Understanding practice principles and service delivery: The implementation of a community-based family support program

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Abstract

Historically, many social work researchers and practitioners have called to reform the child welfare system in this country. Family support programs represent one of the promising initiatives in the child welfare reform movement.

Using a qualitative methodology, this study explores the implementation of a family support program in a collaborative network of over 60 agencies in the southern portion of a large, urban county in the Western United States.

Focus groups of family support staff and administrators discuss their understanding of important family support principles and how they are translated into service delivery. While discussing barriers to the implementation of the family support program, the focus group participants reaffirmed their enthusiasm for the family support program.

The findings highlight the need for strong advocacy by child welfare agencies to gain a long-term commitment to fund family support, as well as the need for further research in the incorporation of family support practice principles as they impact program outcomes. Published by Elsevier Ltd.

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1. Introduction

Over the years, the child welfare system in this country has come up against an abundance of criticism. It has been characterized as problem-oriented, categorical, aimed at the poor and neediest, and offered only when the family has broken down (Cole, 1995). In a more fundamental sense, the problems of child welfare originate with equating child welfare with child protection. Kamerman and Kahn (1990) criticize child welfare services because most of them are geared toward the problem of child abuse and neglect (child protection). To begin to transform the child welfare system, the focus of child welfare must be expanded to include those children and families that are in need, but do not qualify for child protection services. They argue for locally based, comprehensive child and family welfare systems that will provide for continuity of care both over time and across service systems.

In this vein, Pecora, Whittaker, and Maluccio (1992) and Cole (1995) argue for an integrative, family-centered framework for child welfare services. Within this family-centered framework, family support programs represent one

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of the promising initiatives in the child welfare reform movement (Allen, Brown, & Finlay 1992; Kagan, 1997; Kamerman & Kahn, 1990; Lightburn & Kemp, 1994; Massinga, 1994; Weissbourd & Kagan, 1989). Weissbourd (1994) argues that today's family support programs are part of a historical "family support movement" that constitutes "a fundamental change in the traditional belief system, reflecting a change from assuming that the role of government is to be a resource for families in crisis, to recognizing the responsibility of our society to promote the well-being of all families" (p. 37). Family support program philosophy and practice principles constitute a fundamental change from traditional social welfare philosophy: from office-based services to home-based or community-based services, from strict eligibility requirements to universal access for all families, and from narrow, categorical programming to comprehensive services based on individual family needs.

To date, the research literature on the implementation of family support programs have been overbalanced with studies on program outcomes. This study explores the implementation of a family support program in a collaborative network of over 60 agencies in the southwest portion of a large, urban county in the Western United States. The research questions seek to understand, from a sample of staff and administrators of the family support program, the key practice principles operating in their program, how the principles translate into service delivery, and the barriers to implementation of the program. The results of this study will provide a basis for future implementation and program outcome evaluations of family support programs.

2. Review of the family support evaluation literature

With the growing interest in family support programs, the research on implementation issues grows. In reviewing contributions of family support evaluations to the knowledge base, Powell (1994) concludes that family support evaluations reflect a "greater concern for context" (p. 448), where studies of family support program implementation increasingly consider the influence of the host agency and other characteristics on service provision. One theme in these program implementation studies is the complexity of program policy development and implementation at the local level. For example, Dunst, Trivette, Starnes, Hamby, and Gordon (1993) find that a host of political, economic, and human factors, such as belief systems, influenced how providers delivered family support services.

In Rogers, Ferguson, Barth, and Embry's (1997) review of nine family support evaluations, they find three evaluations that collected implementation data. In these evaluations, implementation data collected described programs, such as program components, background, developmental stages, staff and collaboration among partners, the implementation of the family support program, as well as the characteristics and participation rates of families and their levels of satisfaction with services. These studies reveal that the family support programs have been successfully implemented—the program evaluated are serving their intended populations, serving a high percentage of participating families, coordinating community agencies to provide services, providing a variety of services to children and families, and providing core family support services.

