators and evaluation criteria that were compatible with federal standards and adaptable for communities to incorporate in their own evaluation design (Department of Children and Family Services, 1995).

1.3 NATIONAL LEVEL EVALUATIONS

DHHS contracted with three evaluation teams. James Bell Associates and Westat have studied the implementation of FPFS. Abt and Yale University have examined its family support component. Westat and Chapin Hall have explored its family preservation component. In addition, a General Accounting Office review of FPFS provides another key basis of information about the early implementation of the national Initiative.

1.3.1 Implementation of the Family Preservation and Family Support Initiative

Although the final report was not available for review at the time of this evaluation, a 1996 report by James Bell Associates and Westat analyzed the five-year plans of the states. It indicates that the early implementation of FPFS throughout the states complied with federal direction. State child welfare agencies have established links with other agencies, localities, and parents, which has led to a wide range of goals and objectives, the identification of funding sources, and the planning of systems to aid delivery of services. The report concludes that these plans represent an impressive beginning for the Initiative's mission of implementing changes in service delivery to children and families that will assure safety and improved well-being for vulnerable children and families, particularly those experiencing or at risk for child abuse and neglect (James Bell Associates & Westat, 1996).

A 1997 report (James Bell Associates, 1997) analyzes the Fiscal Year (FY) 1996 Annual Progress and Services Reports submitted by the states. The investigators found that the turbulent environment in Washington, D.C. and in federal-state relations as FPFS was beginning, together with difficulties associated with establishing new procedures and funding mechanisms, created some obstacles to implementation. In particular, they found difficulties in establishing, monitoring, and reporting outcomes, the need for realistic expectations, and the desirability of more clearly linking goals, objectives, and funding. To keep these findings in perspective, the researchers also noted that the FPFS funding accounted for only 9 percent of all monies spent for family preservation and 12 percent for family support.

A forthcoming report, (Kaye, forthcoming) will detail information gathered through interviews and observations from field visits. The evaluation team visited 20 sites in 10 states: Alabama, Arizona, California, Colorado, Florida, Georgia, Missouri, Texas, Vermont, and West Virginia. The findings are not yet available for publication, but there has been much discussion nationally about the degree to which FPFS funds have been used to establish new community based programs and foster community support for these efforts.

The federal seed money has encouraged creativity, collaboration and local responsiveness. At the same time, the barriers and problems found in many states are similar to those in Illinois. One excellent example of the challenge involved in establishing these programs locally is the amount of time and effort required to engage the community members in FPFS planning and participation.

Many states also readily report that establishing measurable objectives has proven difficult as they have attempted to find measures that were realistic and appropriate for the service delivery efforts funded. North Carolina had similar experiences with their Healthy Start programs. There were so many disparate needs, varying by county, that the major goal of the evaluators developed into helping the counties define their desired outcomes, determine how to measure them, and design the appropriate forms to collect relevant and accurate data (Powers & Wells, 1996).

1.3.2 Family Support Evaluation

The Abt/Yale series of studies includes a review of 92 family support programs (Barnes, Goodson, & Layzer, 1996). Its taxonomy groups them as follows:

- 1) Programs for infants and young children and their families
 - A. Universal access programs (7 programs)
 - B. Developmental programs for environmentally at-risk children
 - Home-visit programs for infants (14 programs)
 - Pre-school children (23 programs)
 - Two-generation (10 programs)

- C. Health programs for environmentally at-risk infants and children (3 programs)
- D. Biologically at risk
 - Low-birth weight or premature infants (7 programs)
 - Developmental disabilities (2 programs)
- 2) Programs for school-age children and youth, and their families (7 programs)
- 3) Programs for specific at-risk populations
 - E. Families at risk for child abuse and neglect (8 programs)
 - F. Teenage mothers (6 programs)
 - G. Welfare-to-work (5 programs)

A subsequent report (Abt Associates, 1997) introduces the research design for a national examination of the impact of family support programs. It emphasizes theory-driven evaluation and focuses on six programs representing a range of family support approaches: Project Vision (a school-based integrated services model in Holley-Navarre, Florida); Iowa's Family Development and Self-Sufficiency Program; Cleveland Works Program; Family Development Program; Parent Services Project; and the Families and Schools Together (FAST) Program. This evaluation also collaborates with Home Visitation 2000, an impact evaluation by David Olds of nurse home visiting for low-income mothers in Denver.

1.3.3 Family Preservation Evaluation

The national evaluation of family preservation programs under the FPFS Initiative is being conducted by Westat and Chapin Hall Center for Children, University of Chicago. As early reports from the project indicate, it will rely on experimental design to evaluate whether such programs reduce placement, keep families together, or reduce subsequent child maltreatment. As of this writing, the final report was unavailable for review.

2 HISTORY OF FAMILY CENTERED SERVICES IN ILLINOIS

2.1 THE ILLINOIS FIVE-YEAR PLAN

As the designated IV-B and IV-E agency of Illinois, the Department of Children and Family Services (DCFS) is the legally constituted entity responsible for coordinating the services specified in its Five-Year Plan submitted to the DHHS in 1995.

In its Five-Year Plan, Illinois seeks to transform its highly centralized, fragmented, statewide child welfare system into a child-centered, family-focused, community-based system that is integrated with local resources and is able to respond to the individualized needs of the people it serves. The plan describes a system that crosses the categorical boundaries of traditional service systems and ties them together in a coherent vision. The far-reaching change proposed by this Initiative is to shift from a centralized state system to services planned and managed by the community.

At the community level, FCS is administered by Illinois' 62 Local Area Networks or LANs. The LANs are geographically-defined areas which have a voluntary, inclusive membership of child welfare stakeholders and a formally convened Steering Committee (see Figure 2.1). Stemming from discussions beginning in 1987 among various state agencies, the LAN structure was implemented in 1993 via the Department of Mental Health and Developmental Disabilities (DMH/DD). Each LAN is an intended local-level vehicle for system change, directed at making collaboration possible among social service professionals, parents, residents, community leaders, business people, and service recipients to address the needs of children and families within a certain geographical area. In 1994, DCFS adopted the LAN structure as one framework for service planning and delivery. At that time, DMH/DD, DCFS, the Illinois State Board of Education (ISBE), and the Department on Alcoholism and Substance Abuse (DASA) joined together in the LAN effort,

Figure 2.1 Child and Adolescent LANs in Illinois by County

Figure 2.1 Child and Adolescent LANs in Illinois by County (*continued*)

maintaining common LAN geographic boundaries to ensure efficiency in service delivery and coordination.

2.1.1 Family Centered Services Goals

Illinois will improve the well-being of children, youth and families and reduce the incidence of child abuse and neglect by creating a new system of services which:

- Ensures that parents have the resources and opportunities to increase the capacities they need to care for their children and promote healthy development in their own homes and communities.
- Ensures that communities have the resources necessary to support families and promote their skills and abilities to raise their children and support themselves.
- Assures the safety and healthy development of all children and youth.
- Assists families in coping with stresses that interfere with their capacity to raise their children, and responds readily, quickly linking families to services appropriate to their needs and concerns.
- Ensures that children and families have access to culturally relevant services.
- Ensures that if children are unable to remain in their own home, they are cared for in their own communities and in the most appropriate, least restrictive out-of-home setting possible.
- Ensures that biological parents and other family members remain active in the lives of their children, when children are living in substitute care.
- Reunites a child and family or establishes a permanent family for a child in an expedient, reasonable time frame.
- Integrates child protection services into communities through local service networks, thus reducing the number of families who enter the 'front door' of the Department of Children and Family Services (DCFS, 1996c).

2.2 CHILD AND ADOLESCENT LOCAL AREA NETWORK (LAN) COHORTS

2.2.1 Target 9

In February 1995, nine out of 62 LANs received planning grants of \$15,000 each to begin development of a Five-Year Plan to implement the FCS Initiative in their communities. The FCS Steering Committee and subcommittees, along with DCFS, identified these Target 9 LANs on the basis of community stress factors such as number of children living in poverty, teen pregnancy rate, school drop-out and truancy rates, number of children in single-parent families, volume of child abuse and neglect reports, and percentage of children placed in substitute care. Though geographic and demographic factors were taken into consideration, the Target 9 LANs were chosen primarily on the basis of greatest need, “rank(ing) among the 20 most stressed LANs in the state” according to the aforementioned indicators.

Table 2.1 details the geographical composition of the Target 9 LANs:

Table 2.1 Target 9 LAN Counties

Southern Region	
LAN 1	Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union Counties
LAN 6	Parts of St. Clair County, including Alorton, Brooklyn, Centerville, Collinsville (part), East St. Louis, Fairmont City, National City, and Washington Park
Central Region	
LAN 17	Adams, Hancock, and Pike Counties
LAN 20	Peoria County
LAN 24	Champaign, Ford, and Iroquois Counties
Northern Region	
LAN 35	Lake County
Cook Region	
LAN 67	Austin, Avondale, East Garfield Park, Humboldt Park, Logan Square, Near West Side, North Lawndale, West Garfield Park, and West Town Community Areas
LAN 79	Englewood and West Englewood Community Areas
LAN 80	Fuller Park, Grand Boulevard, Hyde Park, Kenwood, Washington Park, and Woodlawn Community Areas

Source: Department of Children and Family Service (1996a)

All Target 9 LANs conducted community assessments toward a Five-Year Plan, identifying local problems and needs as well as service gaps and barriers. In each LAN, a planning committee consisting of social service professionals, community leaders, residents, and parents directed the planning process which drew from a variety of resources including

literature/data reviews, focus groups, town meetings, community surveys, and key informant interviews.

In addition, Target 9 LANs, based on population size, were awarded service grants ranging from \$62,000 to \$187,000 to develop pilot service projects. These pilot projects were initiated to examine the challenges of implementing new services and systems in resource-poor communities (DCFS, 1995). Target 9 LANs developed and implemented FCS service plans in December 1995 according to needs/problems and service gaps identified in their community assessments. Examples of pilot FCS services include the following:

- recreational activities for youth
- drug education and prevention
- life skills training
- youth advocacy
- youth/adult mentoring
- HIV/AIDS education
- respite care
- parent education
- child care
- youth employment education
- counseling
- crisis intervention

2.2.2 Group of 24

In March 1995, the remaining 53 LANs were offered planning grants of \$5,000 to identify service gaps/problems and develop Five-Year Plans to implement the FCS Initiative in their communities. Based on risk factor rankings, DCFS and the FCS Steering Committee and subcommittees chose the Group of 24 LANs to implement FCS services in April of 1996. Table 2.2 details the geographical composition of the Group of 24 LANs:

Table 2.2 Group of 24 LAN Counties

Southern Region	
LAN 2	Gallatin, Saline, and White Counties
LAN 8	Hamilton, Jefferson, and Wayne Counties
LAN 9	Clay, Effingham, Fayette, Jasper, and Marion Counties
LAN 12	Madison County
Central Region	
LAN 13	Calhoun, Greene, Jersey, Macoupin, and Montgomery Counties
LAN 15	Christian, Logan, Mason, Menard, and Sangamon Counties
LAN 18	Fulton, Henderson, Henry, Knox, McDonough, and Warren Counties
LAN 22	DeWitt, Macon, and Piatt Counties
LAN 23	McLean County
LAN 23A	Livingston County
LAN 25	Vermilion County
LAN 29	Mercer County
Northern Region	
LAN 26	Kankakee County
LAN 31	JoDaviess and Stephenson Counties
LAN 32	Boone and Winnebago Counties
LAN 33	DeKalb County

Table 2.2 Group of 24 LAN Counties (*continued*)

Cook Region	
LAN 65	Edgewater, Lake View, Lincoln Park, Lincoln Square, Loop, Near North Side, North Center, Rogers Park, Uptown, and West Ridge Community Areas
LAN 75	Lower West Side and South Lawndale Community Areas
LAN 76	Armour Square, Douglas, Near South Side, and Oakland Community Areas
LAN 77	Archer Heights, Bridgeport, Brighton Park, Chicago Lawn, Clearing, Gage Park, Garfield Ridge, McKinley Park, New City, West Elsdon, and West Lawn Community Areas
LAN 82	Avalon Park, Burnside, Chatham, Greater Grand Crossing, and South Shore Community Areas
LAN 84	Auburn Gresham and Washington Heights Community Areas
LAN 86	Morgan Park, Pullman, Riverdale, Roseland, and West Pullman Community Areas
LAN 87	Calumet Heights, East Side, Hegewisch, South Chicago, and South Deering Community Areas

Source: Department of Children and Family Services (1996a)

Like the Target 9 LANs, each of the LANs in the group of 24 was guided by a planning committee during the planning process. Due to time constraints, these LANs were asked to focus initially on resource assessment, problem analysis and needs identification. To implement their FCS services, the Group of 24 LANs were awarded grants ranging from \$75,000 to \$225,000 for the period from April through September 1996. As with the Target 9 LANs, many FCS programs functioned as continuations or extensions of pre-existing programs/services.

2.2.3 Group of 29

Like the Group of 24 LANs, the Group of 29 LANs received planning grants of \$5,000 in March 1995. Table 2.3 details the geographical composition of the Group of 29 LANs:

Table 2.3 Group of 29 LAN Counties

Southern Region	
LAN 3	Franklin and Williamson Counties
LAN 4	Jackson and Perry Counties
LAN 5	Monroe and Randolph Counties
LAN 7	Bond, Clinton, St. Clair (excluding geographical areas in LAN 6), and Washington Counties
LAN 10	Crawford, Edwards, Lawrence, Richland, and Wabash Counties
Central Region	
LAN 14	Clark, Coles, Cumberland, Douglas, Edgar, Moultrie, and Shelby Counties
LAN 16	Brown, Cass, Morgan, Schuyler, and Scott Counties
LAN 21	Tazewell and Woodford Counties
LAN 27	Bureau, LaSalle, Marshall, Putnam, and Stark Counties
Northern Region	
LAN 30	Carroll, Lee, Ogle, and Whiteside Counties
LAN 34	McHenry County
LAN 39	DuPage County

Table 2.3 Group of 29 LAN Counties (continued)

Northern Region (continued)	
LAN 47	Kane and Kendall Counties
LAN 49	Grundy and Will Counties
Cook Region	
LAN 37A	New Trier and Northfield Townships
LAN 38A	Wheeling Township
LAN 40	Evanston Township
LAN 41	Niles Township
LAN 42	Elk Grove and Maine Townships
LAN 45	Barrington and Palatine Townships
LAN 46	Hanover and Schaumburg Townships
LAN 53	Bloom, Bremen, Rich, and Thornton Townships
LAN 56	Calumet, Lemont, Orland, Palos, Stickney Lower, and Worth Townships
LAN 57	Lyons and Riverside Townships
LAN 58	Berwyn, Cicero, Oak Park, River Forest, and Stickney Upper Townships
LAN 60	Proviso Township
LAN 61	Leyden Township
LAN 63	Albany Park, Belmont-Cragin, Dunning, Edison Park, Forest Glen, Hermosa, Irving Park, Jefferson Park, Montclare, North Park, Norwood Park, O'Hare, And Portage Park Community Areas; Norwood Township
LAN 85	Ashburn, Beverley, and Mount Greenwood Community Areas

Source: Department of Children and Family Services (1996a)

Like the Target 9 and Group of 24 LANs, a planning committee in each of the Group of 29 LANs oversaw resource assessment, problem analysis and needs identification during the planning process. The Group of 29 LANs received service grants ranging from \$37,500 to \$75,000 to begin service implementation during July through September 1996. As with the Target 9 and Group of 24 LANs, FCS programs served as continuations or extensions of pre-existing programs.

2.3 STATEWIDE GOVERNANCE

Throughout its five year history, Illinois has organized governance of its FCS effort in a two-fold fashion. The FCS Steering Committee has provided oversight and represents a commitment, at the state level, to linking the efforts of private agencies, advocacy organizations, and citizens with those of the government to more effectively address the needs of children and adolescents. An executive committee, composed of the co-chairs of the Steering committee and of its major sub-committees, has served as a vehicle for policy deliberations. DCFS, in its role of grantee, fiscal agent, and convener, has served as the lead agency for managing the Initiative.

2.3.1 Steering and Executive Committees

As of May 1999, the FCS Steering Committee consisted of 40 members. They represent state agencies and local service providers (about 30% each), professional and civic associations and child advocacy groups (about 15% each), and local governments and parents (about 5% each). Throughout its history, FCS has had a membership roster that reflects a similarly diverse representation of constituencies interested in family support and family preservation.

Steering Committee membership has held considerable attraction throughout the community of persons and organizations serving children and youth and advocating on their behalf. Throughout FCS history, an overabundance of highly-qualified applicants have

sought to serve in this volunteer capacity. This situation indicates the regard with which child well-being enhancement constituencies hold this unusual commitment to integrating state and local efforts to address prevention and intervention needs. It also suggests the pioneering role of FCS in the development of the LANs and, more generally, in fostering productive collaborations among child-serving agencies and associations.

There are currently four sub-committees within the FCS Steering Committee: Policy/Finance, Public Information, Community/Training, and Research and Evaluation. The two or three co-chairs of each of these committees, along with the two co-chairs of the Steering Committee, constitute the Executive Committee (formerly called the Co-Chairs Committee). This group meets somewhat more frequently than the Steering Committee, in recent years for five or six regularly scheduled meetings a year. Consistent with its function, it also meets at other times as issues requiring more immediate attention arise.

Meetings of the Steering and Executive Committees have served as a major forum for addressing controversial issues confronting the Initiative throughout its history. The most current challenge is reconfiguring FCS to accommodate the new mandates of reauthorization under the Adoption and Safe Families Act of 1997, while sparing local programs, as much as possible, from the significant burdens of major program shifts.

2.3.2 DCFS

The Department's official mandate concerns responding to the needs of children requiring protection and child welfare services. Implementation of the FCS Initiative represented a significant modification of DCFS goals and service delivery. It committed the agency to a focus on harm prevention and on universal access that took the agency well beyond its usual client populations. At the same time, the Initiative reinforced and extended the agency's relationships with the prevention sector and facilitated greater community interaction.

At the local level, DCFS assigned staff persons (LAN liaisons) to assist in FCS implementation and planning. The sixty two (62) LANs statewide have worked locally with

DCFS LAN liaisons to plan, develop and deliver a contractually linked array of services to meet the safety and protection needs of children.

At the state level, DCFS has taken the lead in the implementation and monitoring of FCS, consistent with the Department's role as grantee and fiscal agent. These responsibilities have included hosting various committee meetings, maintaining FCS central files, disbursing and monitoring funds, and allocating statewide staff support for the program. At various times, DCFS also has used its communication capabilities to publicize FCS and facilitate interaction across LANs. Newsletters, conferences, public affairs announcements, and planning and accountability documents have served these purposes.

2.4 HISTORICAL AND CURRENT CONTEXT OF FCS DEVELOPMENT

2.4.1 1990–1993

Public Opinion

Illinois, like most of the nation, experienced rapid and dramatic growth in reports of child abuse and neglect without commensurate increases in resources for intervention. From FY91 through FY95, more calls were made to the state's hotline each year and those calls were translated into an ever increasing number of children entering substitute care. This increased volume of cases was stressing the child protection system's capacity to respond and, at the same time, the child welfare agency was accused of interfering unnecessarily in families through adversarial investigations of parenting practices.

By the early 1990s, DCFS was being criticized by the public and was receiving a great deal of negative press coverage. Numerous child abuse cases were highly publicized to underscore the crisis in Illinois' child protection system. One of the most significant cases was that of Joseph Wallace, a 3 year old Chicago boy who was found hanged by his mother. Joseph had been taken into DCFS custody three times. In February 1993, the Juvenile

Court, with the agreement of DCFS, the State's Attorney and the Public Guardian, ordered Joseph and his brother returned home upon the recommendation of a private agency that had been providing counseling to their mother. Joseph had two sets of foster families, and both felt the mother was dangerous. After the death of Joseph (April 1993), the Chicago Tribune ran 13 stories on this case in the next six months (DCFS, 1994b), and used the case to argue for legislative change that would stop the practice of putting “families first” ahead of children.

Office of the Inspector General

The aftermath of the Joseph Wallace case led to an investigation of the Department of Children and Family Services' failings in the case. The Department had been involved with the family from shortly after the birth of Joseph. In response, the Governor created the Office of the Inspector General (OIG) for DCFS by signing Public Act 88-0007 into law on June 14, 1993. The law was effective immediately and the OIG began its operation July 1, 1993. The Act states that the OIG is to investigate allegations of misconduct, misfeasance, malfeasance, or violations of rules, procedures, or laws by any employee, foster parent, or contractor of DCFS.

Governor's Task Force on Human Services Reform

In February 1993, Governor Jim Edgar appointed the public/private membership of the Governor's Task Force on Human Services Reform. The purpose of the Task Force was the re-examination of human services delivery in Illinois. The Governor's Task Force on Human Service Reform created five federations in communities across the state. These federations served as learning laboratories for increasing community involvement and better coordinating state services to improve client outcomes.

2.4.2 1994

FCS Initiative

In April 1994, DCFS began convening a statewide FCS Steering Committee to help in the development and implementation of the FCS Five-Year Plan. The FCS Initiative brought a new vision for child welfare — a partnership between the federal and state government, between state and local communities, and between the public and private sector. The Planning Committee for the Illinois FCS Initiative coordinated their planning efforts with the Governor's Task Force on Human Service Reform, other public and private agency initiatives, and child welfare advocates. The FCS planning process provided the state with an opportunity to examine the changes that are needed to make the delivery of services more consumer-oriented for children and their families. This new child welfare system was designed to ensure safety and achieve improved well-being for vulnerable children and their families. In the introduction to the FY97 DCFS budget, Director McDonald addressed the child welfare reform movement. He stated:

There are now unprecedented numbers of abused and neglected children under the care and protection of public child welfare systems nationwide. In Illinois, the number of children in state care has more than doubled, from fewer than 23,000 in June 1991 to more than 49,000 as of December 1995. During this same time, the Illinois Department of Children and Family Services has been implementing the largest child welfare reform effort in the country. Reform means fundamental changes in the way this system performs to improve quality, increase accountability, and build a community-based system of care. (DCFS, 1996b)

With the Family Centered Service Initiative, there is a different focus. The FCS Steering Committee emphasized that services focus on primary prevention. Consistent with this direction, the Steering Committee recommended the formula that was adopted: two-thirds of FCS funding to support/prevention and one-third to intervention/treatment services.

The FCS emphasis is much broader than investigating cases. It emphasizes a prevention system — one that would prevent family crises, family breakdown, and out-of-home placement. Thus, its outcome would be a community-based system that provides greater child safety, improves the well-being of children and families, and increases the permanence of family relations. Consequently, it would reduce the number of children entering the DCFS system.

As a part of the FCS evaluation process, it is important to determine whether the FCS Initiative has had a significant impact on improving the well-being of children and families. Hence, did changes occur when the FCS program was in place? Did it reduce the number of children entering the DCFS system (outcome results)? Or, was some other initiative or program taking place at the same time that might have been responsible for the change? Thus, it is of paramount importance to look at other programs and policy changes (variables) that were occurring at the same time as the FCS Initiative that might have had an impact on these changes.

2.4.3 1995–1998

Contemporaneous Events

Following is a brief highlight and description, based on a review of DCFS budgets (FY94–99), of some policy/program changes that were occurring during the same time as the FCS Initiative and could have had a significant impact on the noticeable changes in the child maltreatment reporting trends.

Reform of the Relative Care System

To address the significant growth in the substitute care system, the state implemented its Home of Relative Care Reform Plan on July 1, 1995. This reform changed the definition of “neglect.” Under the new definition, parental absence is no longer grounds for taking a child into state custody, as long as the child is already living with relatives and is

not in need of protection. These new cases are deflected to Extended Family Support which provides services to preserve and support the family unit.

Child Endangerment Risk Assessment Protocol

A Child Endangerment Risk Assessment Protocol (CERAP) was developed by a statewide multidisciplinary team and the American Humane Association. This protocol is used at several critical decision points in DCFS' involvement with a child and family. Its purpose is to help workers better assess cases. By January 1996, all DCFS staff and private agency child protection workers had received training and passed a proficiency test in proper use of the CERAP.

Front End Services

On February 1, 1996, DCFS Director Jess McDonald announced a new direction for investigating allegations of child abuse and neglect and providing services to families in their own homes. This new direction entailed uniting investigation and service components of the department so that one worker would be responsible for both functions, at least for as long as the child was able to remain in the home (Hornby Zeller Associates, 1996).

Front End services are to be offered to a family when risk to the permanency and well-being of the family unit first becomes apparent. The purpose is to deflect children from child protection placement and to improve the chances of reuniting families once children are placed. The Front End Redesign plan is to coordinate protective and intact family services. DCFS workers are becoming oriented to offer services very early in the investigative process. Families will receive differential types of service based on the safety level of children, the severity of the abuse and neglect, and the probability that it will be repeated. All Cook County Department staff serving intact families have been transferred to the Division of Child Protection of DCFS.