A number of authors have suggested that research in the area of family support programs focus on the importance of family support principles in service delivery. Dunst et al. (1993) found that agency adherence to family support principles as a guiding belief can mediate or influence the case manager's helping style. Green, Johnson, and Rodgers (1998) argue that research in family support can be strengthened by ensuring that services are provided in ways that are consistent with family support program principles. Dunst (2002) takes this further by suggesting that researchers measure the variation in "program adherence to family support principles" and link different levels of adherence to different outcomes. Leon (1999) describes and advocates for a family support model to integrate service delivery for families and admits that the greatest challenge for the future of family support is "the need to develop a pervasive internalization" of family support principles and concepts by service providers (p. 23).

While the family support evaluation literature is looking towards program implementation issues and the impact of family support program principles on service delivery and program outcomes, the advances in evaluation methodology has been limited (Powell, 1994). He finds prevalent use of quasi-experimental designs, some interest in participatory evaluations and early development of cost–benefit analyses. Of the nine evaluations they review, Rogers et al. (1997) find four quantitative, and two qualitative studies, while three employ a mixed—quantitative and qualitative—methodologies.

This study will build upon the current knowledge in this area by exploring the key family support principles at work in a community-based collaborative, from the point-of-view of the staff and administrators of the family support program. In using a qualitative methodology, the results will provide a "rich description of program life" (Powell,

1994, p. 463), from which key program elements or practice principles and their impact on service delivery can be identified and understood. In future studies, these key elements can be evaluated as to their impact on program outcomes.

2.1. The principles of family support

During the 1980s, academics at both Harvard (Weiss & Jacobs, 1988) and Yale (Kagan & Shelley, 1987) examined a number of programs and became convinced that what appeared to be disparate services had important commonalties—that there was, indeed, a service paradigm that held these seemingly disparate program activities together. These commonalties were recognized by the Family Resource Coalition, which began to organize service providers under its umbrella organization. What emerged from these efforts were a number of attempts to articulate the philosophy, principles, and practice elements of these programs.

Since then, experts in the field of family support have attempted to define a basic set of principles for family support programs that provide the standards for family support programs. The U.S. Department of Health and Human Services (1994) and the Family Resource Coalition (1996) have articulated the philosophical assumptions of family support programs:

1. Assuring the well-being of all families is the cornerstone of a healthy society and requires universal access to voluntary support programs and services;
2. Children and families are recognized as part of an ecological system;
3. Programs are flexible and responsive to real family needs;
4. Families are empowered when they have access to information and other resources and take action to improve the well-being of children, families, and communities.
5. Programs are focused on the family as a whole; and
6. Enabling families to build on their own strengths and capacities promotes the healthy development of children.

Based on these philosophical principles, the common elements of family support practice have been identified:

1. Programs are focused on prevention rather than on the amelioration of problems or deficits;
2. Programs coordinate and cooperate with other agencies;
3. Programs respond to individual and community needs;
4. Families are resources to their own members, to other families, to programs, and to communities;
5. Services are delivered in a manner that affirms families' cultural, racial, and linguistic identities;
6. Staff advocate with families for services and systems that are fair, responsive, and accountable to the families served; and
7. Programs provide nurturing connections with others (Allen et al., 1992; Family Resource Coalition, 1996; Weiss & Halpern, 1991; Weiss & Jacobs, 1988; Weissbourd, 1994).

2.2. The county context of the family support program

In the 1980s, as state governments struggled to provide effective alternatives for families, some looked to family support services as a way of augmenting their service-delivery systems (Family Resource Coalition, 1996). The success of these statewide family support initiatives among state officials and legislatures highlighted the promise and potential of family support as a publicly funded initiative. State legislatures believed that family support's preventive services saved money for the states in the long run, while its flexibility allowed for local development and control. In recognizing the promise of family support, the federal government passed The Family Preservation and Support Act of 1993 (P.L. 103–66). This Act provided funding to states for improvements in child welfare programs through the development and implementation of federal family support programs, defined as follows:

...community-based preventive activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; and create supportive networks to enhance child-rearing

abilities of parents and help compensate for the increased social isolation and vulnerability of families (United States Department of Health and Human Services 1994: 9).

By mandating a comprehensive planning process, the legislation gave states wide latitude in designing programs to meet local needs. The advent of federal funding has promoted the planning, development, and implementation of statewide family support programs in all 50 states.