Welfare Reform

Welfare reform requirements have also driven the need to change how Illinois delivers human services to clients. Under the new federal welfare reform law, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-93), Illinois must increase the self-sufficiency of its welfare clients dramatically. By the year 2002, 50% of the clients receiving welfare must be engaged in work activities. In addition, adults will only be able to receive federal welfare assistance for a maximum of five years during their lifetimes. Illinois must improve the ability of its residents to live self-sufficiently or bear the full cost of caring for them.

Subsidized Guardianship

Subsidized guardianship, effective January 1, 1997, is an experimental program to foster permanency for children. It was created as part of a federal Title IV-E waiver to demonstrate cost-neutral alternatives for achieving permanency. The focus in Illinois is on assuring permanency for foster children in the homes of relatives and for whom adoption is not possible. Subsidized guardianship involves the transfer of legal responsibility for a child from DCFS custody to that of a private caregiver who becomes the legal guardian of the child. Parental rights do not have to be terminated. This means that DCFS is no longer involved in the care, supervision, or custody of the child but a subsidy is paid to the legal guardian to assist in the child's care.

Performance Contracting

In an effort to move children out of substitute care and into permanent homes, all Cook County home of relative cases were managed under performance contracting rules in FY98. Under performance contracting, providers receive additional up-front resources and financial incentives to move children out of substitute care. However, providers must then demonstrate a three-fold improvement in permanency rates and a substantial reduction in the movement of children to higher intensity settings (as compared to FY97 rates).

The Illinois Permanency Initiative

With the passage of the federal permanency legislation, the Adoption and Safe Families Act (effective January 1, 1998), DCFS supported the enactment of a parallel set of state laws resulting in Illinois' Permanency Initiative. The law encompasses wide-spread policy changes in attempt to move children to permanency more quickly. Among the provisions are new timelines for termination of parental rights, an enhanced focus on concurrent planning, and new definitions of permanency goals (DCFS, 1998).

Timeline Table and Key Events

Table 2.4 depicts a timeline of key events and initiatives related to child maltreatment and its reporting in Illinois for the Fiscal Years 1993–1998. This timeline provides a description of major policy and program changes occurring in the years immediately preceding and during the FCS Initiative. These events, policy and program changes have been highlighted to better understand the context within which FCS was begun as well as the number of potential alternative explanations for changes in child safety, permanency and well-being outcomes.

Table 2.4 Key Events and Initiatives in Illinois Regarding Child Maltreatment and Its Reporting, Fiscal Years 1993–1998 (July 1992 – June 1998)

Year	Event/Initiative	Description
1993	Joseph Wallace	The most highly publicized child abuse tragedy in Illinois, involving a three year old Chicago boy hanged by his mother in April 1993. An impetus for subsequent reforms.
	<i>Office of Inspector General established</i>	Created July 1993 in response to the Joseph Wallace case. Mandated to review complaints and make recommendations for safeguarding children at risk.
	Tripplett children	Highly publicized case of neglected children
1994	Keystone kids	Highly publicized case of neglected children
	DCFS LANs	Department establishes 62 jurisdictions (Child & Adolescent Local Area Networks) to plan, develop, and deliver a contractually-linked array of services to meet the safety and protection needs of children.
1995	FCS Target 9	Pilot group of 9 LANs received FCS service grants in late FY95.
	Home of Relative Reform	Implemented July 1995, new definition of neglect makes parental absence no longer grounds for taking a child into state custody as long as the child is already living with relatives and is not in need of protection.
	Extended Family Support	(Implemented as part of HMR reform July 1, 1995). The Extended Family Support (EFS) program is created in response to the new definition of neglect. These new cases no longer require state custody and are “deflected” to Extended Family Support Services. Services are provided to relatives who are already caring for children at the time they come to the attention of DCFS. While the children may not be abused or neglected, social services may be needed to stabilize the family and/or prevent a later placement away from the relatives.

Table 2.4 Key Events and Initiatives in Illinois Regarding Child Maltreatment and Its Reporting, Fiscal Years 1993–1998 (July 1992 – June 1998) (continued)

Year	Event/Initiative	Description
1996	FCS Group 24	Next cohort of 24 LANs received FCS service grants in late FY96.
	FCS Group 29	Final cohort of 29 LANs received FCS service grants early in FY97.
	CERAP training/certification	This instrument (Child Endangerment Risk Assessment Protocol) helps staff identify safety factors and make decisions about child safety. More than 7,000 DCFS and private agency staff have been trained and certified in its use.
	<i>Administrative Case Reviews expanded</i>	(Reforms initiated in FY96). Administrative case reviews require staff to be prepared to document efforts to accomplish permanency and demonstrate that previously developed service plans have been implemented. Administrative case reviews provide an oversight mechanism for good child welfare practice, to assure the safety, well-being and permanency of children and are held on every child in DCFS custody every six months.
	Front-End Redesign	Demonstration project combining investigation and follow-up services in one worker
	Safe Schools Law	Beginning FY97, legislature provided \$15 million dollars a year to establish the Regional Safe Schools Program, providing alternative education programs for disruptive students in grades six through twelve.
	Level of Care Protocol	May 1996, DCFS implemented requirements to complete assessment before moving child into specialized care and complete regular reviews of such services provided.
	Second Opinions on Unfounded	FY97, DCFS established multi-disciplinary teams in each region to provide a second opinion when mandated reporters think reports were inappropriately classified as “unfounded.”

Table 2.4 Key Events and Initiatives in Illinois Regarding Child Maltreatment and Its Reporting, Fiscal Years 1993–1998 (July 1992 – June 1998) (continued)

Year	Event/Initiative	Description
1997	Subsidized Guardianship	Implemented January 1997, new permanency option has foster parents assume guardianship and qualify for stipend equal to that for adoption assistance, with parental rights not terminated. Children converted to this status leave state's wardship and DCFS oversight ends.
	Performance Contracting	Providers receive incentives to move children to permanency, but must demonstrate improved performance
	Dontory Jordan	May 1997, widely publicized story of starvation death of infant.
	DHS	Effective July 1997, the new Illinois Department of Human Services combines the Departments of Rehabilitation Services, Mental Health and Developmental Disabilities, and Alcohol and Substance Abuse along with parts of Departments of Public Health, Public Aid, and Children and Family Services.
	AFDC to TANF	The Family Support Act of 1998 ended AFDC and replaced it with TANF. TANF ends entitlement to welfare and allows states broad latitude in designing welfare-to-work programs.
1998	Illinois Permanency Initiative	Illinois legislation requiring the courts and DCFS to move children to permanency more quickly.

Legend

CERAP – Child Endangerment Risk Assessment Protocol

DHS – Illinois Department of Human Services (7/97)

AFDC – Aid to Families with Dependent Children

TANF – Temporary Assistance to Needy Families

RPL – Reunification Permanency Legislation (1/98)

Boldface – FCS; *Italics* – DCFS; Regular typeface – Other

2.5 SIGNIFICANT EVENTS WITHIN FAMILY CENTERED SERVICES

In addition to the description of FCS implementation reviewed earlier, several key events within the FCS Initiative had an impact on program development.

2.5.1 1994

Child and Adolescent Local Area Network Fact Book

The Child and Adolescent Local Area Network (C & A LAN) Challenge, Child Protective and Child Welfare Services Fact Book: Vol. 1, (DCFS, 1994a) was produced by the staff of Chapin Hall Center for Children at the University of Chicago in collaboration with the DCFS. Using administrative databases from DCFS, ISBE and DMH/DD, researchers at Chapin Hall Center for Children constructed a longitudinal and relational research database that offers a rare view of children's services and the population of children receiving them. This publication also depicts the various economic, political, and organizational constraints operating within the state and communities. The first report provided FY93 data on child welfare activity for children, and reports are updated annually.

This report provided a tool for selection of target communities for the initial service grants (planning grants). Selection was accomplished in following way.

- 4) The twenty most stressed areas in the state were ranked, based upon the percentage of female headed households, percent of children living below the poverty level, rate of indicated abuse and neglect, rate of new entries into foster care in 1993, rate of continuing foster care placement, and percentage of children in foster care not returned home.
- 5) Areas of high, moderate and low stress were identified based on the three factors which account for 91% of the variance in foster care placement throughout the state. These factors are: percent of female headed households, percent of children living in families below the poverty level, and rate of indicated victims of child abuse or neglect.

First FP/FS Steering Committee

On October 27, 1994, the first Steering Committee meeting was held to begin the comprehensive planning process.

2.5.2 1995–1996

In addition to the events of FCS implementation detailed earlier in section 2.2, other significant events in FCS history occurred in 1995 and 1996. Steering Committee members devoted a great amount of time to developing a strategic plan to guide the implementation of the FCS Initiative. Its Planning and Implementation Committee created a parent involvement subcommittee, which in turn gave rise to the Parent Leadership Conference. These developments represented important commitments to parent involvement in FCS.

2.5.3 1997–1998

Emphasis on Reducing Child Abuse/Neglect

In Year 3, FCS emphasized the need to focus on reducing the incidence of child abuse and neglect. All applicants were required to specify in their application how FCS services were related to the reduction of child abuse and neglect.

Transfer of FCS to Child Protection Division of DCFS

During Year 3 (July 1997 – June 1998), responsibility for FCS within DCFS was switched from the Division of Planning, Research, and Development to the Division of Child Protection.

Front End Redesign

During FY97, a work group was convened to redesign the front-end of Illinois' child welfare system, thereby integrating risk assessment, family centered services, family preservation and investigative work. The Department's front-end redesign also sought to strengthen the connection between FCS and child protection.

FCS Evaluation

An evaluation by the Children and Family Research Center (Center) began and continued from 1997–1999. In addition to the Center's field research presence in most of the state's LANs, the evaluation has been visible at a statewide level in FCS. Evaluators have attended virtually all Executive and Steering Committee meetings since May 1997 and many subcommittee meetings. They have made formal and informal presentations at such sessions and have occasionally commented from a program evaluative perspective in discussions about other current issues.

FCS Quarterly Reports

DCFS required FCS quarterly reports to document services. The quarterly reports required the following data on each program funded by FCS dollars, in addition to demographic information and fiscal accounting of expenditures:

Number of People Served

Units of Service

Assessment

Referrals Received

Referrals Made

Transportation

2.5.4 1998–1999

Making Room at the Table

Six one-day regional training sessions were scheduled throughout the state. The purpose of the training was to help individual LANs identify and develop strategies for increasing the number of parents who are actively involved in decision making and oversight for services and programs within their LANs. The training was conducted by the Family Resource Coalition of America (FRCA). Parent leaders from the Illinois Family Partnership Network were co-leaders of the sessions. The curriculum was developed by FRCA in conjunction with the Institute for Family Centered Care for the STATES Initiative.

Preparing for Implementation of the Adoption and Safe Families Act of 1997 (to take effect in FY00)

FCS statewide took on as a major, ongoing concern throughout Year 5 ways to best respond to the reauthorization of the federal Family Preservation and Family Support Initiative, now characterized as Promoting Safe and Stable Families. The new legislation authorized a slightly higher level of funding and mandated that each participating state add two new categories to the original pair of family preservation and family support: adoption promotion and support, and limits on time allowed to work toward family reunification. Moreover, it mandated that allocation of FCS funds be made in such a way that each of the four categories would receive a “significant portion” of program funding, at least 20% (unless a waiver was granted).

FCS spent considerable effort trying to devise an approach that would satisfy the federal mandate while ensuring program integrity in the LANs. Steering committee members attempted to find a way to maintain funding levels for family preservation and family support. Eventually, this effort resulted in negotiating a funding formula that did accommodate both objectives. The program modification required by the reauthorization also brought new members to the FCS Steering Committee from the adoption and reunification communities.

FCS Reporting System Modification

The Quarterly Progress Report was amended to provide more extensive and specific data collection as well as include new areas of importance to FCS. Changes included clarification and modification of service categories as well as simplification of income classification (by seeking only whether TANF-eligible, instead of trying to ascertain amount of income). Revisions also included adding information on adoption and reunification services provided.

3 FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES: HISTORY AND CURRENT PRACTICE

3.1 FAMILY PRESERVATION

3.1.1 Definition

Family Preservation as Federal Policy

Under Title IV-B of the Social Security Act, family preservation services are targeted at families “at risk or in crisis,” including the following:

- Service programs designed to help children, where appropriate, return to families from which they have been removed; or to be placed for adoption, with a legal guardian, or if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement.
- Placement preventive service programs, such as intensive family preservation programs, designed to help children at risk of foster care placement remain with their families.
- Service programs designed to provide follow-up care to families to whom a child has been returned after a foster care placement.
- Respite care of children to provide temporary relief for parents and other care givers (including foster parents).
- Services designed to improve parenting skills with respect to matters such as child development, family budgeting, coping with stress, health, and nutrition (Omnibus Reconciliation Act, 1993).

Family Preservation as a Practice Model

In practice, family preservation services differ markedly from traditional child welfare services. Although variations exist, the hallmarks of family preservation practice include:

- Services provided to families with one or more children at imminent risk of out-of-home placement.
- Intensive service provision, from 5–20 hours per week.
- Services are usually provided in the home and are flexibly scheduled so that family members can participate without encountering conflicts with work or school.
- Services are tailored to the needs of family members and often include a combination of concrete assistance, skills training, advocacy, supportive counseling, and crisis intervention.
- Services are time-limited, ranging from one to five months in duration.
- Services are provided in the context of a family’s values, beliefs, and culture.
- Workers have small client caseloads, typically between two and six families (Fraser, Nelson, & Rivard, 1997).

3.1.2 Origins and History of Family Preservation Services

Origins and Early Influences

The family preservation movement evolved from the formal child welfare system as a response to increasing reliance on substitute care (Edgar & Shook, 1996). Concern about the increasing use of out-of-home placement as a means of protecting children culminated in the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272). This law mandated that public child welfare agencies provide “reasonable efforts” to prevent foster care placements and to expedite discharge from placements. The emergence of family preservation services as an alternative to placement reflects this policy effort, the economic

pressures facing child welfare services in the 1980s, and the availability of new theoretical perspectives and treatment models focused on the family (Nelson, Landsman, & Deutelbuam, 1990).

Probably the most influential of the early treatment models was the Homebuilders Program, which began in Tacoma, Washington, in 1974 (Kinney, Madsen, Fleming, & Haapala, 1977). This program originally targeted status-offending youths at risk of substitute care placement after the passage of the Juvenile Justice and Delinquency Prevention Act that mandated status-offending youth could not be detained as delinquents. Based on crisis intervention theory, this program posits that families are most open to change during a period of crisis when typical coping patterns are no longer effective. To take advantage of this “opportunity,” services are offered within 24 hours of referral and are available 24 hours a day, seven days a week. Services are provided primarily in the home environment by one provider, who typically has a caseload of only 2–3 families. The approach is time-limited, usually no longer than 4–6 weeks, and based on the belief that once the family has been stabilized and has learned new ways of coping, intensive treatment is no longer needed (Haapala & Kinney, 1988).

Although the Homebuilders model is the most widely known, several other approaches to treatment emerged within the family preservation movement. These programs varied considerably with respect to their theoretical orientation (e.g., social learning, family systems, etc.), target populations (e.g., younger families reported for maltreatment, families with older children with delinquency problems), duration of treatment, amount of time spent with families, availability of staff, and education level of staff members. In an attempt to clarify these differences, several authors have developed typologies of family preservation programs. Stroul (1988) categorizes programs by duration and intensity of services, from short-term crisis programs, through mid-range brief treatment programs, to long-term treatment programs. Barth (1988) developed a classification that emphasized the theoretical underpinnings of various models, such as crisis intervention, family systems, social learning, and ecological theory. Nelson et al. (1990) grouped programs

into one of three types based on both theoretical and practical program characteristics: 1) crisis intervention models, 2) home-based models, and 3) family treatment models.

Program Growth During the 1980s and Early 1990s

When the foster care population grew dramatically in the 1980s, rising 45.4 percent from 1986 to 1990 (MacDonald, 1994), family preservation programs were seen as a way to reduce costs by strengthening families and avoiding expensive out-of-home placements. Family preservation had arrived — by the early 90s, approximately 35 states had implemented family preservation programs.

This enthusiasm for family preservation programs was reflected in Congress' Family Preservation and Family Support Act, part of the Omnibus Reconciliation Act of 1993 (PL 103-66). Approximately \$900 million was allocated for the continuation and growth of family preservation and family support programs over the five years following the bill's passage. The federal government gave continued support to family preservation programs under the Adoption Promotion Act of 1997, which reauthorized funding until 2002.

Backlash and Debate in the Late 1990s

Perhaps inevitably, family preservation programs came under attack for failing to live up to their original promise. Findings of later outcomes studies were equivocal, leading several outspoken critics to suggest that family preservation neither prevents placement by resolving crises nor improves family functioning so that children may remain home safely (Gelles, 1993). Others went even further, questioning the wisdom of trying to preserve families and advocating for a return to a single-purpose (i.e., child protection) child welfare service system (Gelles, 1993; MacDonald, 1994).

The majority of researchers, however, have taken a more moderate stance and believe that child protection and family preservation are not mutually exclusive goals. For example, Courtney (1997) suggests that “service and support approaches should be developed for clearly defined subpopulations of families and children who come into contact

with the child protective services system...one size simply does not fit all, and a more humble, targeted approach to helping some families should take precedence over grand social experiments” (p. 73).

3.1.3 Effectiveness of Family Preservation Services

Non-Experimental Studies

Many early evaluations of family preservation programs used non-experimental designs in which groups that received services were followed without an equivalent comparison group. Results from these studies must be viewed with caution, because without random assignment, the equivalence of groups cannot be assumed and treatment outcomes cannot be attributed to the treatment intervention. With this in mind, the results of these studies suggest that most families remain intact during and shortly after family preservation services. For example, an early study of the Homebuilders model (Kinney, Madsen, Fleming, & Haapala, 1977) found that 97 percent of 121 families remained intact three months after services had ended. Follow-up evaluations revealed that 73 to 91 percent of the families were intact at 12 months after services (Kinney, Haapala, & Booth, 1991). Other studies have found that at least two-thirds of families remain intact within a year following service completion (Berry, 1992; Thieman, Fuqua, & Linnan, 1990; Wheeler, Reuter, Struckman-Johnson, & Yuan, 1992).

Overflow Designs

Several studies compared families that received preservation services to those not served because programs were full (e.g., Pecora, Fraser, & Haapala, 1992; Wood, Barton, & Schroeder, 1988). Although these studies found lower placement rates (at one year follow-up) in the treatment group when compared to the comparison group, lack of random assignment to groups precludes attributing these differences to treatment effects.

Early Experimental Studies

Several early studies employed random assignment of cases to treatment and control groups to minimize pre-existing differences between groups. For example, Halper and Jones (1981) evaluated Special Services for Children, a public agency in New York City that provided intensive services to families with children at risk of placement. Using random assignment, results revealed a statistically significant difference between groups: 4% of the 156 children in the treatment group and 17% of 126 children in the control group were placed into substitute care during the one year treatment period.

The Home Based Services Demonstration Project of the Ramsey County, Minnesota child protective services department utilized random assignment of families to an experimental home-based unit or one of three traditional child protection units. Three months after services, 33% of the experimental group had at least one child in placement, versus 55% of the comparison group. Of the children in placement, those in the experimental group spent significantly less time in care (reviewed in Littell & Schuerman, 1995).

Family preservation services in Hennepin County, Minnesota consisted of a Homebuilders-style program in which families received intensive home-based services delivered by specially trained social workers (AuClaire & Schwartz, 1986). Families in the program were treated for four weeks, tracked for five months, and compared to a randomly-assigned control group. Results indicated that families in the treatment group were equally likely to have a child enter substitute care as those in the comparison group; although, those in the treatment group spent fewer days in placement.

In an evaluation of a social learning treatment program in Jackson County, Oregon, family cases were categorized as more or less difficult by caseworkers, based primarily on number of prior abuse reports and types of family problems. Cases within each difficulty group were randomly assigned to treatment or control groups. While the treatment program seemed to reduce the risk of placement among the less difficult cases, there was no significant difference in placement rates for the difficult cases (Szykula & Fleishman, 1985).

In sum, the results of early experimental studies of family preservation services were mixed; some found slight reduction in placement among treatment groups while others found no differences. In general, relatively few control group families experienced placement, suggesting that services were typically not delivered to the target group of families with children at imminent risk of placement.

More Recent Experimental Studies

California's AB 1562 In-Home Care Demonstration Project, an eight-county program in operation from 1986 to 1989, was an intensive, in-home service program offered to families judged to have children at imminent risk of placement. Data were collected on 709 (96%) of 741 families served over the three years (Yaun, McDonald, Wheeler, Struckman-Johnson, & Rivest, 1990). A sub-study in five of the eight counties involved random assignment of families to program services or traditional services provided by the county. Cases were followed for eight months, and outcome data was obtained for 96% of the families. Outcomes for the two groups were not significantly different: 25% of the treatment group and 20% of the control group experienced a placement between two and eight months after referral.

In an evaluation of the New Jersey Family Preservation Services (FPS), families were randomly assigned to treatment and control groups; however, 33 families were later excluded from the treatment group following random assignment (due to failure to meet selection criteria, unwillingness to participate in the study, or immediate child protection removal). Data collected on 117 treatment families and 97 control families revealed that during the 6 week intervention period 6% of the treatment families and 17% of controls experienced a placement. At six months post-treatment, 27% of the treatment and 50% of the control families experienced a child placement. A comparison at 12 months post-treatment revealed that 43% of treatment families and 57% of control families had experienced a placement (Feldman, 1991). Although the differences at each time point were significant, the exclusion

of 22% of the treatment group (who were more likely to have experienced placement) seriously compromises the comparisons between the groups.

Illinois' Family First Evaluation

In the largest and most comprehensive evaluation of family preservation services prior to 1994, Schuerman, Rzepnicki, and Littell (1994) closely examined the Illinois Family First program. The evaluation consisted of three tiers. The first and broadest tier collected descriptive data on 60 programs and 6522 families involved in the Family First program. This allowed for an examination of family characteristics, services provided to the families, and differences in programs across sites. The second tier consisted of a randomized experiment testing the program's effectiveness at preventing placement in six sites (1564 families in 18 programs) across the state. The third tier consisted of a longitudinal survey of 278 parents to assess program effects on child and family functioning.

The randomized experiment (tier two) involved 995 families who received Family First services and a control group of 569 families who received regular services from the Illinois Department of Children and Family Services. Results indicated that, overall, families in the treatment group received far more extensive services than families in the control group. Family First cases were more likely to receive counseling, crisis intervention, advocacy, parent education, referrals for medical and specialized services, as well as concrete services such as transportation, material aid, and cash assistance. One-fifth of the cases in the control group were never opened for services, and 51% received no services of any kind in the first 90 days after random assignment.

With respect to outcomes, the Family First program did not result in a statistically significant reduction in placements or subsequent maltreatment in comparison to regular services. In addition, there were no differences between the two groups in the duration or types of placements. However, the authors concluded that the risk of placement among cases in the study was very low. Placement rates in the control group were approximately 7% at one month after random assignment, 17% at six months, 21% at one year, and 27% at

two years (Schuerman, Rzepnicki, & Littell, 1994). Thus, they concluded that Family First did not reach its target population of cases “at imminent risk of placement,” a familiar finding in numerous studies attempting to predict serious, but rare, incidents of human behavior (Jacobs, 1990; Lipsky, 1980; Lyons, Howard, O’Mahoney, & Lish, 1997).

Limitations of Family Preservation Research

Much of the family preservation research has been plagued with methodological flaws. Early studies often used non-random assignment to groups and had small, unrepresentative sample sizes. Without random assignment, the equivalence of groups cannot be assumed and therefore treatment outcomes cannot be attributed to the treatment intervention. Epstein (1997) details other methodological problems with this body of research, including outcome measures (e.g., social and psychological functioning) of unknown reliability and validity, non-blind data collection (e.g., using workers and others with professional interests in program success to measure change), lack of long-term longitudinal data, lack of treatment integrity, and a limited range of interventions.

Several have questioned the primary outcome of interest in most family preservation research, preventing out-of-home placement (e.g., Maluccio & Whittaker, 1997). Placement is a relatively low frequency event and therefore difficult to predict. As exemplified in the Illinois Family First evaluation, very few of the families judged “at imminent risk of placement” actually experienced such a placement. For family preservation services to be able to prevent out-of-home placements, the system needs to be able to identify children who will be placed in the near future in the absence of a particular set of services. This type of decision-making assumes a knowledge that the child welfare system does not currently possess (Courtney, 1997). In addition, in many jurisdictions, “placement” as an outcome is subject to a wide range of factors independent of services, such as formal and informal administrative policies, the presence or absence of resources, and the discretion of juvenile court judges. Finally, many have pointed out that not all placements should be considered “failures” (Maluccio & Whittaker, 1997).

The logic of applying the Homebuilders treatment model to all client populations has also been questioned. Originally developed for a different population (i.e., status-offending youth), there is reason to believe that many of the treatment components critical to this model will be ineffective with families served by the child welfare system. For example, some families served by the child welfare system are likely to require much longer treatment intervention than that prescribed by most “classic” family preservation treatment models.

In response to these limitations, it has been suggested that family preservation research abandon its focus on large-scale evaluations in favor of more targeted intervention strategies that focus on specific problems such as substance abuse or domestic violence (e.g., Fraser, Nelson, & Rivard, 1997). Courtney (1997) comments that “in the search for a global approach to preserving families and, if possible, preventing child placement, the field has largely missed the opportunity to focus on the more realistic goal of identifying specific categories of families and developing services and supports tailored to their strengths and challenges” (p. 70). In addition, many have urged focus on a variety of outcomes in addition to placement rates (Maluccio & Whittaker, 1997; Nelson, 1997).

3.2 FAMILY SUPPORT

3.2.1 Definition

Family Support as Federal Policy

In its Omnibus Reconciliation Act (1993), the federal government defined family support services as:

...community-based services to promote the well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and otherwise to enhance child development.

Family Support as a Practice Model

Family support focuses on primary prevention with graduated intensity of services to secondary and tertiary prevention. It is often characterized by universal access to services and is viewed as an ongoing process for families rather than an event that occurs in a time of crisis. Parenting is viewed as a developmental process that can benefit from efforts directed at enabling and empowering families by building on existing strengths (Dunst, 1995).

Family support services also differ from family preservation services in a number of important dimensions. Table 3.1 highlights some of these differences.

Table 3.1 Hallmarks of Family Preservation and Family Support Services

Family Preservation	Family Support
<ul style="list-style-type: none"> • intervention occurs during a time of family crisis and when children are at imminent risk of placement in substitute care • treatment focuses on the family and is provided in the family environment • workers are on-call 24 hours a day, seven days a week • workers carry a low caseload of families • services are time-limited, of short duration, and very intensive • service provision is flexible, responding to the family’s needs and building on its strengths 	<ul style="list-style-type: none"> • services are universally available to families • services are provided to families before they are confronted with a crisis • programs work toward creating a community service network aimed at decreasing families’ social isolation and vulnerability • services aim to improve family interaction skills, focusing on helping parents to act in supportive and nurturing ways toward their children • families are taught how to locate and utilize opportunities and supports available in their communities • programs are culturally sensitive to the communities they are located in

(Edgar & Shook, 1996)

3.2.2 Origins and History of Family Support Practice

Early Influences

Weissbourd (1987) notes at least three movements that have influenced the development of family support: the parent education movement, the settlement house movement, and the self-help movement. Formal parenting education had its roots in the maternal organizations of the early 1800s and expanded with the formation of the Charity Organization Societies of the early 1890s, the National Conference of Mothers in 1897, and the Child Study Associations of the early 1900s. Each of these efforts recognized the importance of the parenting role and the need for parents with young children to have special knowledge regarding child rearing (Halpern, 1991).

The settlement house movement built on the ideas of home visiting and parent education and added an emphasis on community strengths. Foreshadowing the orientation of family support, settlement houses encouraged independence rather than dependence and linked families to existing services. Their functions are reflected in many of today's drop-in family support centers, which are also community-based and work with families to enhance their network of support (Edgar & Shook, 1996).

More recently, self-help groups rely on similar techniques to encourage growth in their members. Professionals are rarely utilized; members rely on the experience and knowledge of others in the group. Participation is usually free, or very minimal, and inclusive in nature (Edgar & Shook, 1996).

Political and Family Changes in the 1960s and 1970s

Despite the importance of these early precursors, the family support movement would not have emerged as it did without the political and social turbulence of the 1960s (Weissbourd, 1987). This era opened the way to challenge conventional assumptions about service delivery and patterns of power. Coupled with this momentum for change, actual changes in the nature of family life occurred during the 1970s and 1980s — family mobility,

absent fathers, and increases in the percentages of teen parents indicated a restructuring of family life in America was underway.

Contemporary Family Support Movement

The family support movement as it exists today emerged in the late 1970s and early 1980s as a grassroots, neighborhood-based movement. Practitioners observed the needs of families and constructed small, community-based programs to actively engage parents. Through informal networks, these practitioners became aware of similar efforts existing in other communities. Wanting to share experiences, these practitioners met informally in Chicago and established a forum where they could come together periodically to advance their work. Thus, the Family Resource Coalition was formed in 1981.

State and Federal Family Support Initiatives

A more recent development in the family support movement is the proliferation of statewide initiatives that reflect the philosophy and principles of family support. These initiatives are family-focused, prevention-oriented, and community-based. The growth in state-sponsored programs stemmed, in part, from the rising costs of more reactive systems of family service (Edgar & Shook, 1996). The federal government recently followed suit and made funds for family support more widely available to states through the Omnibus Reconciliation Act of 1993 (PL 103-66).

3.2.3 Effectiveness of Family Support Services

Difficulties in Evaluating Family Support Programs

In their review of family support programs, Edgar and Shook (1996) note that the movement as a whole has been heavily criticized for its lack of empirical documentation of program effectiveness. They go on to describe several issues that make such research difficult to conduct. For example, a substantial obstacle to conducting an evaluation with an

experimental design is that the use of a control group violates an important tenet in family support practice — universal access to service.

Another difficulty with global family support evaluations is that there is no single model or protocol to evaluate. Family support programs are extremely diverse in nature, and are, in fact, intended to be flexible in their ability to respond to local concerns and family needs. The diversity of family support programs, in type of participants, services provided, and outcomes anticipated, make measurement of effectiveness difficult. One review of the empirical research (Barnes, Goodson, & Layzer, 1996) organized their review by target population: infants/young children and their families, school-aged children/youth and their families, and specific at-risk populations (e.g., families at risk for abuse and neglect, teenage mothers, welfare-to-work programs).

Child and Family Functioning

Halpern and Weiss (1990) conducted a review of 20 family support evaluations. Many of the programs reviewed focused on early parent/infant development. Findings from some of the studies revealed improved mother-child interactions, enhanced infant and child development, improved ability of families to recognize their needs, increased feelings of parental control, more appropriate health care utilization, and greater family self-sufficiency among service recipients when compared to those in control groups.

3.3 RELATED RESEARCH

A series of studies conducted by David Olds and his associates (Olds, Henderson, Chamberlin, & Tatelbaum, 1986; Olds, Henderson, Kitzman, Eckenrode, Cole, & Tatelbaum, in press; Olds & Kitzman, 1993; Olds & Korfmacher, 1997) have examined the impact of nurse home-visits to at-risk pregnant women on several domains relevant to FCS. Using a longitudinal experimental design, the results indicate that nurse home-visits intensively delivered prenatally and in early childhood yield both short- and long-term

reductions in several outcomes, including pregnancy-induced hypertension; substance abuse during pregnancy; child abuse and neglect; childhood injuries; subsequent pregnancies; welfare use; and criminal and delinquent behavior. A replication study found that the greatest improvement in home environment occurred among mothers living alone (Cole, Kitzman, Olds, & Sidora, 1998).

In addition, an examination in program cost effectiveness in the original study site, a semi-rural county in upstate New York, found that average costs (in 1980 dollars) per child and mother pair came to \$3,246 for all participants, and \$3,133 for low-income families. When short-term and long-term benefits (program costs minus savings it led to) were factored in, the total average cost decreased to \$1,582 for all families in the sample. For low-income families, the program actually produced an average *benefit* of \$180 per family. That is, savings from reduced subsequent government costs — Aid to Families with Dependent Children, Food Stamps, Medicaid, and Child Protective Services — plus tax revenues derived from increased maternal earnings totaled more than program costs (Olds, Henderson, Phelps, Kitzman, & Hanks, 1993). Savings could eventually increase even further with factoring in of other costs averted such as justice system processing.

3.4 COMMUNITY-BASED FAMILY PRESERVATION AND FAMILY SUPPORT INITIATIVES, ECOLOGICAL PERSPECTIVES, AND THE POLITICAL ECONOMY OF CHILD MALTREATMENT

FCS differs in two major ways from most previous efforts in family preservation and family support. First, it combines the two in one initiative, both at the statewide level and locally. Federal rules for the Initiative provided for funding allocation that ranged between 25% family preservation/75% family support to 75% family preservation/25% family support. In Illinois, FCS allocates funds two-thirds for family support and one-third for family preservation.

Second, FCS differs from earlier family preservation and family support efforts by mandating a strong community foundation. This approach builds on family support

principles, but in an expansive way constituting a new direction. Illinois requires significant capacity building, with FCS programs operating in all 62 of the state's LANs.

Given these two distinguishing features of FCS, the literature on community-based initiatives, as well as the ecology and political economy of child maltreatment is pertinent to this review.

3.4.1 Community-Based Initiatives

Awareness of the value of building supportive neighborhoods and communities has recently grown. Several major initiatives, with support from foundations such as Casey, MacArthur, the Chicago Community Trust, Ford, and Soros, emphasize how community resources, local service coordination, civic support, and informal social control contribute to family effectiveness. Brown and Richman (1997) identify the following five current initiatives:

- Children, Youth and Families Initiative (CYF) received \$30 million from the Chicago Community Trust for eight Chicago communities (1993–2000) to pursue the goal “that both primary and specialized services should function as part of a coherent, organized service system to support children and parents in the communities in which they live.” (p. 173)
- The Children, Families, and Community Initiative (CFC) in St. Paul, Minnesota.
- The Rebuilding Communities Initiative (RCI), an \$18 million, seven year project to help transform five impoverished, troubled neighborhoods.
- The Community-Building Initiative (CBI), sponsored by the Local Initiatives Support Corporation.
- Community Building in Partnership (CBP) in Baltimore, Maryland.

Halpern (1998) provides a useful analysis for linking family development and community development efforts. He focuses on the complex challenges of community-building and notes the thinness of the line between community building as empowering or as pacifying. The following quote echoes dilemmas faced by FCS:

If there is disingenousness in the current situation it lies elsewhere: *in the idea that we are going to do more community-building initiatives because we do not have the resources to provide individual services to all who need them; and then in not funding the community-building initiatives adequately (p. 33).*

3.4.2 Poverty and Child Maltreatment

Child poverty in the USA is rampant. As other economic inequalities have grown during the past two decades, child poverty has remained disturbingly resilient. In fact, children have surpassed the elderly as the age-group most afflicted by poverty as entitlements for the young have deteriorated. Today approximately 1 in 5 children in this nation live in poverty. The rate for young children is even greater. In Illinois in 1990, 17% of children under 18 years of age lived in families with incomes under the Federal poverty level (DCFS, 1996a). By 1995, 20% of Illinois children lived in poverty (Population Reference Bureau, 1998), and 11% of Illinois children lived in extreme poverty, that is, half or less of the poverty level (Annie E. Casey Foundation, 1997).

The harmful impact of impoverishment on the young has received widespread attention (McLeod & Shanahan, 1993). In comparison to non-poor children, children growing up in poverty are:

- 1.4 times as likely to have a learning disability.
- 2.2 times as likely to drop out of high school.
- 6.8 times as likely to be reported abused or neglected.
- 9.9 times as likely to experience hunger.

“Growing up in poverty affects children of all ages, but the most significant impact may occur in the early years. Research indicates that children who experience poverty in their preschool years are less likely to succeed in school and more likely to drop out. Even modest increases in income during this critical period have a positive impact on children” (Voices for Illinois Children, 1999).

Research has repeatedly documented the inverse relationship between socioeconomic status and child maltreatment (Pelton, 1985). Results of the third National Incidence Study of Child Abuse and Neglect (NIS-3) revealed that children from families with annual incomes below \$15,000, when compared to children from families with annual incomes above \$30,000, were over 22 times more likely to experience some form of maltreatment that resulted in demonstrable harm (Sedlak & Broadhurst, 1996). However, any attempt to understand this relationship must first note that measures of child abuse and neglect in such research tend to be official data, maintained and reported by government agencies. Hence, it deals only with alleged incidents which come to official attention. The possibilities of one type or another of bias in reporting, investigation, adjudication, or recording – including biases based on social class or ethnicity – pose a threat to validity. However, there is some evidence to suggest that reporting or recording differences do not account for the inverse relationship between socioeconomic condition and child maltreatment (Garbarino & Coulter, 1978; Pelton, 1985; Sedlak & Broadhurst, 1996).

3.4.3 The Ecology of Child Maltreatment

Research has demonstrated that the concept of poverty inadequately captures the dynamics of child maltreatment. Instead, it points to the relationship that family poverty has with other socioeconomic characteristics and forces. Building on the focus of what William Julius Wilson calls “concentration effects,” sociologists have highlighted the interaction of individual and family poverty with the social conditions of communities.

Pelton (1985), Garbarino and Kostelny (1992), Korbin and Coulton (1997), and Halpern (1998), among others, extend this type of analysis to child maltreatment as one social problem aggravated by the concentrated effects of poverty within neighborhoods. Coulton, Korbin, Su, and Chow (1995) provide one example of analyzing the social distribution of child abuse and neglect within an ecological framework. In particular, they devise an impoverishment factor based on six variables or constructs: poverty rate, unemployment rate, vacant housing, population loss, female-headed households, and

residential segregation by race. The impoverishment factor, together with geographic and economic isolation of impoverished neighborhoods act to limit resources available to caregivers and hence contribute to the ecological concentration of child maltreatment (Sampson & Morenoff, 1997). A different type of elaboration comes in an economic analysis showing periods of large job losses in a community preceding increases in child abuse, an important reminder of the dynamic character of the forces at work over time (Steinberg, Catalano, & Dooley, 1981).

The ecological approach to child maltreatment fits with such analyses of impoverishment and, in particular, its ecological (and political) distribution. For example, Garbarino (1985), a foremost advocate of the ecological approach, notes the following basic working assumptions:

- 6) *Economic forces are significant but not exclusive determinants of neighborhood character.* Within given economic levels there can be considerable variation in the quality of life for families. Thus poverty is as much a *social* concept as it is an economic one.
- 7) *Residential segregation based on socioeconomic factors presents a serious threat to family well-being because it produces concentrations of high-need, low-resource families.* The resulting neighborhoods lack people who are “free from drain” and can thus afford (materially and psychologically) to offer help to others.
- 8) *The process by which the neighborhood’s character affects child maltreatment is threefold: the high level of neediness inhibits sharing; the lack of positive models reinforces inappropriate and inadequate behavior; the lack of intimate and confident interaction inhibits nurturance and feedback.* All three contribute to a vicious cycle of social impoverishment in which the (socially) rich get richer and the (socially) poor get poorer. Outside intervention is typically necessary to reverse the trend in socially impoverished areas.
- 9) *Values and attitudes that place a family at risk for maltreatment are accentuated by the stresses of impoverishment.* Stress is a challenge. It tends to exaggerate characteristics. Thus people who are prone to violence, apathy, depression, or inadequate child care will become worse when faced with socially harsh circumstances.

Such assumptions point to a mapping of child maltreatment as a first step to planning and implementing ecological interventions. FCS undertook an ecological approach

in two respects. First, it allocated funding to ecological units (the LANs). Second, within the LANs, FCS needs assessments pointed toward the ecological development of programs, e.g., by concentrating them in certain neighborhoods or niches, such as community centers or housing projects. Understanding the relationships between poverty, social disorganization, and child maltreatment is fundamental to evaluating any efforts to intervene in this dynamic.

4 EVALUATION METHODOLOGY

4.1 OVERVIEW

The evaluation of the Family Centered Services Initiative has occurred in three phases: a 1997 status update, an implementation evaluation, and an impact evaluation. The following sections will review the research questions that guided each phase of the evaluation, as well as the methods that were used to investigate them.

4.2 1997 STATUS UPDATE

Responding to a request from DCFS in April 1997, the Children and Family Research Center, of the University of Illinois at Urbana-Champaign, conducted a status update of FCS implementation in May 1997.

4.2.1 Research Questions

This update sought to explore issues regarding the LAN's early efforts at implementing FCS. The research questions focused on describing the FCS goals and objectives, successes, and obstacles to FCS implementation. Results also provided information on which to base the design of the implementation and impact studies.

4.2.2 Methods

Telephone interviews were conducted with a purposive sample of local FCS planning group co-chairs from 27 of the state's 62 LANs. All of the Target 9 LANs were included in the sample, as well as a non-random sample of 9 LANs from each of the Group of 24 and Group of 29. The interviewed co-chairs had participated in local implementation of FCS

during the first years of the Initiative. They offered their perceptions of obstacles encountered as well as local goals and objectives and intended and actual achievements.

4.2.3 Findings

The telephone survey results provided a current snapshot of functioning and implementation of FCS in the LANs. Some common findings from the LANs emerged.

- The FCS Initiative has been energetically implemented in LANs around the state.
- Most self-reports by co-chairs focused on the positive aspects of developing FCS in their LANs, citing a variety of achievements encompassing improved agency collaboration, significant grass-roots involvement of community organizations and residents, structured activities for children and families, community events, improvements in the infrastructure of services (e.g., toll-free telephone numbers, information materials on resources available, transportation), and an ongoing, open planning process.
- LANs have adapted their initial FCS plans to changing circumstances, within their communities and within the Initiative. Consequently, objectives have expanded in number, but generally in a way consistent with the initial plan.
- The local FCS efforts continue to struggle with a scarcity of resources, with differences in the economic wealth of communities continuing to limit what can be achieved in terms of family support, preservation, and intervention.
- Despite the perception that the original statewide plan emphasized primary prevention, attempts to improve community conditions have received little attention in the development of local plans and implementation of activities.
- The logistics of administering funds and reporting requirements are two factors that contribute to local frustrations and energy depletion.
- Several co-chairs found the requirement of an enhanced focus on child abuse and neglect (rather than primary prevention) a serious problem, sometimes expressed strongly, although most were neutral or positive.

4.3 IMPLEMENTATION EVALUATION

4.3.1 Research Questions

This was a formative evaluation, the purpose of which was to describe FCS implementation in a wide variety of LANs across the state. Consistent with state regulations, each LAN was given discretion to develop goals and objectives that were relevant for their community. The study focused on the extent to which FCS was implemented; the variety of forms that FCS took in the LANs; and the goals, programs, successes, and obstacles individual LANs experienced.

4.3.2 Method

Thirty-four LANs were selected for an in-depth review of FCS implementation. This was a purposive sample to include urban and rural; large and small; and geographically diverse LANs. In addition, LANs from each of the three cohorts were represented. All of the Target 9 LANs were selected due to the degree of demonstrated need and length of time the program had been in operation. In addition, 16 LANs from the Group of 24 and 9 LANs from the Group of 29 were included. Fewer sites were taken from the Group of 29 due to their later start date. At the outset, all of the LANs had received at least one year of funding for services, although many were in the preliminary stages of FCS implementation. The formative function of evaluation means that the study contributes to program development as the evaluation proceeds. Thus, at local as well as statewide levels, project staff offered limited feedback and consultation to advance the formative function of the evaluation.

Social Histories

To begin data collection, and to facilitate initial field interviews, a social history was prepared for each LAN. These two-to-four page documents drew on the grant applications and progress reports sent to DCFS. Each history provided an overview of FCS

development in that LAN in terms of needs, achievements, problems, goals and objectives, and funding. After the completion of field research, and in preparing for this report, project staff prepared a revised draft of each of the 62 LAN FCS social histories. These revised drafts updated information through Year 4 of the FCS Initiative. Volume II of this report contains these revised social histories.

Field Visits

Field visits included observation of events such as LAN Steering Committee meetings, FCS Planning Committee meetings, and FCS community activities as well as group and individual interviews. In addition to providing background knowledge about the implementation and operations of FCS locally and an introductory understanding of community context, these visits aided in planning the impact evaluation. Most field visits took place between February and September 1998, with a dozen staff conducting field interviews with 348 persons and observing 76 FCS meetings and events during this time period.

In most cases, the field visits were preceded by a two-to-three page letter that introduced the evaluation and identified the questions to be covered during the visit (see Appendix A). The LAN's social history was also enclosed. The letter was followed by telephone introductions, preliminary discussion of the purpose of the visit, and establishment of the time of the visit.

Field research notes and archival material were used to create a database of information about each LAN visited. The data elements of this database are included in Appendix B.

Observations of Statewide Governance

The evaluation process also included attention to governance of the program as a statewide initiative. This required understanding the roles of DCFS and the statewide FCS Steering and Co-Chairs Committees. Methods of review included analyzing project

documentation, direct observation, and participation in meetings of these committees and their sub-committees during the past two years.

4.4 IMPACT EVALUATION

4.4.1 Research Questions

The impact evaluation had several key goals:

- Assess FCS achievement
- Highlight particularly effective efforts
- Offer explanations of how programs succeed
- Suggest strategies for dealing with obstacles which impede effectiveness
- Determine the potential usefulness of ecological evaluation methodologies that might provide information on community impact by LAN.

4.4.2 Methods

The evaluation concentrated on three approaches to measuring FCS impact. In particular, it incorporated the following types of outcomes assessment activities: 1) articulation of likely relationships between FCS community and institutional impacts and child and family outcomes, as suggested by field research and focused telephone interviews and 2) measurement of programmatic impacts in individual LANs. The team also examined 3) ecological trend data for child abuse reports and child placements. This analysis provided an exploratory look at potential methods for measuring impact in future studies. Although there has not been enough time for service delivery in any of the LANs to use this as an evaluative method, interested in ultimate preventive effects of the program provided an opportunity to begin to establish future evaluative methods.

The first approach, with regard to examining apparent links between FCS impacts and outcomes, consisted of an intensive study of two LAN's FCS community and institutional impacts. The second outcome assessment collected and analyzed pre-post data previously collected by individual LAN FCS service programs.

For the ecological studies, the evaluation drew on DCFS administrative data. The initial analyses examined the following indicators, by LAN, over several years up to the most recent data available: indicated reports of child abuse and neglect, recurrence rate within 60 days, intact family recurrence rate, and intact family placement rate. Additional analyses included implementation dates for important initiatives, such as FCS. While this approach will not support a causal analysis, it can identify a pattern consistent with FCS impact.

4.4.3 Selecting Outcomes for the Impact Evaluation

As an effort in both family preservation and family support, FCS aspires to produce multiple outcomes on several different levels. These outcomes are not always readily defined in concrete terms and are at times the subject of considerable debate. In addition, each LAN developed individual goals and services to meet unique community needs. Developing outcome measures that encompass these diverse sets of outcomes was a complex task.

FCS funding was intended to act as seed money to spur much larger efforts in local family service development. As such, it has proved extremely helpful in LANs throughout the state for expanding program services to children and families in need and in improving relationships among the social service agencies involved. Yet while FCS funding has allowed communities to advance much further than they could have without these resources, the FCS Initiative was designed to supplement existing services that target the child safety, permanency, and well-being, not substitute for them. Therefore, the most appropriate outcomes to measure with respect to FCS success in the first five years are program establishment; participation; effectiveness with participants; and impact on communities and community service delivery.

With increased support for additional funding, the development of more mature programs, and the establishment of common evaluative methods, in the future the state will be able to more systematically measure ultimate outcomes for children, families and communities. These evaluations will, by the very nature of FCS, be focused on the role of FCS in helping to create an environment and service delivery system that will combine with all social service efforts to have an impact on prevention of recidivism and family breakdown. The interactive effects of these services are difficult to tease out methodologically, but there has also been considerable work to draw on in the last 10 years.

To give some sense of the sheer volume of services required to meet the needs of this population, child abuse and neglect harms tens of thousands of Illinois children a year. For FY97, the official documented harm (indicated reports) affected 42,189 children. Moreover, calls to the State Central Register Hotline numbered 355,579 with 119,448 children reported as suspected victims of abuse or neglect (DCFS, 1997).

Another indicator of need is childhood poverty. Large numbers of children in Illinois live in poverty. The 1990 census found 17% of children under 18 years of age living in poor families. In 13 of the 62 LANs, one or more children out of every four live in poverty. Over half of the children in three LANs live in poverty. The proportions are even greater for younger children. The service needs for these populations are great, while funding for services is limited.

5 IMPLEMENTATION OF FAMILY CENTERED SERVICES

5.1 COMMUNITY NEEDS ASSESSMENTS

All LANs first conducted community needs assessments to analyze local problems, assess local resources, and identify service gaps. LANs categorized problems and needs according to who they affect most directly — children, parents, the family unit, the community, and/or the relationship between social service systems and service consumers. Table 5.1 offers an illustration of some of those problems and needs. In examining this summary, it is important to recognize that most LANs viewed resource assessment, problem analysis and needs assessment as being closely related. For instance, if a resource assessment identified a shortage of low-cost health services within the community, that shortage was considered a need. Moreover, if such a need was ongoing, LANs then viewed the need as a problem.