The federal government requested that individual states submit a five year, statewide plan for the implementation of family support programs. In turn, some states requested individual counties to submit proposals to implement the federal family support program. In the county in which this study takes place, a total of 29 "lead" family support agencies received 3 years of funding for the federal family support program. This study focuses on one "family support collaborative" that consists of one lead agency, 32 sub-contracting agencies, and 28 linkage agencies, that covers the southern portion of the county.

3. Methodology

Focusing on this family support collaborative, the study seeks to explore the implementation of family support among a sample of staff and administrators from the collaborative. The major research questions include 1) what are the key family support principles operating within the program; 2) what changes in service delivery have occurred as a result of its implementation; and 3) what are the barriers that block the implementation of family support.

3.1. Use of focus groups

For this study, focus groups are used to discover and understand the thoughts and experiences of the staff and administrators implementing the county family support program. Focus groups use guided group discussions to generate a rich understanding of participants' experiences and beliefs (Morgan, 1998). Over a period of three months, a total of seven focus groups were assembled to collect data. A total of 40 agency administrators, supervisors, and family support staff participated in the focus groups, representing 23 agencies within the family support collaborative.

In order to maintain consistency and to focus the discussion, an interview guide was developed with the following questions:

1. Tell me your name, your agency, and three things that you like to do when you are not working?
2. We're here to discuss the principles of family support programs. You'll need a piece of paper for this question: What are the most important aspects of your family support program? Write your answers on your paper.
3. Please take a few moments to fill out this survey, which contains some important aspects of family support programs. Rank how important each of these are to your family support program today.
4. If you were to pick three of the most important principles in your family support program, which three would you choose and how would you rank them in order of importance? Take a moment to write them down on a separate piece of paper or on the survey itself.
5. Looking back on your family support program, how have you incorporated these three principles in your family support program?
6. How have these principles changed your agency as a whole?
7. What have been the barriers to incorporating these principles?
8. The purpose of our discussion today was to identify the important principles of your family support program, how they are incorporated into the program, and some of the barriers to incorporating these principles. As family support programs continue to grow, it is important for us to know what is working and what is not. Have I missed anything?

3.2. Data collection

The collection of the focus group data was systematic and included the following components: electronic recording, coding of data, debriefing immediately after the focus group interview, and participant verification (Morgan, 1998).

Each focus group session was electronically recorded with a microcassette recorder and an external microphone, which was designed to record participants in group meetings. After each focus group, the moderator took time to debrief and take notes regarding observations made during the focus group:

1. What are the most important themes or ideas discussed?
2. How did these differ from what I expected?
3. How did these differ from what occurred in earlier focus groups?
4. What points need to be included in the report?
5. What quotes should be remembered and possibly included in the report?
6. Were there any unexpected or anticipated findings?
7. Should I do anything differently for the next focus group?

Once each transcript was completed, the researcher read through the transcript, along with the tape recording, to verify the accuracy of the transcription, making corrections as needed. In reading through the corrected transcript, the researcher noted in the margins of the transcript, which sections of the transcript were relevant to the study's research questions (Stewart & Shamdasani, 1990). Then, using a word processing program, the researcher "cut-and-pasted" the sections of the transcript together with the focus group questions that they addressed. For each focus group question analyzed, the researcher read through the responses, summarizing the discussion on that question and noting participants' quotes from the transcription that could be used to characterize the discussion.

When this process was completed for each focus group, a summary report was constructed and sent to each participant with a memo describing the feedback procedures. The researcher sent each summary report to each participant in the focus group to provide verification of and feedback on the report.

The overall analysis included description (summarizing the patterns in the raw data), interpretation (understanding the patterns in the raw data), and recommendations (obtaining multiple perspectives on the meaning of the raw data).

3.3. Limitations of the study

Limitations of this study were evident in the sampling procedures used. While the researcher relied on the family support program administrator in the lead agency for support for this study and easy access to potential focus group participants, the administrator may have introduced some bias into the sample. In some of the focus groups, the researcher noted the tendency of both administrators and staff to focus on the positive aspects of the family support program. This administrator's bias may have had more affect directly on the administrative focus group, in which she was a participant.

However, the moderator's systematic procedures employed with each focus group may have mitigated some of these effects.