Table 5.1 Needs Identified During LAN Service Planning

Problems	
Needs Related to Children	<ul style="list-style-type: none">• drug and alcohol use• high infant mortality rates• lack of employment opportunities• teen pregnancy/parenting• lack of recreational activities for youth• lack of role modeling• gang involvement• low self-esteem• poor education• high truancy/drop-out rates• lack of adult supervision• high rates of child abuse and neglect

Table 5.1 Needs Identified During LAN Service Planning (continued)

Problems		
Needs Related to Parents	<ul style="list-style-type: none"> • unemployment/under-employment • lack of community involvement • domestic violence • lack of involvement in services • lack of involvement in community • inadequate supervision of children • teen pregnancy/parenting • poor education 	<ul style="list-style-type: none"> • isolation • drug and alcohol abuse • lack of parenting skills • low self-esteem • lack of parenting skills • lack of morals and values • lack of support groups • lack of role modeling • lack of affordable day care
Needs Related to Families	<ul style="list-style-type: none"> • lack of transportation to services • poverty • lack of affordable health care • family instability • high rates of child abuse and neglect 	<ul style="list-style-type: none"> • poor housing • lack of family activities • lack of child care • isolation • elder abuse
Needs Related to Communities	<ul style="list-style-type: none"> • crime • gangs • lack of economic development • absense of homeless/emergency shelters • weak law enforcement • garbage/pollution • poor health conditions • breakdown of moral values 	<ul style="list-style-type: none"> • violence • poor housing • low level of community involvement • racial discrimination • poor educational system • lack of local leadership • cultural barriers • lack of employment

Table 5.1 Needs Identified During LAN Service Planning (continued)

Problems		
Needs Related to Interface Between Service System and Consumers	<ul style="list-style-type: none"> • lack of transportation to services • inadequate information/referral system • need for strength-based services • needs for family-driven services • lack of prevention services 	<ul style="list-style-type: none"> • high cost of services • lack of health awareness • cultural barriers • lack of recreational activities for youth • poor access to legal services

5.2 GOALS OF FCS PROGRAMS

5.2.1 Initial Goals

Subsequent to community assessments, the LANs went on to develop FCS goals within a five-year implementation plan (Table 5.2). In the same manner that planning committees established close relationships among resource shortages, needs and problems, so did they link these three elements to their long-range goals. Specifically, FCS goals were identified to remedy given problems, address continuing needs, and alleviate resource shortages. Within the bulk of archives available for review, these associations seem to be clear and reasonable, presenting a logical connection between the purpose of community assessment and the Five-Year Plan.

From data collected during field visits to 34 LANs, certain goals are more consistent across LANs than others (Figure 5.1). In particular, promoting positive parenting skills (reported for 31 of 34 LANs), promoting positive youth behaviors (reported by 22 of 34 LANs), building community based networks (reported by 18 of 34 LANs), increasing awareness of community services (reported by 17 of 34 LANs), and expanding programs/services (reported by 17 of 34 LANs) emerge as FCS goals most commonly

identified. Violence prevention (reported by 15 of 34 LANs), improving parent-school relationships (reported by 11 of 34 LANs), and reducing family isolation (reported by 11 of 34 LANs) are additional goals of note.

5.2.2 Current Goals

To provide a more complete understanding of current FCS goals, a LAN database comprised of FCS goals for all 62 LANs was developed. Tables were generated depicting prevalence of goals within LANs by geographic type (Chicago, Suburban, Outstate) and by LAN Cohort (Target 9, Group of 24, Group of 29).

Table 5.2 Goals Identified by LANs in Planning Activities

Needs	Goals	
Problems Associated With Children	<ul style="list-style-type: none"> • provide structured youth activities • improve wellness opportunities • provide youth support programs • provide access to intervention services • provide in-home advocacy • provide school-based peer mediation 	<ul style="list-style-type: none"> • provide mentoring services • provide appropriate role models • provide substance abuse education • decrease drug and alcohol abuse • provide in-home counseling • promote positive youth behaviors
Problems Associated With Parents	<ul style="list-style-type: none"> • increase parenting skills • provide parent support groups • provide respite care, child care • reduce subsequent teen pregnancies • increase health awareness 	<ul style="list-style-type: none"> • provide job placement • provide transportation services • provide life skills training • provide community advocates • help secure subsistence needs

Table 5.2 Goals Identified by LANs in Planning Activities (continued)

Needs	Goals	
Problems Associated With Families	<ul style="list-style-type: none"> • improve family functioning • reduce family stress • increase access to services • help families to find housing • reduce isolation of at-risk families 	<ul style="list-style-type: none"> • decrease transportation barriers • increase knowledge of services • provide organized activities • strengthen referral services • increase health awareness
Problems Associated With Communities	<ul style="list-style-type: none"> • increase public and personal safety • enhance lifestyle choices • improve access to services • provide recreational opportunities • build community-based networks 	<ul style="list-style-type: none"> • ensure availability of services • develop outreach and empowerment • provide cultural activities • provide job/skills training
Problems Associated With Interface Between Social Service System And Its Consumers	<ul style="list-style-type: none"> • increase access to services • increase training for providers • develop a comprehensive system of services • ensure access to respite services • provide a continuum of prevention and support services 	<ul style="list-style-type: none"> • provide resource directories • provide community newsletters • develop a network of community-based volunteers • increase collaborative planning and implementation of neighborhood programs

Tables 5.3 and 5.4 present summary statistics about FCS goals. The tables show the percent of LANs having each goal. Table 5.3 shows differences in FCS goals by geographic type; Table 5.4 shows goal differences by FCS target group. The most common FCS goal among the LANs was to improve parenting skills. Among Chicago LANs, as many LANs had “providing child care” as a goal as had “improving parenting skills.” However, no suburban LAN had the goal of providing child care and only 10% of outstate LANs had this

INSERT EXCEL GOALS SOMETHING ELSE HERE

Table 5.3 Proportion of LANs of Each Geographic Type Having Goal

Goal	Chicago	Suburban	Outstate	Total
Reduce abuse and neglect	.23	.17	.23	.21
Improve service coordination	.08	.39	.26	.26
Provide youth services	.23	0	.42	.26
Improve parenting skills	.31	.50	.64	.53
Reduce isolation	0	.33	.13	.16
Provide information	.08	.28	.26	.21
Provide child care	.31	0	.10	.11
Reduce domestic violence	0	.06	.03	.03
Empower families	.23	.06	.10	.11
Help families cope	.15	.17	.19	.18
Reduce/serve teen parents	.15	.17	.06	.11
Improve access to services	.08	.06	.19	.13
Other	.62	.56	.23	.40

goal. Improving service coordination tended to be a priority among suburban and outstate LANs, but not among Chicago LANs. Also, reducing isolation was a priority among suburban LANs, but few outstate LANs had this goal and no Chicago LAN had it. Among the goals classified as “other” were: providing substance abuse treatment, improving child health, and deflecting cases from child welfare services.

Table 5.4 Proportion of LANs in Each FCS Cohort Having Goal

Goal	Target 9	Group 24	Group 29	Total
Reduce abuse and neglect	0	.25	.24	.21
Improve service coordination	.33	.13	.34	.26
Provide youth services	.22	.42	.14	.26
Improve parenting skills	.33	.58	.55	.53
Reduce isolation	.11	0	.31	.16
Provide information	0	.25	.24	.21
Provide child care	.33	.13	.03	.11
Reduce domestic violence	0	.04	.03	.03
Empower families	.44	.08	.03	.11
Help families cope	.11	.17	.21	.18
Reduce/serve teen parents	.11	.13	.10	.11
Improve access to services	.11	.21	.07	.13
Other	.33	.38	.45	.40

5.3 SERVICES

With long-range goals in place, LANs sought to improve child and family well-being by creating new services, expanding existing services, and/or enhancing linkages between and among services. As mentioned in earlier sections, state guidelines for FCS funding allocate two-thirds of federal funding for family support services and one-third for family preservation services. Other than this requirement, FCS intentionally left guidelines for program development unstructured to allow for responsiveness to individualized community needs. The vast majority of LANs instituted a Request for Proposals (RFP) process that invited organizations and agencies to submit plans relating resource gaps, needs/problems, and FCS goals to services. Though some LANs reported the RFP process to be

troublesome, many LANs noted this procedure to be very beneficial. In particular, LANs were satisfied with the level of impartiality and organization at which reviews were conducted. Review committees within these LANs had strong representation from social service providers, community leaders, parents, and residents. LANs also indicated that the RFP process helped to bring about increased community capacity building as a result of convening more and more organizations and agencies to vie for FCS funds and review proposals.

5.4 BROAD TYPOLOGY OF FCS SERVICE PROGRAMS

To explore the types of programs funded in the LANs with FCS money, the most recently available Program Services Outline Report from 61 of the 62 LANs was reviewed, and each funded program was classified into one of six mutually-exclusive and exhaustive categories:

- 10) Intensive family preservation programs (program must possess all of the following characteristics):
 - H. target population includes families who are at imminent risk of having a child placed outside the home or have been the subject of an indicated maltreatment report
 - I. in-home service provision
 - J. crisis-oriented services — intensive services (at least four hours per week) of a brief duration (4 to 12 weeks)
- 11) Other in-home services: services provided in the home setting (e.g., homemaker, counseling, case management) that involve a service goal, plan, and specified interventions. The clientele is open, although services may be targeted at DCFS clients.
- 12) Targeted secondary prevention services: services provided to targeted, at-risk populations; services are an effort to prevent the need for DCFS involvement. The target population may include DCFS clients, but is not specifically limited to them.

- 13) Family support programs: preventive services provided to the community-at-large. Program services focus on building strengths, knowledge, and/or skills.
- 14) Mixed services: service programs that combine two or more of the above types of services (e.g., parent education and respite).
- 15) Other — services not covered by the above categories

Results of the classification revealed the following distribution of program types:

- One intensive family preservation program
- 13 in-home service programs
- 50 targeted secondary prevention services
- 189 family support programs
- 27 mixed programs

All services delivered were classified into the five service categories. There were no other types of programs identified. Thus, of the total of 280 programs, approximately one-third offer some service that may be considered “family preservation,” and approximately two-thirds could be considered “family support.”

5.4.1 Specific Types of FCS Programs

Based on a review of FCS Quarterly Progress Reports, Table 5.5 indicates the types of FCS services provided during FY98. The first column shows the percent of LANs serving any clients with each service type; the second column shows the percent of LANs in which each service type was a number one or number two service area as measured by the number of clients served.

Table 5.5 FCS Services Provided in FY98

Service	Percent reporting service to any clients (n = 60)	Percent reporting service as a top service area (n = 60)
Home visits	71%	23%
Parent education	79%	17%
Counseling	71%	22%
Respite care	34%	18%
After school programs	57%	28%
Child care	63%	22%
Mentoring	55%	30%
Support groups	56%	5%
Family events	73%	12%
Life skills education	69%	10%
Community service awareness	74%	8%

5.4.2 Goals and Services Match

Table 5.6 provides a sense of the match between LAN FCS goals and FCS services. The data indicate whether LANs having a particular goal were more likely than LANs not having that goal to provide the service suggested by the goal. The findings suggest that LANs having a goal to improve information sharing and community services awareness and LANs having a goal to improve parenting skills were no more likely to provide such services than LANs not having these goals. LANs with a goal to improve youth programming were more likely than LANs without this goal to provide after school programs. However, LANs having a goal to provide child care were actually less likely than LANs not having this goal to provide child care services. These findings could very well reflect the difficulty or expense of instituting such programs in these areas, accounting for both the identified need and the

absence of these specifically targeted FCS services. Further inquiry at the LAN level might provide more information in this area.

Table 5.6 Congruence between FCS Goals and Services in FY98

	Percent providing awareness services
Had goal to improve information sharing/service awareness	83%
No goal to improve information sharing/service awareness	75%
	Percent providing parent education
Had goal to improve parenting education/skills	81%
No goal to improve parenting education/skills	83%
	Percent providing after school programs
Had goal to improve youth programming/provide youth activities	75%
No goal to improve youth programming	52%
	Percent providing child care
Had goal to provide child care	43%
No goal to provide child care	68%

5.5 OBSTACLES TO FCS IMPLEMENTATION

In trying to firmly establish FCS as an integral part of a social service system, LANs also encountered obstacles during the program implementation. Figure 5.2 summarizes the

INSERT EXCEL CHART OBSTACLES HERE

obstacles to FCS implementation encountered by the 34 LANs visited as noted in the LAN Archival and Field Research (LAFR) database. Difficulties in attaining sufficient levels of parent involvement (reported for 15 of the 34 LANs) were most common. The remaining obstacles tend to fall into two categories: those relating to local realities (e.g., geographic size, economic and political difficulties), and those arising in the course of implementing FCS (e.g., marketing, compensation).

Lack of funding emerges as another problem repeatedly mentioned by respondents (reported by 9 of 34 LANs). Though most interviewees expressed appreciation for funds allotted up until the present, many felt that there is an insufficient amount of money available to LANs to provide a continuum of services and for programs to expand.

Another obstacle confronting FCS programs involves difficulties in marketing services (reported by 9 of 34 LANs). Respondents have indicated that multiple marketing efforts have resulted in disappointing program attendance and participation at LAN/FCS meetings. From fliers and announcements at events to radio and newspaper ads, strategies have been numerous yet have not yielded the positive results LANs have hoped for.

One final problem that commonly emerges across a number of LANs involves potential and rapid changes to programs due to recent federal legislation (reported by 11 of 34 LANs). Specifically, stipulations within the renamed Promoting Safe and Stable Families Act require that states devote increased funds and efforts toward adoption and time-limited reunification. Because many services are not currently geared toward these ends, various LANs are in the process of figuring out how best to devote future attention to service objectives, goals and populations presently served while incorporating these new objectives into their FCS programs.

5.6 FCS PROGRAM NEEDS

In contrast to the more scattered obstacles, Figure 5.3 depicts a smaller number of highly concentrated needs identified among the LANs with regard to FCS implementation.

INSERT EXCEL CHART NEEDS HERE

This figure, generated from the LAFR database, identifies the significant role of technical assistance as a reported need. These technical assistance needs have been identified previously, most notably in the survey included in the request for Year 4 applications. Some of the expressed need for technical assistance regarded programmatic concerns, such as parent involvement, completing FCS applications, and finding additional funding sources. The majority, however, regarded needs such as completing the new quarterly progress reports, identifying and measuring impacts, and conducting local evaluations.

5.7 SUCCESSES IN FCS IMPLEMENTATION

Figure 5.4 depicts the successes reported by individuals in the 34 LANs visited and recorded in the LAFR database. Increased collaboration among individuals, organizations, and agencies was cited as a positive development attributed to FCS implementation (reported by 30 of 34 LANs). Such progress remains consistent with federal and state visions of community capacity building to ensure continuation and development of services to improve child and family well-being.

Increased parenting skills emerges from field research as the second most commonly reported area of success (reported by 22 of 34 LANs). Participants, program staff, and planning committee members alike underscored the visible results of parenting education classes. Various providers and planning committee members indicated that parents have given positive feedback on relationship improvements with their children as a result of techniques and attitudes learned during classes. Similarly, during interviews, parents reported improved interaction with their children. These achievements are fitting, given that almost all LANs visited (31 of 34) identified promotion of positive parenting skills as a FCS goal.

Similarly, increased knowledge of services is another frequently-reported area of success (reported by 18 of 34 LANs). Again, various respondents recognized their FCS programs' work toward expanding residents' awareness of available resources. Participants

INSERT EXCEL CHART SUCCESSES HERE

acknowledged their increased knowledge of services as a result of FCS efforts. A number of interviewees also noted that FCS has allowed for the formation of a central clearinghouse of social services information that has provided knowledge not only to residents but to providers, organizations and agencies as well.

Additional FCS developments include increased positive youth behavior (15 of 34 LANs), increased services in rural areas (14 of 34 LANs), increased participation of hard-to-reach populations (14 of 34 LANs), increased school performance (12 of 34 LANs), and violence prevention (9 of 34 LANs).

5.8 CAPACITY BUILDING AS A RESULT OF FCS

More than a type of service delivery, even more than its immediate contributions to child well-being, FCS has contributed to the development of coordinated, local systems for service delivery that are responsive to local needs. Figure 5.5 highlights the contributions noted in the LAFR database. For example, most of the LANs visited reported that agencies now collaborate more frequently regarding service delivery (21 of 34 LANs). FCS has also had considerable success in spurring more agency participation regarding children and family issues (17 LANs) and more frequent planning meetings regarding those issues (16). Leveraging of outside funding, while far from pervasive (8 of 34 LANs), offers encouragement in view of the difficulty of effectively moving into this realm.

5.9 CULTURAL CONSIDERATIONS IN FCS IMPLEMENTATION

Family-centered practice requires attention to sociocultural context. Recognizing this, FCS planners in Illinois recommended in their initial goals that FCS services be appropriately adapted to the sociocultural context of the children and families in local communities.

INSERT EXCEL CHART "CAPACITY BUILDING" HERE

The need for culturally competent services was documented in many LANs during their community needs assessments (see Table 5.1). In response to this need, many LANs included in their initial five-year goals their intent to increase awareness of and access to cultural activities and services (Table 5.2). Given the geographic, economic, and ethnic diversity in the state of Illinois, as well as within each LAN, “culturally-competent” services came in a variety of manifestations. For example, in numerous rural cultures, barriers to services often included lack of transportation, family isolation, and lack of awareness of appropriate services. Thus, several LANs developed program components that included transportation to and from remote areas, help-lines or other telephone services, and community resource guides that were distributed throughout the community.

Other LANs encountered pre-existing negative relationships between minority communities, service providers, and/or child welfare services. To overcome this acrimony, one LAN incorporated training seminars into its FCS services that empowered community members to be more effective advocates for their families and relate more constructively with child welfare and other service providers.

In many LANs, barriers to culturally-competent services included differences in language and parenting style. Transportation issues also existed, with some families unable to maneuver the complex array of public transportation systems required to get to services, and others unable to utilize services that required them to cross into rival gang “territories.” To address these issues, several LANs provided services in a variety of languages, offered parenting classes geared toward different cultures, linked children and adolescents with mentors of the same culture, and provided services in schools, community centers, or individual homes.

5.10 SUMMARY

In sum, the field research conducted to date has served as a more extensive companion to archival reviews. Evidence from both these sources indicates that substantial

progress has been made, in part, due to FCS efforts. Achievements such as increased collaboration, increased parenting skills, and increased knowledge of services are fitting, given that many LANs have identified goals around these areas. In addition, LANs have met various difficulties during the course of their FCS programs. Respondents spoke of issues related to parent involvement, lack of funding, marketing of FCS services, and changes in federal legislation not only as obstacles but also as problem areas requiring technical assistance. Despite these obstacles, FCS efforts have contributed to new collaborations between service providers. This chapter concludes with some excerpts generated during field research in the LANs to illustrate some of these outcomes.

Responding to immediate, pent-up need:

At the end of FY95, FCS services were reported to be successful because they were implemented via agencies that already had waiting lists of families requesting services. Agencies were able to immediately provide services to families without getting caught up in substantial lag time. [LAN S]

Stretching the dollars:

Very strong personal involvement and care from providers was identified as a significant impact of FCS activity. Interviewees stressed that these factors contribute invaluablely to the success of all programs. Additionally, interviewees have positively emphasized that LAN T's FCS programs have been able to do quite a bit with so few dollars. One anecdote offered by an interview illustrates the creativity programs execute in dealing with so little money. With its FCS dollars, [an agency] once purchased a wheelchair and set of dentures for a bed-ridden grandfather whose grandson, due to delinquency and behavior problems, was at risk of becoming involved with the child welfare system. These purchases are attributed to changing the grandfather's life, making it physically more feasible for him to see his grandson and establish a positive relationship with him. Fortunately, the grandson has turned around and is now performing better in school and is successfully managing his behavior. [LAN T]

Wraparound link:

One interviewee emphasized that FCS services have been going very well, particularly with regards to wrap-around participants who participate in FCS programs. The interviewee recounted the story of a ... grandmother who is the caregiver of the five grandchildren, born to one of her daughters who has since passed

away. The grandmother as well as another daughter lost their jobs and were finding it more and more difficult to pay for subsistence needs. In addition, the children were experiencing adjustment problems, especially as a result of losing their mother. When the children were wrapped and the family began to have more contact with the interviewee, the grandmother stressed that she didn't want to move out of their current residence because she felt that displacing the children would aggravate their adjustment problems. The grandmother also stated that she would be willing to work three part-time jobs in order to keep her grandchildren in their current home. The children received FCS counseling services from [an agency] and the family received some money from DCFS to help pay for rent. Fortunately, the children have started to get a handle on their adjustment problems, and the family has not had to move. The interviewee told this story not only to emphasize that FCS services have been well-received but also to note that a cohesive relationship exists among members of wrap teams. [LAN V]

Clearinghouse:

Interviewees also commented that FCS has allowed for the formation of a central clearinghouse of social services information as well as the opportunity for the community to bring its concerns to the table. High enthusiasm, participation, and interest among providers, parents, and community members have helped to propel FCS from the outset. Archives have noted that programs have generally functioned well and have been well received by the community. [LAN W]

Specific, aggregated impacts:

In year three, 47 families received services in this program. None of the families had a reported incident of child abuse and neglect. Family advocates provided home visits and supportive services to the family. The advocates assisted the families with a wide-range of problems – substance abuse, domestic violence, unemployment and a lack of parenting skills. The advocates were able to provide **intervention** by offering **counseling, family support** and **referrals**. The advocates were able to assist the parents in dealing with stress and **parenting skills**. Referrals will come from schools. It will target children and families who are in crisis.

In year three, two after-school programs were in operation -- ... Elementary and ... High School. The program targeted children who displayed behavioral and academic problems during the course of the school year. The students were referred by parents, teachers and school counselors. There were 50 students served with over 30 on the waiting lists. **Youth participated in tutoring, arts and crafts, recreational and cultural enrichment activities.** All 100 percent of the 50 students enrolled were promoted to the next grade level and six youths in ... Elementary School, who were not expected to graduate, completed the eighth grade successfully.

The students enrolled had no further misconduct during the school year which would have resulted in suspension, disciplinary notices or adjustment reported. The teachers and parents reported that they had noticed a marked improvement in the participants' self esteem. The youth were motivated and displayed pride and self confidence. They served as positive role models for other students. Also, the changes in the youths' behavior led to positive changes in the family environment. These behavioral changes strengthened the parent/child relationship. [LAN X]

Collaboration increased:

FCS has increased interaction and collaboration among agencies. "I think that another major success was money that flowed through the Family Centered Services Initiative brought a lot of collaboration to the table, and although I've in this area for a long time I'm meeting new faces and working with people on the applications for the dollars that wouldn't have happened in the past if not for the Initiative. So the cooperation was good." [LAN Y]

Parenting education:

The perspective I heard most from the clients is that the parenting education class was very helpful because it reminded them of techniques that they had not put into practice. One client said that there were some things that were discussed that she already was aware of, but that the class helped her put those things into practice (although they still often didn't work). She talked specifically about time outs. Although she was aware of time time outs before the FCS class, since she's attended the class she's spent more time using time outs and found when they do and when they don't work. (She said time outs work for her younger son when other kids aren't around.) [LAN Z]

Improved relationships with DCFS:

A second major impact FCS has had in LAN AA deals with the increase of communications between DCFS and local providers. Again, by reviewing the majority of interviews I conducted, most providers have stated something about their improved relationship with DCFS....

The ... program ... pairs low-income mothers with adequate income mothers. Its contact with DCFS was limited prior to being involved in the FCS grant. A ... director ... has witnessed a transformation between how DCFS handles business now as opposed to years prior to FCS:

From working with [another agency], I have seen the relationship really improve. There is much more coordination with services and true case management of children services. Their focus has been really good. It's good to get together on a regular basis with other social service agencies to talk about families that we're all serving together. Before, [when] we saw families, sometimes the coordination of all these services was not happening. Now there has been a manageable number of services. The overall view is how are we going to best provide services without overwhelming them and duplicating services. It's been good in our LAN. [LAN AA]

6 COMMUNITY IMPACT OF FAMILY CENTERED SERVICES

Two overarching goals have guided the development of FCS services: 1) building local capacity for delivering coordinated and non-categorical family preservation and family support services to children, youth and families; 2) thereby improving family stability and child well-being.

Ultimately, improving well-being rests on identifying interventions that effectively produce these results, building local capacity for coordinated delivery of these services, and maintaining or improving this service delivery system over time. Continued maintenance of service delivery; assurance that the services are delivered in the same manner to the same target population over time and across sites; and improving the likelihood that the evaluation methodology is sensitive enough to track both factors influencing the outcomes, as well as the outcomes, are essential to achieving and measuring the desired results. In the interim, available information was used to begin to better understand potential FCS impact and to prepare the way for even more informative program evaluation designs.

The impact evaluation included two discrete studies: 1) case studies of local perceptions of FCS impact in two LANs and 2) a review of local program evaluations. In addition, an exploratory analysis of ecological data by LAN was conducted to determine the feasibility of conducting such evaluations in coming years. It was conducted with a specially-constructed LAN database combining data on indicated reports (of child abuse and neglect) and child placements from the DCFS CANTS/CYCIS data bases with census data, public health data, and FCS program characteristics data. The analysis is "exploratory" because the usefulness of this approach has not been fully established. The results of these exploratory analyses are presented in Chapter 7 of this report.

Figure 6.1 outlines the data sources used in evaluating each type of impact studied.

Figure 6.1 Major Data Sources Used in the Impact Evaluation by Type of Impact and Unit of Analysis

	Unit of Analysis	
	<i>LAN</i>	<i>Local Programs</i>
Point of Impact		
Community/institutional impact	Loyola telephone survey; LAFR	Field research materials
Client outcomes	NA	Locally conducted evaluations on individual clients
Community levels of child abuse/neglect and placement (Exploratory analysis for methodological development)	LAN data base (CANTS/CYCIS variables + socio-demographic, census and health data)	NA

By conducting several small studies at different levels of impact, the team was able to 1) provide an overview of the baseline and change in child placement and child maltreatment since FCS implementation; 2) provide information regarding impact on community service delivery, an interim goal; and 3) benefit from preliminary program evaluations conducted on specific service programs.

The findings of the impact studies should be understood in the context of the realities that limit the conclusions of much field research. These limitations are commonly shared with other, similar studies of statewide program implementation without a research plan/project in place *prior* to implementation. Some of these are: 1) lack of control or comparison groups; 2) inability to collect baseline data; 3) lack of ability to control or monitor the intervention to ensure comparability where programs are purported to be delivering the same type of services, e.g., family preservation, parent training; and 4) conducting field evaluations without comparison or control groups and after the implementation of the intervention/program to be tested.

Given this context, the remainder of this chapter focuses on community and institutional impacts of the FCS Initiative.

6.1 CAPACITY BUILDING

In cooperation with the University of Illinois statewide evaluation of the Family Centered Services (FCS) Initiative, Loyola University of Chicago's Center for Urban Research and Learning (CURL) conducted a special study of FCS in LANs "98" and "99." They are not identified here due to the wide distribution of the document and the candid statements of the respondents. This study, done in collaboration with the local FCS planning groups, was designed to examine the impact of FCS. With regard to the needs of children and families in each LAN, the study sought to find what impact FCS has had at the community level and what outcomes it has achieved.

Researchers spoke with representatives from a wide range of social services agencies and community organizations with strong interests in the well-being of children and their families. The interviewers asked respondents for their perceptions of how FCS has developed locally and for suggestions about how FCS might continue to address local needs in the future. Interviewees answered, by means of telephone contacts, questions pertaining to: their awareness of FCS-funded programs; their feelings about the effectiveness of FCS; their knowledge of local needs; their involvement and the involvement of parents in FCS programs; and their ideas about what needs are arising out the new federal legislation requiring FCS programs to deliver adoption promotion and support and time-limited reunification services.

This chapter provides a brief overview of the methodologies, findings, and recommendations for further FCS planning and programming. As with all CURL research, the intent of the entire process has been to work collaboratively throughout the research project. While this project represents a general departure from the "typical" CURL collaborative framework (i.e. community-based groups were not initiating the research), the investigators sought to remain true to collaborative principles, and therefore useful in empowering the community.

6.1.1 Sample

The sample in this study consisted of fifty-one respondents selected through various procedures. Each of the respondents held a position at an agency, organization or private practice that offered some type of social services to its clients. Twenty-nine of the respondents were interviewed for LAN 99 and twenty-two were interviewed for LAN 98. Both people working in FCS-funded agencies and those working at agencies or organizations not receiving FCS funding were interviewed. Respondents differed in job titles/responsibilities (Table 6.1), years working in their current field (Table 6.2), and years at their agency (Table 6.3).

Table 6.1 Job Titles of Respondents

Job Title	Frequency	Percent
Director	9	17.6%
Assistant Director	4	7.8%
Case Worker	6	11.8%
Intern	2	3.9%
Consultant	1	2.0%
Supervisor	5	9.8%
Volunteer Manager	1	2.0%
Child Development	0	0%
Specialist	2	3.9%
President	1	2.0%
Program Coordinator	12	23.5%
Therapist	4	7.8%
Research Assistant	1	2.0%
Educator	2	3.9%
Community Organizer	1	2.0%
Total	51	100%*

*May not add to 100% due to rounding.

Table 6.2 Years Working in Field

Years in Field	Frequency n = 51	Percent
0-3.9	10	33.3%
4-7.9	11	19.6%
8-11.9	1	9.8%
12-15.9	9	5.9%
16-19.9	3	3.9%
20-25	5	3.9%
Not asked	12	23.5%

Table 6.3 Years at Current Agency

Years in Field	Frequency n = 51	Percent
0-3.9	17	19.6%
4-7.9	10	21.6%
8-11.9	5	2.0%
12-15.9	3	17.6%
16-19.9	2	5.9%
20-25	2	9.8%
Not asked	12	23.5%

6.1.2 Data Collection Procedures

A variety of sampling procedures was used over the course of the study. Respondents were chosen by either the recommendation of a LAN 99 FCS representative, self-selection at a LAN 98 meeting, the recommendation of another respondent, or from a list of employees working in the FCS-funded programs. Recommendations from the LAN 99 FCS representatives and volunteers from the LAN 98 meeting were gathered at the

beginning of the study. From there the research team used a snowball sampling method to acquire other interviewees. After completing the data collection process with non-funded FCS individuals, the interviewers attempted contacts with people from the list of FCS-funded program employees. In addition, members of the team met with FCS representatives from each of the LANs after the data were collected in order to incorporate their reactions to the results.

Depending on the method of selection used, attempts were made by phone to contact potential respondents in order to schedule interviews either after mailing them an information packet or before faxing it to them. Prior to being interviewed, however, all respondents were sent a packet of information which included a letter explaining the purpose of the study, a list describing the FCS funded programs in the appropriate LAN, and a consent form to be signed and returned. Once a phone contact was achieved, interviewees were asked if they were willing to participate in the project. If they responded positively, an interview was scheduled. Only one person refused to participate and she would not state her reasons for that decision.

The original goal was to interview forty respondents from each of the two LANs. However, that goal was not reached. In the end, twenty-two respondents from LAN 98 and twenty-nine from LAN 99 participated. Difficulties were encountered on two levels. First, respondents were sometimes difficult to reach. Initial attempts to contact potential interviewees were hindered by scheduling conflicts. Often, they were out in the field working or they were in meetings. This is typical of surveys in social service agencies. For the same reasons, it was hard to contact people who missed their scheduled interview appointments in order to reschedule. Second, and compounding this first problem, was the issue of overall project time constraints common to this type of time limited research project. The interviews were conducted over an eight-week period.

6.1.3 Methodology

The interview consisted of an instrument with twenty-four questions designed to address four basic areas of interest (see Appendix C for copy of the instrument). Respondents were asked about 1) their awareness of FCS in the appropriate LAN; 2) their feelings about the effectiveness of FCS; 3) their involvement and the involvement of parents in FCS programs; and 4) their ideas about what needs are arising from the new federal legislation requiring FCS programs to deliver adoption promotion and support and time-limited reunification services. In addition, a question designed to elicit recommendations for additional interview candidates was included. The twenty-four questions also entailed sub-parts. In total, there were fifty questions on the study instrument. The instruments were administered during telephone interviews, which lasted approximately thirty to forty-five minutes.

The research team constructed the survey instrument in collaboration with individuals from FCS-funded programs who represented their agencies in FCS meetings. This joint effort helped to ensure that both the interests of the research team and the agencies were met.

The entire sample was divided between those who worked for agencies receiving FCS funding and those who did not. Those interviewees whose agencies did not receive funding were interviewed first followed by funded agency staff. In keeping with the collaborative nature of the project, this allowed the FCS-funded programs to respond to the data generated by the broader community (i.e. non-funded groups). During the individual interviews with the funded agency staff, information from the previous interviews was not shared with them directly. It was used as a means of informing and guiding the interview. However, at the point of analysis, members from both LANs were given the broad results and had opportunity to react. Such a methodology allows for a richer data collection *and* analysis process.

6.1.4 Data Analysis Methodology

Quantitative analysis was used to acquire frequencies pertaining to the areas of interest listed above. Seventeen of the questions on the instrument were closed-ended (i.e. forced response categories of “yes,” “no,” etc.). Our primary goal, however, was to get a richer description of the respondents’ thoughts about FCS in these two LANs. For this purpose, thirty-three of the questions were open-ended and aimed at getting a narrative response from the interviewees.

6.1.5 Findings

Though the sampling techniques do not allow for in-depth statistical analysis, these findings provide a snapshot or descriptive evaluation of FCS in LAN 98 and LAN 99 at this time. Furthermore, these findings can be used to assist each of these LANs in future program planning. The results of the study are reported in four broad categories: awareness of FCS programs, effectiveness of FCS programs, involvement of agencies and parents in FCS, and the requirement of adoption promotion and support and time limited reunification services.

Awareness of FCS programs

There is obviously a general need for the FCS programs to have a certain visibility in the community. Both community residents and service providers should have some knowledge and awareness of FCS. Though complete and detailed knowledge is not expected, some familiarity with the various programs would be expected.

When asked if they were aware of FCS prior to receiving the information packet, the majority of respondents, 78.4%, stated that they were. Furthermore, most respondents indicated that they felt that FCS programs in LAN 99 and LAN 98 were “well known” to “extremely well known” by service providers and referral agents in those LANs (Table 6.4). However, they also stated that FCS programs were not well known by the general public in each LAN (Table 6.5).

Table 6.4 Level of Knowledge of FCS by Service Providers

Knowledge of FCS by Service Providers	Frequency n = 51	Percent
Extremely Well Known	2	3.9%
Somewhat Well Known	8	15.7%
Well Known	17	33.3%
Somewhat Not Well Known	13	25.5%
Not At all Well Known	8	15.7%
Don't Know	3	5.9%

Table 6.5 Level of Knowledge of FCS by General Population

Knowledge of FCS by General Population	Frequency n = 51	Percent
Extremely Well Known	0	0%
Somewhat Well Known	4	7.8%
Well Known	10	19.6%
Somewhat Not Well Known	11	21.6%
Not At all Well Known	23	45.1%
Don't Know	3	5.9%

There was a curious mixture of responses from interviewees about their specific knowledge of the FCS-funded programs. Respondents knew the specific programs to varying degrees. While some responses indicated that the interviewees were familiar with the FCS programs, others demonstrated that they were more familiar with the parent agencies' programs in general. That is, specific program awareness was not always evident, but general agency (and agency mission) was high.

Respondents also stated that they felt the reason people were unaware of the FCS programs could be attributed to a lack of advertising or marketing by the groups. Further, some also indicated that this was due to a lack of funding available to promote these

services. In LAN 98, a few respondents stated that people were unaware of FCS because the services are not referred to as such in the field; and in LAN 99, there were respondents who stated that FCS programs were not promoted to new recipients because their slots were already full.

FCS representatives from both LANs stated that they were not surprised by these outcomes. They were happy that the familiarity level was so high and not surprised by the lack of knowledge among the general public. Given the amount of funding they receive and the need to use that funding for direct services, it was agreed that increased advertisement to the broader public was unlikely. With regard to the issue of specific programmatic awareness, they believed that such outcomes could be explained by the fact that FCS is a funding source and not a specific type of program. As one individual said, “people who are receiving the services don’t care who’s funding the programs,” they care about what the programs offer. In addition, representatives said that service providers gain their knowledge about FCS through attendance at LAN meetings and that if they do not go to these meetings or their supervisors do not report information from the meetings back to them, they would likely not know about FCS. In line with this statement, 15.7% of the respondents felt that they were very informed about FCS activities in these LANs, 39.2% felt that they were somewhat informed and 45.1% felt that they were not very informed about FCS activities. Internal agency communication of FCS activities might be increased to overcome this gap as needed.

It is important to note that awareness of a given program appears to be correlated to the size of the program and agency. Respondents mentioned the larger agencies and programs more often than smaller agencies. These results *should not* be taken as a sign of effectiveness of a given program. Such inferences simply cannot be made from these numbers; only a general understanding of program visibility can be drawn.

To further understand the respondents’ view of FCS programs, they were asked if they would characterize any of the services as “innovative or unconventional.” Sixty-one percent identified them as having such characteristics, while 14% did not. The remaining

25.5% said that they “did not know” whether the LANs’ programs were “innovative or unconventional.” Those who responded positively were asked which programs they would describe this way and why.

Generally, people identified services as innovative and unconventional because they offered new and interesting services, involve children and families in service delivery and, in some, provide in-home services, which are hard to coordinate and rarely offered. In addition respondents indicated that these services are innovative and unconventional because they work within communities and schools, with specialized groups or different populations, and they offer preventative programs aimed at halting the problems before they begin.

Effectiveness of FCS

One goal of this study was to ask respondents about perceived effectiveness of the FCS program in their LAN. Respondents were given a five-degree Likert scale to rate the effectiveness of FCS in each of the LANs. Eighty-two percent of the respondents who voiced an opinion indicated that FCS has been “effective” to “extremely effective” (Table 6.6). Respondents explained that the programs have been effective because they have provided new resources to programs that needed them and decreased the amount of clients sent to ineffective programs. Furthermore, those who felt FCS has been effective said that funding and the commitment of the providers and the public has supported the programs’ accomplishments. Those who felt that it has not been completely effective (6% of those with an opinion) and not at all effective (12% of those with an opinion) stated that unorganized meetings, management, and funding, as well as difficult access to services has impeded FCS’s progress from their perspective.

Table 6.6 Rating of FCS Effectiveness

Effectiveness of FCS	Frequency n = 50	Percent	Percent of Respondents with an Opinion n=33
Extremely Effective	4	8.0%	12.0%
Somewhat Effective	11	22.0%	33.0%
Effective	12	24.0%	36.0%
Somewhat Not Effective	2	4.0%	6.0%
Not At All Effective	4	8.0%	12.0%
Don't Know	16	32.0%	NA
Refused	1	2.0%	NA

Respondents were also asked about their knowledge of the needs facing children and families in the different neighborhoods. Respondents showed familiarity with needs specific to the many neighborhoods that comprise each LAN. Approximately half the respondents could identify these neighborhood specific needs for the LAN. In both LANs, respondents stated that, generally, the needs confronting children and families were extensive. They included: 1) educational programs for children and adults (i.e. employment training, parenting education, teen educational groups, sexual abuse/incest education); 2) intervention and prevention programs in regards to gang-violence, substance abuse, child abuse and neglect, juvenile delinquency, conflict resolution, crime, domestic violence, and violence in general; 3) family support services such as daycare/childcare, programs for single parents, services promoting positive environments for children, parent/child counseling, counseling in general, and support services for grandparents raising their grandchildren; 4) support services such as transportation to services; 5) housing; 6) employment; 7) poverty; 8) health care; 9) mental health care; 10) nutritional services; and 11) programs for children including mentoring, after-school programs, and recreational programs. Representatives from both LANs felt that the needs listed by the respondents matched the needs they were told about or aware of in their neighborhoods.

The respondents were also asked to reflect on the effectiveness of FCS in meeting the needs they had just listed. Sixty-nine percent said that FCS was meeting the needs, 14% stated that they were not, and 16% said that they did not know if FCS was meeting the needs or not. The majority of the respondents noted that FCS programs were meeting educational and violence prevention needs with a family focus. Others stated that FCS is providing after-school services, community-based programs, recreational programs, and personal safety programs aimed at meeting the local needs.

Respondents were also asked if it is possible for FCS to meet some or all of the neighborhood needs; 21.6% of the interviewees said that it is possible, 3.9% said that they did not feel this is possible, and 2.0% said that they did not know if FCS could meet these needs. (The remaining percentage consists of those respondents who were not asked this question given their response to previous questions i.e. valid skips.)

Those responding negatively explained that they felt FCS was not designed to offer services for all of the needs listed or that there was not enough staffing available to accomplish the task. Respondents who felt that FCS could meet these needs highlighted educational and supportive service needs and that they could do so through family focused activities. The majority of respondents believed that none of the aforementioned needs lie beyond the reach of FCS. Others, however, listed transportation and affordable housing as beyond the scope of FCS. In addition, as they had noted throughout, with the current funding, FCS can not realistically meet all of the community's needs.

Finally, in regard to their awareness of FCS programs, respondents were asked if they felt FCS had brought about change in services aimed at meeting the needs of children and families in the different LANs. A majority of the responses were positive: 64.7% of the respondents saw a change, 11.8% of them saw no change, and 23.5% of them indicated that they don't know if changes had occurred. Generally, when interviewees were asked what changes FCS had brought about in the LANs, people responded vaguely stating that FCS had simply brought about beneficial changes in the community.

Involvement of Agencies and Parents in FCS

One of the primary visions behind FCS programming has been to ensure broad parental and agency involvement. The aim has been to develop a broad and diverse community base to help guide FCS programming and policy. Involvement in a variety of FCS planning and activities was not to be taken up merely by funded agencies, but also by non-funded (i.e. non-FCS money) agencies, community groups, and parents.

Respondents in this survey were asked whether or not they or their agencies were involved in the development of FCS. Forty-three percent indicated that they were, 39% responded that they were not; and 18% stated that they did not know. Those interviewees who were involved, or whose agencies were involved, in the development of FCS programs in their LAN said that that involvement entailed participation in planning the services or events, or simply attending FCS/LAN meetings. Levels of involvement appear to have changed somewhat over time: 31.4% said that the level of their involvement had changed since FCS implementation in 1995, 52.9% stated that it had not, and 15.7% said that they did not know if it had changed or not.

A majority of the respondents stated that their involvement with FCS decreased. However, almost as many said that it had increased in the sense that they extended more services to communities and expanded their programs. Additionally, one respondent indicated that his agency dropped-out of FCS. Most respondents indicated that these changes occurred in 1997. Representatives in LAN 99 explained that in 1997 their meeting time and location changed and that as a result attendance dropped. Furthermore, the make-up of those attending the meetings changed from front-line workers to administrators and supervisors. They also felt that involvement may have decreased among agencies who felt that there was too much reporting to be done for too little funds. Respondents thought that encouragement to stay involved may have led to increased involvement for some agencies.

A majority of the respondents indicated that parents have been involved in putting together and running the programs. Fifty-five percent reported that parents had been, or were, involved in FCS, 18% said that they were not, and 28% stated that they did not know.

Interviewees stated that parents were primarily involved through committee meetings and events where important program decisions were made. Some said that parents were also involved at the school level with programs in the schools. Respondents in LAN 99 were somewhat surprised at the response to these questions. They expected the reported degree of parental involvement would be lower. They said that in the beginning stages more parents were involved; however, involvement seems to have decreased over time. LAN 98 representatives saw the responses to this question as indicative of their attempt to involve parents in every level of FCS activity.

Requirement of Adoption Promotion and Support and Time-Limited Reunification Services

The final section of the interview focused on the changes in federal policy regarding FCS. In October of 1999, a greater emphasis on adoption promotion and time-limited reunification services will be required of each LAN. While it is unclear what the changes will mean for either of the LANs, it was important to raise this issue with the respondents.

A statement informing the respondents of the changes to come in October preceded this section of the interview. Responses to the questions that followed were all based on the knowledge that these services would be mandated regardless of service providers' feelings about their usefulness or appropriateness. Many respondents voiced their belief that the new time constraints put on adoption and reunification made it difficult to support biological families and assess adoptive families for compatibility and skill. Representatives from both LANs echoed these sentiments and added that their current FCS programs were not designed to meet these needs because their communities had not identified them as top priorities.

With this knowledge, respondents were asked if they felt increased adoption promotion and support services were needed in the LANs. A majority, 70.6%, stated that they did feel that these services were needed. Only 2% said that they were not needed. However, 27.5% said that they did not know if the services were needed or not. Of those respondents who felt that the services were needed, a majority explained that this is the case

because of the limited resources of this kind that are available. Others said that they are needed because there are too many children in adoptive situations or under DCFS care and that this creates too large a problem. Overwhelmingly, respondents indicated that the types of services needed to aid in adoption promotion and support included educational and preventative programs to help parents and foster parents.

When asked about untapped or underdeveloped adoption promotion and support services in the LANs, 19.6% of the respondents said that they knew of such programs, 13.7% said that they did not, but a majority, 64.7%, said that they didn't know if there were untapped or underdeveloped programs in the LANs. Those who did believe that there were such programs in their LAN pointed to general adoption services and counseling services for families.

An increase in time-limited reunification services was also widely supported. Only 5.9% of the respondents said that an increase in these services was not needed. The remaining either stated that such an increase was needed, 68.6%, or that they did not know if it was needed, 25.5%. The majority of those who saw the need for an increase in time-limited reunification services believed that they were necessary for two reasons: an under-supply of such services and an oversupply of clients for the programs. Taken together, this means more children and families are "lost in the system" and unable to meaningfully work towards reunification.

The respondents were asked to provide ideas for the types of services needed to support time-limited reunification. Services that provided family support and childcare/after-school care were the most common suggestions. Other suggestions included housing, employment services, needs assessment, parental education, and court advocacy and mediation, to name a few.

As was the case with adoptive services, the respondents did not know if there were untapped time-limited reunification services in their LAN; 64.7% responded in this way. Unlike adoptive services, a greater percentage, 21.6% (vs. 13.7% in adoption), did not believe that there were untapped reunification services. Fourteen percent of the respondents did say

that there were such services available and untapped or underdeveloped. There were few suggestions offered as to what sorts of services these might be, though some did point to prevention services and childcare.

6.1.6 Conclusion

The stated purpose of this research project was to evaluate the effectiveness of the Family Centered Services in 1) building the family centered services and 2) capacity for service delivery in the community. To say that this is a monumental task, even for only two LANs, is an understatement. It is nearly impossible to cleanly and simply measure and analyze the impact of *any* program that seeks to take on such an extensive and complex issue. These case studies provided the opportunity to directly contact a wide array of service providers in the LANs and to discuss their first person observations of the program's impact in the community.

In these two LANs, the FCS Initiative appears to have been successful in the eyes of the respondents. The visibility of the program, while not universal, has been high among service providers. Like most programs, the sources of funding are not nearly as important to the community as the increase in services and potential for improved child and family outcomes.

When respondents were pushed to provide examples of programs with which they had a working familiarity, a curious pattern developed. There was some match between the programs that people highlighted as FCS programs and those programs that actually are supported by FCS monies. However, there were also some gaps between the two. While this could be interpreted as being a sign of poor visibility of the programs, an alternative interpretation is available. The respondents had an excellent working knowledge of various agencies. They were able to look at the list of programs for their LAN and speak to the general purpose of most. Rarely was this a perfect description but it does point out that FCS services have been able to insert themselves into the broader landscape of services provided. Such an overall impact, albeit not immediately apparent, should not be missed.

A similar pattern emerged in the effectiveness questions. The respondents provided a largely positive assessment of the types of services offered. More importantly, however, was the fact that when they listed the types of needs they saw in their neighborhoods, the lists coincided well with the lists of services that were being offered. In both LANs there was also agreement that more ought to be done in these areas and more funding was needed to expand the programs' reach.

Both LANs are currently working to adapt to the changes in federal legislation regarding adoption and reunification services. As was noted above, both LANs were largely supportive of such additional services. Whether this was a function of the inevitability of the changes or whether it was genuine support for such changes is unclear. In follow-up meetings with LAN representatives, there appeared to be support for the services, but also a healthy concern about sufficient funding for existing programs *and* these new programs.

No program or initiative is completely without problems and the FCS Initiative is no exception. There were, in the course of the interviews, occasional voices who expressed beliefs that the Initiative was failing badly. They were, however, in the decided minority.

The nature of the weaknesses identified often coincided with the researchers' observations. There was concern that they were not able to publicize the work of FCS, both to the various service providers and to the general public. There are probably good reasons for this (i.e. funding). Nevertheless, a greater effort might be made to communicate the general work (with or without placing FCS in the forefront) of the various agencies.

In general, internal communication within the LAN and FCS could be improved. It is entirely possible that due to the brevity of the study, some of the ways in which this is accomplished were missed. Still, when there are so many programs in such a large area, serving such a large number of people, good communication can only strengthen the overall effectiveness of the effort.

Finally, both LANs saw the need to improve community involvement in FCS, specifically among parents. Though the results discussed above were presented to the LAN representatives, these results were not met with unqualified enthusiasm. Both LANs were

pleased to hear that most respondents reported parental involvement. Nevertheless, they were also quick to see the need for an even greater level of involvement. Such an increase surely appears to be of benefit to the FCS Initiative.

In a world of tight resources and growing problems, the FCS Initiative in LANs 98 and 99 has been largely successful. The analysis over the last several months has found that both LANs have a good understanding of the problems present in their community *and* they are working effectively to utilize their funding, personnel, and broad community assets to effectively address those problems.

6.2 INNOVATIONS

While many LANs have remained committed to providing traditional family support and family preservation services, other LANs have successfully implemented rather unconventional services as part of their FCS programs. This section describes innovative services and approaches some LANs have taken.

Though the bulk of LANs have initially incorporated multiple goals into their program theories, a few chose to concentrate on one long-range FCS goal. Accordingly, services have conformed to these singular goals. One LAN in particular has focused its program theory around a goal to provide school-based conflict resolution and peer mediation training, having identified youth violence as a major community problem. As a result, youth and families have participated almost exclusively in school-based activities. Services incorporate the following:

- Conflict resolution/peer mediation training for students and staff in various middle and high schools
- parent training programs available according to school district
- school-based referral systems to establish linkages between schools
- police forces, doctors, churches and prevention/treatment services

Community-based telephone services have also emerged as innovative approaches to FCS. In one LAN, a telephone network has been implemented to enable residents to connect to needed resources. A local evaluation conducted in 1997 revealed that consumers used the service to call doctors (93%), DCFS, public aid, or another agency (83%) and to apply for jobs (45%). Positive impacts reported included better contact with children and better communication with schools (87% each). Additionally, referral sources reported participants' improved ability to make and confirm appointments (94%), more appointments kept (87%), and generally improved communication with clients (90%).

LANs are also taking innovative approaches to data collection and evaluation. A number of LANs have frequently shown an impressive degree of commitment to evaluation FCS services. Many collect data from tools such as participant satisfaction surveys and pre-test/post-test outcome measures. Some LANs have instituted evaluation committees specifically geared toward FCS. Others have conducted either in-house evaluations or have contracted with outside evaluators.

Information from the FCS Needs Chart (Figure 5.3) indicates that 7 of the 34 LANs visited indicate a need for quarterly reports that accommodate nontraditional services. This finding is of particular note, keeping in mind the encouragement the state has given to the development of innovative services. Reporting forms in the future may want to accommodate traditional as well as unconventional services to ensure that information from all LANs is being attained as accurately as possible.

7 IMPACT OF FCS ON CHILDREN AND FAMILIES

7.1 PROGRAM LEVEL CHILD AND FAMILY OUTCOMES

One of the most promising findings from the evaluation's field visits concerns prospects for impact evaluations. In addition to the generally favorable local reception to the evaluation, LANs frequently demonstrated a commitment to evaluating their own FCS endeavors. Many collect data potentially useful for the statewide evaluation. These include participant satisfaction surveys, now widely used, and some programs that report pre- and post-intervention data. Some LANs have even conducted their own evaluations of FCS programs or have planned such endeavors.

The local evaluation of FCS telephone service in LAN 3, previously mentioned in this report, provides a promising example. In their report of the survey, Falcone, Blache, and Jalivay (1997) provide impressive documentation of need and impact. They report, for example, that 74% of the first 31 users of the service are TANF eligible. About a third of the referrals came from DCFS. Residents used the telephone service to call doctors (93%), DCFS, public aid, or another agency (83%), and to apply for jobs (45%). Positive impacts reported included better contact with their children and better communication with the schools (87% each). The referral sources reported improved ability to make and confirm appointments (94%), more appointments kept (87%), and generally improved communication with clients (90%).

Similarly promising studies were found scattered around the state, as well as widespread interest in developing local evaluations and in receiving technical assistance for doing so. Yet such efforts apparently receive little circulation due to the lack of organizational vehicles for disseminating results. A key task for the impact evaluation thus became identifying, assembling, assessing, and analyzing as many of these extant reports as possible.

7.1.1 Method

To explore these extant studies, a survey was mailed to each of the 34 LANs that had received field visits (see Appendix D). The survey letter asked local FCS officials to identify FCS programs that had collected client outcome data using reliable measures and a pre-test/post-test design for any of eight key services: respite care; adult/youth mentoring; adult/youth employment training; crisis intervention; mother/infant health promotion; home visiting; pregnancy prevention; and child care. Approximately two weeks after the mailing, follow-up phone calls to local FCS administrators solicited nominations of such programs. Subsequent calls to these programs followed to retrieve the data identified.

7.1.2 Results

Although evaluation staff made numerous attempts to obtain information from each LAN, response rates were low, possibly indicating that little programmatic outcome data was available from individual programs. However, three LANs sent materials on studies in seven programs. They sent raw data, completed analyses and reports, and/or outcome data of another nature. The results of each type of outcome data are summarized below.

Pre-Test/Post-Test Data

Of the LANs surveyed, three had collected client outcome data of the type requested, pre-test/post-test data using standardized measures. One agency collected data from participants of a parenting education skills program. This program provided two hour classes to parents, once a week for six weeks, combined with home visits. Pre- and post-test measures were administered to participants at the beginning and end of the six week course; two instruments were used, one for participants with children ages 0–7, the other for participants with children 7–12. Each measure consisted of eight items that described potentially challenging situations for parents, such as “Your 2 year old constantly hits other children in the park,” and participants were asked to identify which parenting techniques out of the choices provided they would use.

Tests were scored by giving one point for each “correct” parenting technique identified. Directions on the test indicated that “there is more than one appropriate answer per question,” and participants were not penalized (i.e., lost points) for incorrect choices. Pre- and post-test comparisons were made on the basis of the “point-increase” for each item. Point-increase scores indicate the difference in the number of correct parenting techniques chosen – a higher post-test score indicates the number of new (and correct) parenting techniques identified.

Average point increases by item for classes of parents were computed and reported for each quarter from 1996 to 1998. The data illustrated a range of improvement from minimal to moderate with no decreases in scores measuring parental descriptions of how they would respond to their children in a difficult situation. This pre/post test effort is somewhat limited by the in-class responses describing intended behavior, but it illustrates a commitment on the part of the program administrators to recording baseline and post intervention parental functioning.

A second program also collected pre- and post-test information from parent education classes. Two instruments were used: the Index of Clinical Stress (ICS), a subjective appraisal of the amount of stress and anxiety currently experienced, and the Index of Parental Attitudes (IPA), a subjective appraisal of the amount of satisfaction participants felt about their relationship with their child(ren). Pre-tests were administered at intake, and post-tests were administered to participants who attended at least ten sessions. Paired t-tests were used to examine the differences between the pre- and post-test scores on these two instruments for 15 participants. Results indicated a significant ($p < .05$) decrease in participants’ scores on the Index of Clinical Stress, which dropped from 31.8 to 22.31. Although mean scores on the Index of Parental Attitudes also dropped (from 16.8 to 12.4), the difference was not statistically significant. The use of standardized instruments and the attention to parental stress are positive steps in local self-evaluation. Providing “booster” sessions for parents after the class is completed, as well as follow-up measurement of outcomes will enable programs to establish the impact of their work over time.

A third program, an eight week early intervention program for children at-risk for school failure, juvenile delinquency, and substance abuse, collected pre- and post-test data at seven schools. Of interest in this evaluation, this program obtained information using the Revised Behavior Problem Checklist (RBPC) and the Family Adaptability and Cohesion Evaluation Scales (FACES III). The RBPC is a standardized, 89-item rating scale that contains six subscales: conduct disorder, socialized aggression, attention problems, anxiety/withdrawal, psychotic behavior, and motor excess. Normative data for both parent and teacher ratings exist. The FACES III is a 20-item scale that rates a family's level of adaptability (the ability to change) and cohesion (the degree to which family members are connected or separated). Using the data submitted by the program, CFRC conducted paired t-tests to determine the statistical significance of the difference pre and post intervention. In the samples submitted, there appeared to be no change or positive changes in the RBPC; but the changes were not statistically significant. The program had little impact, if any, on the scores in the FACES III. Further investigation of the delivery of the service, the target population and the ability of the measurements to detect the changes desired would be necessary before reaching premature conclusions about the value of the early intervention program.

Other Types of Data

Several programs offered data of other types. Typically, this information consisted of brief summaries of the number of program participants, the services they received, and the proportion who were later reported for abuse or neglect during the length of the program. For example, one program reported that outreach services were provided to 47 pregnant and/or parenting teens, and that, to the best of their knowledge, none of the participants became pregnant again or had a maltreatment report during the program period. This same agency reported that 74 parents received counseling services, and none of these parents were reported for abuse or neglect that year (for confidentiality reasons, maltreatment recurrence among these families could not be verified by the evaluators).

An in-home infant/parent program provided some information regarding outcomes for 16 families who received services beyond assessment. Although two clients were the subject of hotline calls, there were no indicated reports on any clients, and none of the children were placed outside the home during that fiscal year (again, the evaluators could not independently verify this information). In addition, this agency reported “measurable progress” on several other goals, such as increases in parent-child attachment, increases in caregiver understanding of child development, and improved parenting skills and behavior management techniques. Unfortunately, the measures used to obtain these results were not available for this report.

A third program offered a parenting seminar and collected post-hoc retrospective data from 15 program participants. Using a 5-point Likert scale in which 1 = less, 3 = same, and 5 = more, participants reported the following:

- 16) After attending the parenting class, in the last six months I have had ____ patience with my children. (mean = 4.3, sd = .8)
- 17) I feel ____ isolated in the community. (mean = 2.2, sd = 1.0)
- 18) I understand ____ about my child’s development. (mean = 4.8, sd = .4)
- 19) Since taking the class, I spank my child _____. (mean = 1.4, sd = .6)
- 20) As a result of the class, I know ____ other ways to discipline my child other than spanking. (mean = 4.67, sd = .9)
- 21) I know ____ methods of stress management. (mean = 4.5, sd = .74)
- 22) I have ____ access to services in my community. (mean = 3.9, sd = .86)

Finally, several programs indicated that they have collected client satisfaction data, some of which was made available to the researchers. Due to the variability in these measures and the programs for which they are used, it is not possible to make any conclusive statements at this time. For the data received, the client satisfaction was highly positive.

7.1.3 Summary

Taken as a whole, the results of these efforts at documenting client outcomes are promising. Although small numbers of evaluation participants make changes hard to detect, it appears that most of the programs were associated with subjective and meaningful changes in clients' lives.

As the CFRC project team explored evaluation possibilities with local FCS officials during field visits, a promising (but imposing) collection of evaluation instruments for child abuse and neglect prevention programs (Siegel, Treichel, Videen, Luxenberg, & Higgins, n.d.) was provided. Initial explorations of this battery with FCS providers in the LANs, together with the encouraging results of existing evaluation efforts, suggest the need for technical assistance in the LANs to make wider use of such instruments and program evaluation in general.

7.2 MEASURING FCS CHILD AND FAMILY OUTCOMES AT THE ECOLOGICAL LEVEL: INDICATED REPORTS AND PLACEMENT RATES IN THE LANs

The outcomes evaluated should address the full range of goals to which FCS has aspired. They include improvements in several areas of child safety and well-being such as reductions in harm to children. Sequences of outcomes, e.g., initial, intermediate and final, also require attention. Finally, there is an ongoing effort to identify reliable empirical indicators of these outcomes.

In this context, DCFS and some members of the FCS Steering Committee were interested in an analysis of the association between FCS implementation and final outcomes for the child and family. With the caveats described below, the project team investigated the potential for establishing a methodology to examine this association. Due to questions about data available by LAN, the relative recency of accessible LAN level demographic data, and the ability to uncover direct relationships between outcomes and services when many policy changes have occurred during the time that FCS has been implemented, these analyses

should be considered exploratory. They should not be used as evidence for or against FCS effectiveness. Rather, they illustrate the types of analysis that might be done and provide a basis for planning of future evaluation studies.

The potential outcomes established by individual LANs and supported in FCS committee meetings are listed below.

Final Outcomes

- 1) Reducing child abuse and neglect
 - K. hot line calls
 - L. indicated reports
 - M. recurrence rate
- 2) Preserving families
 - A. placement rate
 - B. reunification rate (relevant for Years 6–8, under the reauthorization)
 - C. adoption rate (relevant for Years 6–8, under the reauthorization)
- 3) Enhancing child well-being
 - D. Health (e.g., birth weights, mortality, prenatal care, immunizations)
 - E. Education
 - F. Peer relationships

Intermediate Outcomes

- 4) Developing child rearing capabilities
 - G. parenting/caretaker education/training
 - H. improvement in child-rearing knowledge (e.g., parenting certificates)
 - I. improvement in parenting behavior
- 5) Building community capabilities
 - J. local capacity for planning established or improved
 - K. local capacity for service provision improved

- L. local capacity for coordination among agencies and organizations established or improved
- M. parent involvement increased

Previous chapters of this report have reviewed the findings regarding intermediate outcomes. The following section reviews the methodological considerations in measuring final outcomes for children. Before undertaking this study, it was important to carefully consider the types of outcome evaluations that might be done at this point in time. Subsequent sections describe the methods used in the exploratory analyses and provide their results.

7.2.1 Issues in Conducting FCS Final Outcomes Studies

This section describes alternative approaches to the evaluation of FCS outcomes and outlines advantages and disadvantages associated with each approach. It concludes by recommending a course of action to follow in assessing FCS outcomes.

Evaluation Option 1

Compare FCS participants to non-participants in particular child welfare outcomes such as indicated reports, out-of-home placement, or reunification.

Advantages of this option: This option would constitute a good evaluation technique with traditional types of services and under certain conditions (such as the use of random assignment to participant and non-participant groups).

Primary problems with this option for FCS:

- 6) The chance of spuriously attributing group differences to FCS participation.
 - N. The likelihood of pre-existing differences between participants and non-participants;
 - O. The likelihood of other non-random factors affecting participants and non-participants.

- 7) The difficulty of always distinguishing between participants and non-participants.
- 8) The difficulty of obtaining informed consent to use identifying information in conjunction with child welfare administrative records for research purposes.

Discussion:

On its face, this would appear to be a good way to assess the effectiveness of FCS programs. The assumption behind this approach is that the only difference between participants and non-participants is that one group received FCS services while the other group did not. Thus, in contrasting the groups, it would be expected that outcome differences between the groups could be attributed to FCS services. In practice, however, it wouldn't be reasonable to assume that FCS participation constitutes the only difference between the groups.

The best way to assure that FCS participation is the only difference between the groups would be to randomly assign clients to participant and non-participant groups prior to receipt of FCS services. Without random assignment, it is likely that participants will differ in systematic ways from non-participants. For example, FCS participants could have more social problems than non-participants. This type of pre-existing difference could distort interpretation of outcomes. If FCS participants start off with more social problems, but end up equal to non-participants in an outcome indicator, one might falsely conclude that FCS participation was not beneficial when, actually, without FCS participation, the participant group would have looked worse in the outcome indicator than the non-participants.

Random assignment of social services is always problematic for ethical and logistical reasons, however in the case of FCS services, it is even more problematic due to the nature of many FCS services. Due to its philosophy and funding structure, some FCS services are more diffuse and less concrete than other types of child welfare services. Some FCS services are traditional child welfare services such as parenting classes for which participants could be identified if attendance were taken. Other services, however, such as increased networking

and resource-sharing among community providers, don't necessarily result in clearly identified participants who could be compared to non-participants. Thus, participants and non-participants can be hard to distinguish in some FCS services.

Finally, even if participants and non-participants could be identified, to attach particular client outcomes to particular clients, it would be necessary to obtain informed consent for use of identifying information of administrative records for the purposes of research. Such consent would be especially difficult to obtain from non-participants. Following this course would also necessitate approval from the Institutional Review Boards of DCFS and the University of Illinois.

Evaluation Option 2

Follow FCS participants over time and track changes in outcomes.

Advantages of this option: With this option there is no need to attempt identification of non-participants or to obtain informed consent from them. The outcomes assessment could focus on identified clients in particular concrete services.

Primary problems with this option for FCS:

- 9) The likelihood that things other than program participation would affect participants.
- 10) The difficulty of interpreting observed changes due to the lack of pre-specified change expectations.

Discussion:

The assumption behind this option is that if client changes are observed over time in FCS participants, these changes can be attributed to program participation. Examples of potential changes might include: a decrease in subsequent abuse or neglect reports, achieving a return home goal, or achieving reunification. However, without a comparison group, it was not possible to discern whether such changes would occur without FCS

participation. Likewise, if positive changes occur only at a very low rate among FCS participants, it isn't possible to know whether such changes would occur at the same or even lower rate among non-participants.

7.2.2 Method for FCS Exploratory Outcomes Analysis

Since each approach to evaluating FCS outcomes has associated disadvantages, the best course of action is to choose an approach that has no fatal problems (the inability to identify clients, for example) and clearly specify the limitations of the approach used. Faced with the varying data-recording practices in different LANs, the widely differing service approaches used in different LANs, and the problems associated with identifying FCS participants and non-participants, the evaluators selected the following path for this analysis.

- 11) Identification of a specific, targeted and limited number of final outcomes indicators. Indicated reports of maltreatment and placement from intact families were chosen for this report.
- 12) The computation of LAN-level descriptive data on these outcome indicators over time from Fiscal Year 1993 to the most recently available data.
- 13) For comparison purposes, aggregation of LANs by categories that facilitate substantive comparison such as: type of FCS services provided, reported effectiveness of FCS services, demographic characteristics, or FCS start date.
- 14) To the extent possible, analyses controlled for factors likely to affect outcomes in addition to FCS services. Such factors would include: demographic indicators, DCFS policy and program changes, and other state and local policy and program changes.
- 15) Clear specification of the limitations associated with this approach, primarily the inability to assuredly attribute changes in outcome indicators to FCS services. The analysis is associational only, not causal; other research designs would be required to draw causal conclusions.

This section of the report focuses on the relationship between FCS programs and two outcomes indicators: 1) indicated reports of child abuse and neglect; and 2) placement rates from intact families. Constraints of time and data availability limited the degree to which it was possible to pursue evaluation of additional program outcomes.

The DCFS integrated database offered the most accessible data available for purpose of the analyses. For the kind of ecological analysis reported, data is needed that permits comparisons of LANs over a time period beginning at least a year or two prior to FCS and continuing through its first three or four years at a minimum. The DCFS data met these criteria (although barely in terms of time after implementation). Other data sets reviewed did not satisfy these minimum requirements.

In short, one can view the analysis that follows as a prelude. It represents the possibilities of other multivariate, ecological analyses that explore potential contributions of FCS to other important spheres of child and adolescent life. These would include: health (e.g., as indicated by birth weights, mortality, prenatal care, immunization), education (e.g., as indicated by graduation rates, test scores, and inclusion rather than rejection of students), and peer relationships (e.g., as indicated by delinquency rates).

7.2.3 Exploration of an Ecological Analysis of FCS Child and Family Outcomes

This ecological analysis sought to: 1) investigate the methodological issues in measuring the impact of FCS at the community level and 2) examine the LAN-level relationship between FCS services and two child welfare outcomes: indicated reports of abuse and neglect and placement from intact families.

Four descriptive analyses are provided: 1) LAN-level child poverty rate (the primary control variable in the analysis); 2) FCS spending; 3) LAN-level indicated child abuse and neglect report rate; and 4) LAN-level placement rate for children from intact families.

Methodological Issues in Conducting these Analyses

The task in identifying the impact of FCS on child welfare outcomes at the LAN level is to determine the extent to which outcome differences between LANs derive from FCS characteristics and new services offered, versus other influences. This is typically accomplished by “controlling” for competing factors that might affect child welfare outcomes. For example, if it was possible to account for all the factors that affect child abuse and neglect rates, the effect of FCS could be identified. One might predict that, after

accounting for other influences, LANs with more intensive FCS services would have lower child abuse and neglect rates.

Unfortunately, it is not possible to account for all of the potential influences on child abuse and neglect rates. While the problem of unmeasured influences or “left-out variables” plagues most social studies to some extent, in this case the problem is particularly acute. A primary limitation of this analysis is that the demographic variables used in the analysis are from the 1990 Census. There have clearly been changes in these indicators since 1990. Some may be due to large scale changes, such as the economy, and others could stem from changes in LAN composition. While further investigation may have produced alternative data sources to the 1990 Census, the time and expense associated with assembling this information was beyond that available for this analysis.

These analyses serve to provide information about current trends, establish a baseline, and examine the potential for next steps.

The LAN-level Child Poverty Rate

One of the primary influences on child abuse and neglect rates at the community level is child poverty. LAN child poverty percentage is extremely highly correlated with child abuse and neglect reports at the LAN level. As shown in the bottom rows of Table 7.1, the correlation between child poverty and the indicated report rate varies from .83 in FY93 to .74 in FY97. Thus, child poverty rate alone accounts for between 69 and 55% of the difference between LANs in the indicated report rate.

Not only is the child poverty rate highly associated with the child abuse and neglect rate, it is also highly associated with other 1990 community-level socio-economic indicators. These correlations are also shown in Table 7.1. The high correlations between the child poverty rate and other socio-economic characteristics suggests that the child poverty rate can be used as a proxy for LAN socio-economic character.

Table 7.1 Correlation of Child Poverty Percentage with Other Indicators

Indicator	Correlation with Child Poverty Percentage (1990)
Unemployment percentage	.90
Public aid percentage	.93
Overall poverty percentage	.97
Percent of people with incomes < 50% poverty	.98
Median income	-.71
Percent of preschool age kids in preschool	-.53
Percent of adults with no high school education	.72
Ratio of single to married parent families	.87
Percent African American	.74
Percent white/European American	.75
Percent Hispanic	.12
Child abuse/neglect rate FY93	.83
Child abuse/neglect rate FY94	.86
Child abuse/neglect rate FY95	.88
Child abuse/neglect rate FY96	.77
Child abuse/neglect rate FY97	.74

FCS Funding

Table 7.2 presents summary descriptive data about FCS funding. Table 7.2a shows the total amount spent per LAN, including the minimum, maximum, and the average amount spent per LAN in all LANs with funding in each year. Because not all LANs received FCS funding in the first year, the minimum in Year 1 is 0. Table 7.2b shows the amount spent per child resident per LAN. It indicates that the total amount spent per child over the 5 years of FCS funding ranges from a minimum of \$3.45 per child to \$34.58 per

child. Table 7.2c shows the average amount spent per child per LAN by LAN geographic type is detailed. On average, more money is spent per child in Chicago LANs than other types of LANs. On average, the amount spent per child is lowest in suburban LANs. Table 7.2d shows the average amount spent per child per LAN by FCS target group. The figures reflect the fact that FCS funding began earlier in the Target 9 LANs than in the other two cohorts. After full FCS implementation, Target 9 and Group 24 LANs received, on average, more FCS funding per child than Group 29 LANs. Group 24 LANs had the highest FCS funding per child in Year 3 through Year 5. These findings reflect the decision to allocate FCS funds according to a formula weighted in terms of need.

Table 7.2 FCS Spending

7.2a Total Amount Spent				
	Minimum	Maximum	Mean	S.D.
Year 1	\$0	\$202,500	\$21,331	\$46,535
Year 2	\$20,301	\$421,875	\$88,420	\$78,478
Year 3	\$40,601	\$314,842	\$118,202	\$64,572
Year 4	\$50,424	\$388,091	\$126,740	\$61,705
Year 5	\$50,424	\$318,842	\$126,470	\$61,605
5 Years Total	\$166,750	\$1,440,000	\$485,243	\$284,246
7.2b Amount Spent Per Child Resident				
	Minimum	Maximum	Mean	S.D.
Year 1	\$0	\$5.42	\$0.55	\$1.17
Year 2	\$0.43	\$9.38	\$2.37	\$2.02
Year 3	\$0.86	\$8.47	\$3.18	\$1.72
Year 4	\$1.07	\$10.39	\$3.49	\$1.80
Year 5	\$1.07	\$8.47	\$3.39	\$1.57
5 Years Total	\$3.45	\$34.58	\$12.98	\$7.41

Table 7.2 FCS Spending (continued)

7.2c Average Amount Spent Per Child Per LAN Geographic Type				
	Chicago	Suburban	Outstate	Total
Year 1	\$0.93	\$0.18	\$0.60	\$0.55
Year 2	\$3.37	\$0.88	\$2.81	\$2.37
Year 3	\$4.28	\$1.60	\$3.64	\$3.18
Year 4	\$4.63	\$1.99	\$3.89	\$3.49
Year 5	\$4.14	\$1.99	\$3.89	\$3.39
5 Years Total	\$17.34	\$6.65	\$14.83	\$12.98
7.2d Average Amount Spent Per Child by FCS Target Group				
	Target 9	Group 24	Group 29	Total
Year 1	\$2.84	\$0.18	\$0.15	\$0.55
Year 2	\$5.18	\$2.97	\$1.00	\$2.37
Year 3	\$3.63	\$4.46	\$1.99	\$3.18
Year 4	\$4.19	\$4.46	\$2.48	\$3.49
Year 5	\$3.49	\$4.46	\$2.48	\$3.39
5 Years Total	\$19.33	\$16.52	\$8.08	\$12.98

Analysis of Relationship Between FCS and Indicated Child Abuse and Neglect Rates

The indicated child abuse and neglect rate is defined as the number of children per 1,000 children under the age of 18 who were included in abuse and neglect reports. The LAN-level child abuse and neglect rate figures are from the LAN Fact Book (DCFS, 1996a).

Descriptive data

Table 7.3 presents descriptive data about indicated reports of child abuse and neglect. Table 7.3a shows the minimum, maximum and average number of indicated reports per LAN by funding year. The maximum number of reports per LAN ranges from 45.12 in

Year 1 to 29.27 in Year 5. The average number of reports increases in Year 2 and Year 3 and decreases in Year 4 and again in Year 5. The recent three-year decline in indicated reports coincides with the origins of FCS as well as several other DCFS initiated policy changes.

Table 7.3b shows the indicated report rate by LAN geographic type. The pattern over time in each geographic type is the same as the overall pattern, increasing then decreasing. This table shows that the average report rate is much lower in suburban LANs than in Chicago or outstate LANs. Table 7.3c shows the average indicated report rate by FCS target group. On average, LANs in Group 29 have a much lower indicated report rate than LANs in the other two groups. Target 9 LANs have the highest average indicated report rates. This is not surprising in that the Target 9 LANs were identified as those with the greatest need for FCS services.

Table 7.3 Indicated Child Abuse and Neglect Reports

7.3a Number of Indicated Child Abuse and Neglect Reports per 1000 Children per LAN				
	Minimum	Maximum	Mean	S.D.
FY93	1.51	45.12	12.34	7.47
FY94	1.86	41.98	14.20	8.39
FY95	1.98	43.57	15.19	8.82
FY96	1.76	28.41	13.38	6.32
FY97	1.67	29.27	12.92	6.05
7.3b Average Indicated Report Rate by LAN Geographic Type				
	Chicago	Suburban	Outstate	Total
FY93	17.32	5.19	14.41	12.34
FY94	20.60	6.00	16.27	14.20
FY95	23.15	6.85	16.70	15.19
FY96	16.92	6.50	15.89	13.38
FY97	15.59	6.25	15.68	12.92

Table 7.3 Indicated Child Abuse and Neglect Reports (continued)

7.3c Average Indicated Report Rate by FCS Target Group				
	Target 9	Group 24	Group 29	Total
FY93	19.00	16.29	7.02	12.34
FY94	22.25	18.20	8.39	14.20
FY95	23.30	19.29	9.29	15.19
FY96	18.84	16.80	8.85	13.38
FY97	18.15	15.67	9.03	12.92

Indicated Report Rate — Percentage Change FY95 to FY97

The analysis now examines change over time, focusing on the three year time period from FY95 through FY97. The first year represents the beginning of the FCS Initiative and also the highest level of indicated reports over the entire six year period examined earlier. Although FY97 data was the latest available, the collaborative, incremental, and innovative characteristics of FCS strongly suggest that effects on community rates of abuse and neglect or placement would not be measurable within this three year timeframe. Obtaining the sixth year of data (FY98) would have been desirable in terms of the putative reliability of the analysis, but these data were unavailable in the form in which they were needed at the time of the analysis.

The following four tables pertain to the percentage change in the indicated report rate from FY95 to FY97. The percentage change indicates change relative to a baseline rate. In this case, the baseline rate is the FY95 rate. The percentage change figure is calculated as follows: (FY97 indicated report rate — FY95 indicated report rate) / FY95 indicated report rate. Statewide, the indicated report rate dropped during this period by 10 percent. The four tables below show how the LAN-level percentage change in the report rate varies by geographic and FCS target categories.

Table 7.4 shows that the average percentage change in the report rate was greatest for Target 9 LANs and least for Group 29 LANs. However, the LAN with the greatest

percentage drop in the indicated report rate (- 46%) was in Group 24. The LAN with the largest increase in the indicated report rate (+ 46%) was in Group 29. Nevertheless, it appears on average, the largest reductions in report rate occurred in the LANs with the longest length of program service delivery, the LANs identified with the highest index of need at the time of initial program funding.

Table 7.4 Percentage Change in Indicated Report Rate

Target Group	Average	S.D.	Smallest Drop*	Greatest Drop	Median
Target 9	-.18	.15	+.11	-.41	-.18
Group 24	-.15	.17	+.19	-.46	-.12
Group 29	-.03	.20	+.46	-.25	-.10
Total	-.10	.19	+.46	-.46	-.12

* In some cases, there is an increase in indicated report rate. A “+” represents the highest increase during this period.

Table 7.5 shows how the percentage change in the indicated report rate differs by LAN geographic type. The indicated report rate dropped in all of the Chicago LANs, that is, no Chicago LAN had an increase in the report rate over this time period. Also, the LAN with the largest decrease in the report rate (-46%) was a Chicago LAN.

Table 7.5 Percentage Change in Indicated Report Rate by Geographic Type

Geographic Type	Average	S.D.	Smallest Drop*	Greatest Drop	Median
Chicago (n = 13)	-.28	.14	-.10	-.46	-.34
Suburban (n = 18)	-.08	.17	+.46	-.25	-.13
Outstate (n = 31)	-.04	.18	+.44	-.30	-.09
Total	-.10	.19	+.46	-.46	-.12

* In some cases, there is an increase in indicated report rate. A “+” represents the highest increase during this period.

Table 7.6 shows how the percentage change in the report rate varies by LAN child poverty group. The child poverty group is simply a division of the LANs into thirds based on the 1990 child poverty percentage. LANs in the group with the highest 1990 child poverty rate had the largest average percentage drop in the indicated report rate.

Table 7.6 Percentage Change in Indicated Report Rate by Child Poverty Rate

Child Poverty Rate	Average	S.D.	Smallest Drop*	Greatest Drop	Median
Lowest (n = 21)	-.05	.19	+.46	-.25	-.12
Middle (n = 20)	-.08	.14	+.29	-.30	-.10
Highest (n = 21)	-.17	.22	+.44	-.46	-.15
Total	-.10	.19	+.46	-.46	-.12

* In some cases, there is an increase in indicated report rate. A “+” represents the highest increase during this period.

Table 7.7 shows the percentage change in the indicated report rate by whether or not a LAN provided certain services. For the most part, there is little difference in the rate of change of indicated reports when examined by service provision. For one service (after school programs) there is a statistically significant difference at the .05 level. However, it is important to note that many questions exist regarding the interaction of service delivery with other variables. For example, with respect to counseling, to whom is it targeted; would it be expected to have an impact on the same population that is the subject of indicated reports? Another might be whether LANs not providing counseling services are providing other services that are associated with reductions in indicated reports.

The differences noted may also represent differences in report rates between LAN geographic type because services offered tend to vary by geographic type. For example, after school programs were more likely to be provided by Chicago and outstate LANs than by suburban LANs. Future exploration of these types of relationships may enable the investigators to establish more precise relationships.

Table 7.7 Percentage Change in Indicated Report Rate by Service Type

Service	Provided Service	Did Not Provide Service	Difference
Home visits	-.12	-.06	.06
Parent education	-.11	-.07	.04
Counseling	-.08	-.18	-.10**
Respite care	-.11	-.11	.00
After school programs*	-.15	-.04	.11
Child care	-.12	-.09	.03
Mentoring	-.09	-.13	-.04**
Support groups	-.10	-.11	-.01
Family events	-.12	-.06	.06
Life skills training	-.09	-.15	-.06**
Community awareness	-.11	-.10	.01

* Difference significant at .05 level of probability

** Shows a change in the opposite direction; LANs not providing this service had a greater reduction in indicated reports

Analyses of Relationship between FCS and Placement From Intact Families

The child placement rate is defined as the number of children placed from intact family to substitute care per 100 children spending a full year in substitute care during the fiscal year in consideration. The figures are from the LAN Fact Book (DCFS, 1996a).

Descriptive Data

Table 7.8 below presents descriptive data about placement from intact families. Table 7.8a shows the minimum, maximum and average LAN-level intact family placement rate. Over time, the intact placement rate follows a pattern similar to the pattern of indicated reports: the rate increases, then falls. The maximum placement rate ranges from

35.19 in FY94 to 19.35 in FY97. Table 7.8b shows the average intact family placement rate by LAN geographic type. The pattern is the same for each geographic type. On average, outstate LANs have the lowest intact family placement rates and Chicago LANs have the highest. Table 7.8c shows the placement rate by FCS target group. The average rate is highest in Target 9 LANs and lowest in Group 29 LANs.

Table 7.8 Placements from Intact Families

7.8a Number of Children Placed Per 100 Children in Intact Case for One Year				
	Minimum	Maximum	Mean	S.D.
FY93	2.53	29.39	11.85	6.01
FY94	2.13	35.19	14.01	7.52
FY95	2.81	26.81	14.08	6.19
FY96	2.59	25.04	9.99	4.68
FY97	2.25	19.35	9.94	4.27
7.8b Average Rate by Geographic Type				
	Chicago	Suburban	Outstate	Total
FY93	17.02	13.32	8.82	11.84
FY94	18.89	17.32	10.16	14.01
FY95	20.69	16.72	9.77	14.08
FY96	13.29	10.64	8.22	9.99
FY97	13.76	10.84	7.81	9.94
7.8c Average Rate by Target Group				
	Target 9	Group 24	Group 29	Total
FY93	13.68	12.26	10.77	11.85
FY94	16.44	14.11	13.16	14.01
FY95	16.39	13.49	13.85	14.08
FY96	11.43	10.68	8.96	9.99
FY97	11.59	9.86	9.49	9.94

Intact Family Placement Rate – Percentage Change from FY95 to FY97

Table 7.9 shows the percentage change in the intact family placement rate by FCS target group. The average percentage drop in the placement rate is similar in the three groups. However, the variance in the percentage change is greater in the Group 24 and Group 29 LANs than in the Target 9 LANs.

Table 7.9 Percentage Change in Intact Placement Rate by FCS Target Group

Target Group	Average	S.D.	Smallest Drop*	Greatest Drop	Median
Target 9	-.25	.26	+.28	-.48	-.36
Group 24	-.23	.35	+.70	-.73	-.28
Group 29	-.20	.41	+.86	-.81	-.30
Total	-.22	.36	+.86	-.81	-.30

* In some cases, there is an increase in indicated report rate. A “+” represents the highest increase during this period.

Table 7.10 shows the percentage change in the intact placement rate by LAN geographic type. The average percentage drop in the intact placement rate is greater in Chicago and suburban LANs than in the outstate LANs. None of the Chicago LANs had an increase in the intact placement rate. One of the outstate LANs had an 86 percent increase in the intact placement rate.

Table 7.10 Percentage Change in Intact Placement Rate by Geographic Type

Geographic Type	Average	S.D.	Smallest Drop*	Greatest Drop	Median
Chicago (n = 13)	-.32	.16	-.03	-.58	-.35
Suburban (n = 18)	-.31	.29	+.29	-.81	-.32
Outstate (n = 31)	-.12	.43	+.86	-.73	-.24
Total	-.22	.36	+.86	-.81	-.30

* In some cases, there is an increase in indicated report rate. A “+” represents the highest increase during this period.

Table 7.11 shows the percentage change in the intact placement rate by child poverty group. Though there is not much difference between the three groups, the group with the lowest 1990 poverty rate had a slightly greater percentage drop in the intact placement rate.

Table 7.11 Percentage Change in Intact Placement Rate by Child Poverty Rate

Child Poverty Rate	Average	S.D.	Smallest Drop*	Greatest Drop	Median
Lowest (n = 21)	-.27	.32	+.46	-.81	-.26
Middle (n = 20)	-.19	.44	+.86	-.63	-.36
Highest (n = 21)	-.19	.32	+.61	-.73	-.26
Total	-.22	.36	+.86	-.81	-.30

* In some cases, there is an increase in indicated report rate. A “+” represents the highest increase during this period.

Table 7.12 shows the percentage change in the intact placement rate by whether or not LANs offered particular services. There are some positive trends in change for several of the services offered, but none at the .05 level. The greatest magnitude of change is in higher reductions in placement from intact families in those LANs that also offer child care. These same LANs did not show a discernable change in rates of indicated reports.

Table 7.12 Percentage Change in Intact Placement Rate by Service Type

Service	Provided Service	Did Not Provide Service	Difference
Home visits	-.22	-.17	.05
Parent education	-.21	-.21	.00
Counseling	-.23	-.15	.08
Respite care	-.15	-.24	-.09*
After school programs	-.18	-.25	-.07*
Child care	-.26	-.11	.15
Mentoring	-.22	-.19	.03
Support groups	-.21	-.21	.00
Family events	-.20	-.25	-.05*
Life skills training	-.23	-.16	.07
Community awareness	-.21	-.21	.00

* shows a change in the opposite direction; LANs not providing this service had a greater reduction in indicated reports

7.2.4 Summary and Conclusions

Research has demonstrated links between community-level factors and child outcomes such as rates of child abuse and neglect (Coulton, et al., 1995; Garbarino & Kostelny, 1992). This section of the report explored the relationship between some FCS characteristics and potential variables for marking community level outcomes. As with earlier attempts to look at community-level effects, this analysis faced important limitations. One limitation was the inability to obtain all relevant data. For example, while the Census Bureau through the Current Population Survey estimates poverty rates yearly at the state and national level, census tract data which is needed to compute LAN-level poverty rates is only available from the decennial census. The LAN-level changes of concern were between FY95 and FY97. This analysis was also limited in its application of community-based theory. The

theory is derived from neighborhood or census tract-level analysis, but in this case, it was applied to the LAN level. Despite its limitations, this analysis establishes a starting point for future research which seeks to identify community-level effects of service programs on child welfare outcomes.

Future analysis would be strengthened by more detailed data on the socio-economic character of the LANs over time. Indicators of social organization such as residential mobility rates, family disruption rates, proximity to areas of concentrated poverty, and crime rates would be especially useful. Future work would also be strengthened by the addition of detailed data on LAN-level services and prevention resources other than those provided through FCS. Finally, future work would be strengthened by theoretical and conceptual work about how processes identified at the community-level should be translated to the county level, and how processes identified in urban areas should be translated to rural areas. Perhaps such processes function differently or not at all in LANs of different geographic types.

8 CONCLUSIONS AND RECOMMENDATIONS

8.1 STUDY FINDINGS

8.1.1 Services Delivered

FCS services involved over 94,000 participants during the most recent full program year (Year 4, FY98), including 64,386 children; 30,241 adults; and 25,050 family units. Children served ranged in age from infants through adolescents. The program served a diversity of children and families including European-American, African-American, Latino/a, Asian-American and others. Available data on income suggests that FCS also has succeeded in concentrating services for those most in need. Thirty-eight percent of participating families reported annual incomes under \$10,000 and nearly 70% reported income under \$20,000.

FCS also has provided an extensive array of services across the state with each LAN identifying their own service needs and modifying services as necessary over time. Services have included: home visiting, parenting classes, counseling, respite care, after school youth development, child care, mentoring, support groups, family activities, life skills and personal safety, and community awareness. Home visiting, for example, was provided by 71% of the reporting LANs (60). It ranked as the first or second most frequently provided service in 23% of the LANs.

Further classification of family preservation and family support programs was possible for 280 individual programs that had provided this information in reports to the state. One program reported a traditionally defined intensive family preservation program targeted at children and families at risk of placement, providing in-home services with a crisis intervention focus, and time-limited intervention. Providers also identified 13 in-home service programs; 50 secondary prevention programs for children and families at-risk of child maltreatment and family breakdown, 189 primary prevention family support programs,

and 27 programs of mixed type. The breakdown of services delivered closely parallels the state's funding allocation commitment of 2/3 for family support and 1/3 for family preservation.

8.1.2 Service Expansion

As appropriate for local needs, FCS has sought to expand existing services and to provide new and innovative services to more effectively advance child well-being while extending and strengthening service networks. Reports from throughout the state indicate progress in attaining these objectives. For example, field researchers found evidence of participation by hard-to-reach populations in about 40% of the LANs visited. By definition, this suggests some success toward the service change and network development objectives mentioned. That is, this finding can be interpreted to mean that 40% of the LANs visited exhibited success in this area beyond what they had already achieved or would have achieved without FCS resources. In addition, field researchers found over 85% of the visited LANs experienced a high level of interagency collaboration in planning and over 60% indicated more frequent agency collaboration in service delivery.

8.1.3 FCS Impact

In the early years of FCS implementation, it is most fruitful to examine successes and barriers to implementation, achievements of FCS programs in overcoming obstacles, establishment of stable services, ability to track and monitor interventions, and development of collaborative efforts. For a number of LANs, FCS funded programs have had a notable impact on service coordination, breadth of services offered, and number of people who can obtain services. Even in some rural LANs which are often the most difficult to impact due to distances from services and the minimal number and type of services available, the FCS Initiative has facilitated the development of innovative outreach and coordination services. One example includes organizing telephone service coordination mechanisms to better target and deliver services to those in need.

Parental Involvement

Following family support principles, FCS also has sought to involve parents in the governance of FCS and the planning and review of local services. While this has proven a difficult objective to achieve, FCS has provided statewide training during Year 5 to assist LANs in this regard, and individual LANs have redoubled their efforts to involve parents. Field researchers during 1998 reported a high level of parent involvement in over 20% of the LANs visited. Moreover, during Year 4 (1997-98), 60 responding LANs (out of 62 total) report 378 FCS Planning Group meetings during the year — an average of over 6 per LAN — with parents representing 30% of those attending.

Community and Family Impact

Impact was assessed in a number of ways. These included: 1) field interviews and observations in most of the LANs, including extended and repeated observations in a dozen of them; 2) review of existing local evaluation efforts; and 3) case studies of FCS implementation and impact in two LANs. Data collected through a variety of methods in a number of sites demonstrate the impact FCS has had in many LANs in strengthening the local service network and increasing coordination and collaboration. Consumer surveys also indicate high levels of satisfaction with the quality of services and the manner of delivery. While there is much to be learned in the LANs about conducting such surveys, the fact that they exist at all, and that they are yielding some very favorable results, suggests a positive trend in both consumer participation/satisfaction and in the programs' willingness and ability to seek consumer input with respect to quality of services delivered.

The investigators also conducted a study of methodology best used for identifying and describing any associations that might be found between FCS implementation and rates of child abuse, neglect and placement from intact families at the LAN level. To further inform future efforts in tracking LAN level outcomes, the project team conducted an exploratory analysis of the association between LAN characteristics and two potential outcome measures: indicated child abuse reports and child placement from intact families.

These analyses served as first steps in determining to what extent ecological analyses will be useful in future evaluations. These steps are important in aiding the LANs and state to continue to develop their ability to measure and evaluate outcomes for children and families as they relate to FCS implementation.

8.2 RECOMMENDATIONS

8.2.1 Continue to Support FCS

The FCS Initiative has made differential progress throughout the state and has established frameworks for continuing dialogue, negotiation, and collaboration. The new federal requirements both expand FCS constituencies and provide a common task and challenge around which the diverse parties can continue to organize and realize original visions. The evidence of impact on service coordination, filling gaps in service delivery, reaching previously underserved populations, improved grass-roots involvement, and improvements in service infrastructure all support adopting the goal of improving and expanding FCS programs. In addition, perceived improvements in client functioning such as parenting skills, positive youth behavior, and school performance suggest that further investment in this initiative would bear additional positive outcomes. Additional support should include targeted funding and increased technical assistance in overcoming the barriers identified in the LANs and evaluating service delivery systems. These recommendations and others are detailed below.

8.2.2 Strengthen FCS Administratively for Increased Program Support

Accumulating experience from FPFS studies suggests the importance of adequate commitments of staff to optimally develop integrated family preservation and family support community-based networks. This need applies at the statewide level of FCS just as it does for local implementation by the LANs. FCS has accomplished much in its first five years

with a modest allocation of central office staff. Fostering communication between the LANs and FCS statewide and among the LANs themselves depends on sufficient staff allocation to make it happen. The new federal requirements that the re-authorization has brought make the need for increased staff even more important since the LANs will need technical assistance from FCS statewide to deal with the complexities of the new requirements.

- Increase staff assigned to FCS statewide.
- Examine and develop the LAN Liaison role to facilitate much of the above.
- Assign augmented statewide staff to the LANs, with ongoing contact by telephone, correspondence, and periodic field visits, and to facilitate regularly scheduled FCS conferences for all LANs in a particular group.
- Build links with DHS. This strategy would parallel efforts already underway in coordination efforts between DCFS and DHS. The latter has a strong commitment to prevention that fits well with FCS. It also has responsibility for implementing changes in welfare policy the consequences of which FCS in the LANs increasingly must cope with.

Enhance Visibility of FCS and Clarify Its Role

FCS remains unknown to many in the LANs, in DCFS, in private agencies, and in community organizations. While the limited FCS resources suggest caution against promising services that do not yet exist, the program's low visibility poses a concern in light of the FCS mission to foster collaboration and of expectations about finding other sources of funding. Greater visibility can advance both purposes.

- Publicize FCS at state level; continue planning work begun by Public Information Committee in developing to do so.
- Clarify that FCS is not a program operated solely by DCFS. DCFS has done a great deal in its role as primary agent at the state level, but recognition needs to continue and to grow that FCS is a collaborative effort at the state and local levels. FCS collaborators then need to accept the resultant tension and to make

it as productive as its promise (i.e., continue to build sound working relationships between DCFS and family support partners in this enterprise).

Improve Communications

Any program, and especially any large new initiative, can use more help to develop its communication capabilities. This is even more true for a decentralized operation like FCS with its multiple and ambitious goals and diverse constituencies.

- Increase opportunities for peer learning. The exciting accomplishments of many LANs in developing their FCS programs frequently do not become widely-known. Regularly scheduled conferences of FCS representatives from multiple LANs, resultant correspondence, and newsletters could help other LANs benefit from the experiences of their colleagues elsewhere in the state.
- Establish an FCS website with links to DCSF, DHS, and other websites; include chatroom or other interactive communication possibilities.
- Encourage and support FCS presence, from both statewide and LAN levels, at state and national conferences

Continue to Systematically Explore the Dimensions and Impact of FCS

Like any study, this evaluation has suggestions for further research. Several specific possibilities stand out. Each can be a relatively short-term project. All could be completed during the next year.

- Do the targeted ecological mapping study suggested earlier in this evaluation. Such a study would examine LANs that have implemented FCS by concentrating resources within a few small geographic areas, such as a housing complex or other residential neighborhood, typically organizing services through some sort of a community center or family services center. This evaluation would plot concentrations of indicated reports of child abuse and neglect, and any other available data related to child well-being, before and after FCS implementation for those areas not receiving the concentrated services as well as that do. Complications in retrieving and transferring the necessary data from CANTS

(Child Abuse and Neglect Tracking System) to GIS (Geographic Information System) will need attention to accomplish this study.

- Delineate content and variety of service types. This evaluation has reported on the variety of services provided under FCS auspices and has explored in field interviews and archival review the forms that services take and the impacts that they produce. A good deal also remains to be known about the different forms, for example, that home visiting or parenting education take across the various LANs or even within one LAN. It would be good to know.
- Provide training for accurately completing the Quarterly Progress Report, and establish ongoing feedback to improve completeness and reliability. This evaluation has found the Quarterly Progress Report valuable as a source of data characterizing basic service dimensions of FCS. It should prove useful as an information system throughout the next years of the Initiative. At the same time, the extent of missing values (“unknown”) for several socio-demographic variables (e.g., income, ethnicity, and age) and the reliability of some of the service variables require attention. FCS Statewide has responded with appropriate revisions in the past to lay a solid foundation for further development. These efforts and the communications associated with them, along with the familiarity that FCS service providers throughout the state now have with the forms, have paved the way for the ongoing training and communication relationships which should now follow.

Develop Ongoing Evaluation Capabilities in the LANs for Local Use in Program Development

The evaluation's field research and ongoing contacts have revealed considerable interest in program evaluation in the LANs. The LANs, as well as FCS statewide, can gain a great deal from a commitment to ongoing, practical evaluations conducted locally. This will require a coordinated program of technical assistance. The steps suggested below provide a framework.

- Support the move toward self-evaluation as an intrinsic part of local FCS program development by offering technical assistance to interested LANs.
- Develop local talent for conducting ongoing evaluation as part of ensuring its practical benefit and to make them more accessible to those who can benefit from them.

- Recognize tensions introduced by diverse, central, important FCS objectives, e.g., (1) between conventional, program-linked client outcomes focus and community capacity-building focus and (2) tension between a focus on governance and service coordination at the LAN-level and a focus on governance and service coordination at the neighborhood or community level.
- Develop feasible, useful, and informative outcome measures and methodologies regarding intermediate outcomes and child well-being indicators.
- Make explicit and central to self-evaluation the meaning and value of program evaluation, e.g., what tasks will achieve our goals, how will we know we are doing these tasks, what should the impact be, how and when will we measure services delivered and impact on children and families.
- Establish linkages with local colleges and universities to draw on student volunteers and faculty consultants to aid the local evaluation effort.
- Draw on extant resources such as Siegal et al., Ahsan and Cramer (1998), and the YMCA self-evaluation guide.
- Provide systematic technical assistance locally and statewide in developing an ongoing self-supporting evaluation system that will encompass both implementation and all levels of outcome measures (preliminary, intermediate and final).

Further Integrate FCS with Other Relevant Initiatives

The philosophy and vision of FCS point toward increased awareness of, and collaboration with, related efforts. The needs of those other initiatives, as well as the overall community goal of marshalling resources and coordinating efforts to improve the lives of children and to assess progress toward that goal, also require linkage with FCS. The following steps point in that direction.

- Seek to identify and develop outcomes measures useful at truly ecological levels of program development and analysis and longitudinally. Again, this search would point toward pooling similar efforts focused on other initiatives.
- Continue to develop the LAN database constructed for this evaluation.

- Endorse and advocate for the Children's Charter (see Appendix C). It offers a vision consistent with FCS aspirations and a vehicle for beginning to garner resources sufficient to the task.

Continue Work on Ongoing Issues and Program Direction Considerations

Major issues have a way of not getting resolved but instead continuing in one form or another. This phenomenon has been true for FCS too. The following specific suggestions deal with long-standing issues in the Initiative's history.

- Explore increasing parental involvement and making it more viable by establishing parent governance groups, then with representation to larger group. This effort would also include following James Bell and Associates' recommendations for ensuring appropriate engagement of parents and ensuring consistency with family support principles.
- Examine the role that community organizing can play in FCS. Its community capacity building goal could benefit from increased attention to community organizing, a function that has begun to reemerge in a renewed fashion recently. This development includes efforts, such as Community Organizing and Family Issues (COFI) that address issues directly relevant to FCS concerns. Broad-based citizen community organizing, such as that practiced by United Power for Action and Justice in the Chicago metropolitan area, also provides an intriguing option for FCS consideration.
- Continue to plan for implications of welfare changes and for other developing initiatives.
- Renew focus on effective search for blended and joint funding streams. Provide central support to the LANs in this endeavor.

8.3 SUMMARY

The most important next steps in FCS development locally and statewide are to take advantage of existing companion resources, including community development efforts; develop additional levels of funding; and offer technical assistance in program development

and evaluation. In addition, administratively, it is important to enhance communication systems locally, among programs and with the state offices; and to further develop the administrative infrastructure locally and at the state level.

With respect to future evaluation efforts, there are three central goals. The first is to establish an ongoing in-house evaluation system for the state and the LANs. This should be done by providing consultation at the state and local level to develop commonly held process and outcome measures that can be replicated in every LAN. A database would be developed at the state level (and locally where facilities permit) and updated with the submission of the periodic LAN reports. This database would also include related LAN level data to aid in community analyses. Development of these measures will require commitment at all levels, identification of mutual goals for all LANs, and operationalization of these goals and methods for goal achievement. At the local level, program goals, desired outcomes and interventions must also be described and measured. This is particularly important due to the diversity of needs and goals by LAN.

The second major goal is to enable the measurement of interventions or services provided. The third is to identify and establish appropriate outcome measures and develop the means to measure them.

This evaluation will require extensive personal contact among the evaluators, the state and the LANs. The premise of this technical assistance is to identify what the providers need and to devise a methodologically sound process for evaluation. In addition, the creation of common measures and methods will also require in-person meetings to ensure that the results are indeed, commonly owned by the participants.

Collection of baseline data, intervention descriptors, and outcomes are critical to the ability of the evaluation to identify and measure program impact; and, hence, critical to the optimal performance of the FCS program.

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APPENDIX A

PRELIMINARY LETTER TO THE LANS

March 13, 1997

Dear Mr. S:

The Illinois Department of Children and Family Services (DCFS) recently contracted with the Children and Family Research Center to conduct an independent, statewide evaluation of the Family Centered Services (FCS) Initiative. Building on a preliminary telephone survey last spring, this study will begin by examining how the state's 62 Child and Adolescent Local Area Networks (LANs) have implemented FCS. For this purpose, we are preparing a social history of each LAN, tracing the development of its FCS effort. You will find enclosed an initial version of the FCS social history for LAN XX, based principally on the annual applications.

Please note that we have characterized this version as "first generation" because we expect that the social history will progress as we interview you and others with extensive background knowledge. Thus, you will likely find the enclosed version incomplete, or perhaps not truly reflective of your experience. In any event, we would like to learn what you find noteworthy and problematic about the implementation of FCS in LAN XX.

Toward this end, we would like to arrange initial interviews with you and other FCS leaders, preferably as a group to begin with. Perhaps we could do this at a regularly scheduled FCS or LAN meeting, if that would be convenient. Someone from our staff will contact you to see what would work for arranging such an interview, which may last around an hour. We appreciate your participation in the evaluation, and look forward to speaking with you and your colleagues.

In addition to learning any changes you wish to suggest in the enclosed social history, we would like to talk with you at greater length about the subjects rather briefly covered in it. While the application narratives have provided good background information on your FCS initiative, we would like to flesh out the story by hearing at greater length from you and others who have helped FCS develop in your LAN. Eventually, over the next several months, we would like to address some general questions such as the following:

What successes has your FCS effort achieved (especially those not already covered in previous applications and progress reports)?

What obstacles does your FCS effort currently face?

How will the LAN deal with these obstacles?

Currently, what goals and objectives are you pursuing in your FCS efforts?

How should each of the FY97 provider programs contribute to reaching these goals and objectives?

What family preservation and family support needs in your LAN do the FY97 provider programs help to meet?

What relationships have developed among agencies and organizations in the course of FCS development?

Are there social service agencies or community organizations which have not had FCS contracts, but have nevertheless helped develop FCS in your LAN?

Beyond these agencies and organizations which have already participated in implementing FCS in your LAN, what others should get involved in extending what FCS has to offer?

How does the LAN, or individual contractors, measure FCS impact?

What does your LAN need to make FCS as effective as you would like?

We could begin the first interview by focusing on some more specific questions. In particular, we would like to discuss the extent to which you think that LAN XX has moved toward its FY97 FCS goals. As indicated in the enclosed social history, FY97 objectives included the following:

- strengthening service provisions designed to reduce child abuse and neglect;
- enhancing capabilities of funded agencies to address child abuse and neglect;
- empowering families by supporting parents and children to communicate positively and resolve conflict constructively.

We await our discussion of these and related issues with eager anticipation. Thank you for your consideration and cooperation.

Sincerely,

Douglas Thompson, Ph.D.
Project Director

Tamara Fuller, M.A.
Project Coordinator

Enclosure

APPENDIX B

LAN ARCHIVAL AND FIELD RESEARCH DATABASE ELEMENTS

MAIN TABLE

Field Name	Data Type	Description
LAN#	Number	LAN number
#Counties	Number	Number of counties LAN encompasses
Counties	Text	Names of counties LAN encompasses
Group	Text	Target 9, Group of 24, Group of 29
Region	Text	Northern, Central, Southern, Cook North, Cook Central, Cook South
ChilUnd18	Number	Number of children under 18
%ChildrenPoverty	Number	Percentage of children living in poor families
CA/NRate	Number	Indicated CA/N rate per 1,000 under 18
DCFSRate	Number	# of children under 18/1000 under DCFS supervision
#SPCs	Number	Number of service provision contracts for FY98
#FA	Number	Number of agencies receiving FCS funds for FY98
%FCS	Number	Percentage of grant funds administered by LAN allocated to FCS
FY98Fund	Number	Funding for FY98
#IndInt	Number	Number of research interviews conducted
#GroupInt	Number	Number of group research interviews conducted
#PeopInt	Number	Number of people interviewed
#FO	Number	Number of field observations conducted

ServCAL	Yes/No	LAN services are mostly directed toward the community at-large
ServAR	Yes/No	LAN services are mostly directed toward at-risk populations
ServClient	Yes/No	LAN services are mostly directed toward current/former DCFS clients

TYPES OF FCS SERVICES

Field Name	Data Type	Description
LAN#	Number	LAN number
ServAftsch	Yes/No	After-school services/programs
ServRC	Yes/No	Respite care
ServPE	Yes/No	Parenting Education
ServRA	Yes/No	Recreational Activities
ServTrans	Yes/No	Transportation
ServTutor	Yes/No	Tutoring
ServMentor	Yes/No	Mentoring for adults/youth
ServET	Yes/No	Employment training for adults/youth
ServVP/CR	Yes/No	Violence prevention/conflict resolution
ServCI	Yes/No	Crisis Intervention
ServCouns	Yes/No	Counseling
ServLit	Yes/No	Literacy
ServRef	Yes/No	Referral
ServCM	Yes/No	Case management
ServSpecneed	Yes/No	Programs/services for special needs children
ServYL	Yes/No	Youth leadership
ServFA	Yes/No	Financial assistance

ServSA	Yes/No	Substance abuse
ServHIV	Yes/No	HIV/AIDS
ServAdvoc	Yes/No	Youth/family advocacy
ServEA	Yes/No	Emergency assistance
ServCommout	Yes/No	Community outreach
ServMothinf	Yes/No	Mother/infant health promotion
ServHomevis	Yes/No	Home-visiting
ServParentnet	Yes/No	Parent networking
ServTeenpreg	Yes/No	Teen pregnancy prevention
ServNutr	Yes/No	Nutrition
ServTransl	Yes/No	Translation
ServCommEd	Yes/No	Community education
ServChildCare	Yes/No	ChildCare
ServSpecific	Text	Option to record text related to FCS services

FCS GOALS AS IDENTIFIED BY LAN RESPONDENTS

Field Name	Data Type	Description
LAN#	Number	LAN Number
GChangevertime	Yes/No	FCS goals have changed over time
GBroadtoSpecific	Yes/No	FCS goals have become more specific over time
GexpandProg	Yes/No	FCS funds have been directed toward expanding pre-existing programs
GNewProg	Yes/No	FCS funds have been directed toward developing new programs
GRedCA/N	Yes/No	FCS Goal: Reduce child abuse and neglect
GRedOHP	Yes/No	FCS Goal: Reduce out-of-home placements
GRespcare	Yes/No	FCS Goal: Provide respite care
GFamReun	Yes/No	FCS Goal: Family reunification
GAdop	Yes/No	FCS Goal: Adoption/legal guardianship
GViolprev	Yes/No	FCS Goal: Violence prevention
GPosyouth	Yes/No	FCS Goal: Promote positive youth behaviors
GPosparent	Yes/No	FCS Goal: Promote positive parenting skills
GRedF/I	Yes/No	FCS Goal: Reduce family isolation
GRedOCServ	Yes/No	FCS Goal: Reduce reliance on services outside community
GCommAware	Yes/No	FCS Goal: Increase community awareness of services available in LAN

GCBNet	Yes/No	FCS Goal: Build community-based networks
GExpand	Yes/No	FCS Goal: Program/service expansion
GSelfsuff	Yes/No	FCS Goal: Move programs/services toward self-sufficiency
GParent/school	Yes/No	FCS Goal: Improve parent/school relationships
GSpec	Text	Option to record text related to FCS goals

FCS SUCCESSES AS IDENTIFIED BY LAN RESPONDENTS

Field Name	Data Type	Description
LAN#	Number	LAN Number
SucIntercoll	Yes/No	High level of interagency collaboration
SucPI/CI	Yes/No	High level of parent/community resident involvement
SucNoagencomp	Yes/No	No agency competition
SucNoindcomp	Yes/No	No individual competition
SucServw/few\$	Yes/No	FCS provide substantial services with little money
SucNonFCSfunded	Yes/No	Non-FCS funded agencies/organizations involved with FCS
SucMission	Yes/No	Consensus on a specific mission
SucCentralservsys	Yes/No	Centralized social service system as a result of FCS
SucRural	Yes/No	More services available in rural areas
SucSRedCA/N	Yes/No	Programmatic success: Reduction/prevention of CA/N
SucIncknserv	Yes/No	Programmatic success: Participants' increased knowledge of services
SucExtfund	Yes/No	Programmatic success: External funding secured
SucHardpop	Yes/No	Programmatic success: Members of hard-to-reach populations participate in programs
SucViolprev	Yes/No	Programmatic success: Reduction/prevention of violence

SucYouthschool	Yes/No	Programmatic success: Increased school performance
SucYouthbeh	Yes/No	Programmatic success: Increased positive youth behaviors
SucSubab	Yes/No	Programmatic success: Reduction/prevention of substance abuse
SucEconSS	Yes/No	Programmatic success: Economic self-sufficiency
SucLiteracy	Yes/No	Programmatic success: Increased literacy rate
SucParentskill	Yes/No	Programmatic success: Increased positive parenting skills
SucOHPlace	Yes/No	Programmatic success: Reduction in out-of-home placements
SucFamReunif	Yes/No	Programmatic success: Increased family reunification
SucAdop/guard	Yes/No	Programmatic success: Increased child adoption or legal guardianship
SucSpecific	Text	Option to record text related to FCS successes

FCS OBSTACLES AS IDENTIFIED BY LAN RESPONDENTS

Field Name	Data Type	Description
LAN#	Number	LAN Number
OLackPI	Yes/No	Little parent/community resident involvement
ONoExt\$	Yes/No	Lack of external funding sources, outside of FCS
OIndConf	Yes/No	Individual conflicts
OAgConf	Yes/No	Agency conflicts
OFCSOverrep	Yes/No	FCS consumes disproportionate amount of time/funds relative to other LAN initiatives
ONo\$FCSPC	Yes/No	No compensation for FCS Planning Committee
OMarketFCS	Yes/No	Marketing/advertising FCS
OMalePart	Yes/No	Male participation
OLiability\$	Yes/No	Paying for liability insurance
OHiringStaff	Yes/No	Hiring staff
OTrans	Yes/No	Lack of transportation available for participants
OInadST	Yes/No	Difficult to provide training for FCS staff
OChangeFCS	Yes/No	Programs have difficulties adjusting to changes in FCS Initiative
OEconHard	Yes/No	Economic difficulties within LAN
OPolHard	Yes/No	Political difficulties within LAN
OLANSize	Yes/No	Geographic size of LAN

ODemochange	Yes/No	Demographic changes within LAN
OLANStruct	Yes/No	Disagreement regarding purpose/structure of LAN
OSpec	Text	Option to record text related to FCS obstacles

**NEEDS FOR REACHING STATE AND FEDERALLY
ESTABLISHED PROGRAM GOALS AS IDENTIFIED BY LAN
RESPONDENTS**

Field Name	Data Type	Description
LAN#	Number	LAN number
NSupp	Yes/No	Increased financial/program support
NTA	Yes/No	Technical assistance
NComm	Yes/No	More frequent and detailed communication from DCFS regarding FCS activity/concerns
NGuideln	Yes/No	Clearer and consistent guidelines for implementation
NTimefund	Yes/No	Timely receipt of FCS funds
NPaper	Yes/No	Streamlined paper-reports
NQR	Yes/No	Reporting process that accommodates untraditional services
NTimeresp	Yes/No	Timely response from DCFS regarding inquiries
NSpec	Text	Option to record text related to FCS needs

COMMUNITY CAPACITY BUILDING INDICATORS AS IDENTIFIED BY LAN RESPONDENTS

Field Name	Data Type	Description
LAN#	Number	LAN Number
CCOther\$	Yes/No	Programs have leveraged outside funding
CCFCS/Non-FCS	Yes/No	Non-FCS-funded agencies/organizations are involved with FCS
CCLinkInitOutLAN	Yes/No	FCS involved with initiatives that are not part of the LAN
CCAgenColl	Yes/No	Agencies collaborating regarding service delivery more frequently as a result of FCS
CCCommInvolv	Yes/No	High level of community resident involvement in FCS service delivery
CCPlanmtgfreq	Yes/No	Planning meetings regarding children and family issues occur more frequently as a result of FCS activity
CCPlanagency	Yes/No	Planning regarding children and family issues involves more participation by agencies as a result of FCS activity
CCPlancommres	Yes/No	Planning regarding children and family issues involves more participation by community residents as a result of FCS activity

EVALUATION INDICATORS AS IDENTIFIED BY LAN RESPONDENTS

Field Name	Data Type	Description
LAN#	Number	LAN Number
EQPR	Yes/No	Quarterly progress reports used/available for review
EMPR	Yes/No	Monthly progress reports used/available for review
EAttendance	Yes/No	Attendance tracking measures used/available for review
EOutcome	Yes/No	Outcome measures used/available for review
EPSS	Yes/No	Participant satisfaction surveys used/available for review
EOutsideEval	Yes/No	Outside evaluations performed/available for review
EIn-houseEval	Yes/No	In-housed evaluations performed available for review
EEvalComm	Yes/No	Evaluation committee in place
EInfPhone	Yes/No	Record of telephone calls from participants as informal evaluation measures
EInfComm	Yes/No	Record of verbal comments from participants as informal evaluation measures
EMin/Arch	Yes/No	Meeting minutes and other archival material are available for review
EDatabase	Yes/No	Outcome database available for review

Espec

Text

Option to record text related to FCS evaluation indicators

APPENDIX C

CURL INSTRUMENT

Instrument for FCS Impact Evaluation

1. Were you aware of FCS in LAN __ prior to receiving our letter?
Yes No Don't Know Refused

- 2a. Now that you have reviewed the letter, would you please list the FCS services in LAN __ with which you are familiar. [PROMPT: IF WORKER GIVES AN AGENCY NAME PROMPT THEM TO GIVE A SPECIFIC PROGRAM NAME OR DESCRIPTION.]

[IF answer is "none" skip to #3.]

- 2b. Please identify to whom these services are delivered. [PROMPT: ASK FOR EACH PROGRAM LISTED IN 2A]

- 2c. What type of programs are they? [PROMPT: ASK FOR EACH PROGRAM LISTED IN 2A]

3. On a scale of one to five with 1 being extremely well-known and 5 being not at all well-known, how well-known do you think FCS is to service providers and referral agents in LAN __?

Extremely well-known 1 2 3 4 5 Not at all well known

- 3a. Using the same scale, how well-known do you think FCS is to the general public in LAN __?

Extremely well-known 1 2 3 4 5 Not at all well known

- 3b. What do you think explains this level of awareness or lack of awareness? Please give specific examples.

4. Have you or has your organization been involved in the development of FCS in this LAN?

Yes No [skip to #5] Don't Know [skip to #5] Refused [skip to #5]

4b. What has been your or your agency's involvement?

5. Since FCS's implementation in 1995, have there been any significant changes in the level of your involvement with FCS ?

Yes No [skip to #6] Don't Know [skip to #6] Refused [skip to #6]

5a. What were the changes?

5b. When did they occur?

6. How well informed do you think you are about the activities of FCS in LAN ___?

highly informed
somewhat informed
not very informed
refused

8. On a scale from 1 to 5 with 1 being "extremely effective" and 5 being "not at all effective" how effective has FCS been?

Extremely effective 1 2 3 4 5 Not at all effective or Don't Know [skip to #9]

8a. In what ways has it been effective or ineffective?

8b. What do you believe has supported FCS's accomplishments in LAN ___?

8c. What do you believe has impeded FCS's progress in LAN ___?

- 8d. What information are you aware of that demonstrates the effectiveness or ineffectiveness of FCS in LAN __? [PROMPT: FOR EXAMPLE, ANY OUTCOME MEASURES, DOCUMENTATION OF IMPACT OR OTHER DATA.]
9. Has FCS in LAN __ involved parents in putting together and running the programs?
 Yes No [skip to # 10] Don't Know [skip to #10] Refused [skip to #10]
- 9a. In what ways are parents involved in putting together and running FCS in LAN __?
10. Would you characterize any of the FCS services in LAN __ as innovative or unconventional?
 Yes No [skip to #11] Don't Know [skip to #11] Refused [skip to #11]
- 10a. Which services would you describe as innovative or unconventional?
- 10b. Why do you characterize them this way?
11. Is there a need for innovative and unconventional services in LAN __?
 Yes No [go to #11a then skip to #12] Don't Know [go to #11a then skip to #12]
 Refused [go to #11a then skip to #12]
- 11a. Why/why not?
- 11b. Who needs these types of services needed in LAN __?
12. Do you feel that FCS has brought about change in services aimed at meeting the needs of children and families in LAN __?
 Yes No [skip to #13] Don't Know [skip to #13] Refused [skip to #13]

- 12a. What changes in services has FCS brought about in LAN ___?
13. LAN __ covers _____ diverse community areas. In regard to child welfare and family functioning, in which part of this LAN does your agency focus its work?
[PROMPT: IF NEEDED NAME ALL OF THE COMMUNITY AREAS IN LAN ___]

[If answer is “none” skip to #18]
- 13a. In [PROMPT BY NEIGHBORHOOD NAMED ABOVE] what are the major needs confronting children and families? [ASK FOR EACH COMMUNITY INDIVIDUALLY]
14. Is FCS in LAN __ meeting any of these needs?
Yes [go to #14a then skip to #17] No [skip to #15]
Don't Know [skip to #15] Refused [skip to #15]
- 14a. Which of these needs is FCS in LAN __ meeting? [skip to #17]
15. Do you feel that it is possible for FCS in LAN __ to meet any or all of these needs?
Yes [skip to #16] No [go to # 15a then skip to #17]
Don't Know [go to #15a then skip to #17] Refused [go to #15a then skip to #17]
- 15a. Why not?
16. Which of these needs do you believe could be met by FCS in LAN ___?
17. Which of these needs do you believe realistically lie beyond the reach of FCS in LAN ___?

[INTERVIEWER SAY: I AM NOW GOING TO READ A PARAGRAPH. THE QUESTIONS FOLLOWING THE PARAGRAPH ARE RELATED TO ITS TOPIC.]

Until now FCS has focused on family support and family intervention. However, under recent Federal legislation re-authorizing FCS for another three years, FCS must now provide adoption promotion and support and time-limited reunification services as well. This is scheduled to begin in October 1999. As part of the planning for FCS under the new legislation, we would like to learn your opinion about the needs and resources for these types of services in LAN __.

These are the definitions of adoption promotion and support services and time-limited reunification services:

“Adoption promotion and support services” are those services that encourage new adoptions or support existing adoptions.

“Time limited reunification” refers both to services provided to a child who is removed from home and placed in a foster care home or child care institution and services provided to the parents or primary care giver.

The goal of these services is to facilitate reunification within a timely fashion. By “timely fashion” we mean the one year period beginning on the date that the child is removed from the child’s home.

Do you have any questions?

18. Does LAN __ have a need for increased adoption promotion and support services?
 Yes No [go to #18a then skip to #20] Don’t Know [go to #18a then skip to #20]
 Refused [go to #18a then skip to #20]
- 18a. Why/why not?
19. What adoption promotion and support services are you aware of that are needed in LAN __?

20. Are there untapped or underdeveloped adoption promotion and support resources in LAN __ that FCS should know about?
Yes No [skip to #21] Don't Know [skip to #21] Refused [skip to #21]
- 20a. What are the untapped or underdeveloped services?
21. Does LAN __ have a need for increased time-limited reunification services?
Yes No [go to #21a then skip to # 23] Don't Know[go to #21a then skip to #23]
Refused [go to #21a then skip to #23]
- 21a. Why/why not?
22. What time-limited reunification services are needed in LAN __?
23. Are there untapped or underdeveloped time-limited reunification resources in LAN __ that FCS should know about?
Yes No [skip to #24] Don't Know [skip to #24] Refused [skip to #24]
- 23a. What are these resources?
24. In what way, if any, have you been involved in LAN __? [PROBE: FOR EXAMPLE, MEMBER OF STEERING COMMITTEE, PARTICIPANT IN LAN TRAINING]
25. What is your official job title within [RESPONDENT'S AGENCY NAME]?
- 25a. How long have you worked at your agency?
- 25b. How long have you worked in your current field?

26. We are trying to speak with as many people as possible in this LAN who have some knowledge of FCS. Please name other organizations and a person at those agencies with whom you believe we should speak.

Name

Agency

Phone Number

Title

[PROMPT: ARE THERE ANY OTHERS?]

END

SCRIPT:

Thank you so much for your help. Do you have any questions for me ? Please feel free to contact us if you have any questions or comments. Thanks again!

APPENDIX D

EXTANT EVALUATION SURVEY

January 7, 1999

Name
Department
Address
City, State Zip Code

Dear _____:

The Children and Family Research Center (CFRC) recently began the second phase of its statewide evaluation of the Family Centered Services (FCS) Initiative. As part of this outcome study, the CFRC seeks to gather and analyze information on measurable impacts of FCS efforts thus far. One of the tasks involves documenting outcomes of several major types of services that have been implemented in multiple LANs. In particular, we are focusing on outcomes from the following services:

- respite care
- adult/youth mentoring
- adult/youth employment training
- crisis intervention
- mother/infant health promotion
- home visiting
- pregnancy prevention
- child care

The CFRC would greatly appreciate your involvement in this portion of the FCS evaluation. We wish to learn of outcomes that LAN XX's FCS has, or can, document for any of the above-mentioned services. More specifically, we seek reliable outcomes of a before and after nature (e.g., pre-test/post-test results) that would not reveal the identity of clients. The enclosed worksheet indicates the program contact information we need.

We hope that you will participate in this piece of the FCS evaluation by checking whether such information is available (or could be available) in LAN XX. Please feel free to contact me at (217)244-8615, or simply mail back the completed worksheet in the enclosed envelope if you prefer. Otherwise, I will call during the next two weeks to follow-up on any program contact information available.

Thank you very much for your time and consideration.

Sincerely,

Tamara L. Fuller

Enclosure

WORKSHEET – LAN XX AVAILABLE OUTCOME MEASURES

According to the Children and Family Research Center's records, LAN XX's FCS offers one or more of the following services:

- | | |
|------------------------------------|--------------------------|
| a) respite care | e) adult/youth mentoring |
| b) adult/youth employment training | f) crisis intervention |
| c) mother/infant health promotion | g) home visiting |
| d) pregnancy prevention | h) child care |

As explained in the cover letter, we now seek to assemble (without learning the identities of participants/clients) any available measures that systematically and reliably document the outcomes of FCS services.

Please provide below the contact information for those organizations that have gathered such before-after data on any of the above FCS services (a – h):

1. Type of service: a) b) c) d) e) f) g) h)

Organization and address:

Name and telephone number of contact person for outcome measure:

2. Type of service: a) b) c) d) e) f) g) h)

Organization and address:

Name and telephone number of contact person for outcome measure:

3. Type of service: a) b) c) d) e) f) g) h)

Organization and address:

Name and telephone number of contact person for outcome measure:

4. Type of service: a) b) c) d) e) f) g) h)

Organization and address:

Name and telephone number of contact person for outcome measure:

5. Type of service: a) b) c) d) e) f) g) h)

Organization and address:

Name and telephone number of contact person for outcome measure:

6. Type of service: a) b) c) d) e) f) g) h)

Organization and address:

Name and telephone number of contact person for outcome measure:

7. Type of service: a) b) c) d) e) f) g) h)

Organization and address:

Name and telephone number of contact person for outcome measure:

Your name:

Thank you for your assistance.