Five of the 7 initial contacts for the focus groups took the responsibility for recruiting the focus group participants, which resulted in compromised or uninformed focus group participation. In one focus group, four participants left early, while in two other groups, one person in each group left early. Each person that left cited time constraints and/or other meetings to attend. A couple of participants were sent as representatives and were not informed of the purpose of the focus group. In addition, in each of the "staff" focus groups, there was at least one administrator. In each case, the administrator was the primary contact for the researcher. If the researcher took responsibility for recruiting the individual participants for these focus groups, this may have been minimized.

Limitations exist in the data analysis. Due to the decision to limit the length of the focus group to 2 h, the researcher was not able to collect data regarding the incorporation of other family support principles that may have not been "among the most important" in their program. Also, since the researcher moderated the focus groups alone, he was not able to consider non-verbal data from the focus groups in the analysis. This prevented the researcher from considering this level of context within the analysis. In addition, neither the researcher nor the typist was able to identify the different respondents through the electronic tape recording. The analysis, therefore, lacked the ability to differentiate between the amount of discussion regarding a topic (much discussion by one or two participants) versus the level of consensus regarding the discussion of specific principles (agreement among a majority of the participants).

The researcher was not able to adequately verify the data collected. For each focus group, a summary report was distributed to each focus group participant. Of the 40 reports distributed, one was returned which highlighted

typographical errors and noted a positive comment on the accuracy of the summary and one was returned as undeliverable by the post office. The family support program administrator verbally informed the researcher that the summary report was very helpful to her. However, based on the other procedures outlined above, the researcher assumes that the summary reports are valid data.

4. Results

4.1. Composition of focus groups

A total of 40 family support staff and administrators, representing 23 family support agencies, participated in the focus groups. The majority of the participants were female ($n=27$).

The focus group participants had worked in the family support program during most of its initial 3 years of implementation. The 40 focus group participants had worked an average of 2.7 years (sd=1.2 years) in the family support program. In addition, within each focus group, the average number of years worked in the family support program ranged from 2.0 years (sd=1.0 years) to 3.3 years (sd=1.1 years). This suggests that the focus group participants, as a whole, had worked in the federal family support program for most of its first 3+ years of implementation.

As a whole, the focus group participants had worked for their agencies longer than they had worked in the family support program. They had worked in their chosen profession for even longer than that. The 40 participants had worked an average of 8.7 years (sd=7.5 years) for their agencies. Within each focus group, the average number of years worked in their agency ranged from 4.3 years (sd=2.1 years) to 11.8 years (sd=6.6 years). In regards to the number of years worked in their chosen professions, the 40 participants averaged 13 years (sd=9.9 years), while the average for each focus group ranged from 7.0 years (sd=5.6 years) to 15.1 years (sd=10.9 years) in their chosen professions.

Eleven focus participants (34%) identified themselves as White/Caucasian, 10 (31%) as African-American/Black, 8 (25%) as Hispanic/Latina, 3 (9%) as Pacific Islander, and 8 (25%) did not answer. Over half of the participants had Bachelor's degrees ($n=21$), while 9 of them (23%) had some college education, and 10 of them (25%) had Master's degrees.

Thirty percent of the participants ($n=12$) were between 20 and 29 years of age, while 25% ($n=10$) were between 30 and 39 and 25% ($n=10$) were between 40 and 49. Twenty percent ($n=8$) were between the ages of 50 and 69.

4.2. Focus group results

The results of the focus groups will be analyzed by comparing focus group data and discovering any common themes across the three major focus group question areas: (1) key principles incorporated into the family support program; (2) change that has occurred as a result of the implementation of family support; (3) barriers to the implementation of family support (Table 1).

4.2.1. Key principles incorporated into the family support program
The results from these seven focus groups suggest that there is agreement regarding the importance of three key principles: coordination and cooperation among the family support agencies, empowering clients, and the eligibility of all families.

4.2.1.1. Coordination and cooperation. The focus group participants were very adamant about the importance of the coordination and cooperation among the agencies within the collaborative, as well as with the other agencies within their communities. A few of the focus groups discussed this principle in the context of the change that had occurred within the agency. However, since this is a principle of family support, this data is more appropriately analyzed in this section.

The focus groups reported that the coordination and cooperation in their relationships has resulted in a higher quality of services. Through sharing information and resources with one another and making new connections with other community agencies, their knowledge of the available services within their collaborative and their community are increased. In this way, they can make better referrals to clients who are in need of services not provided by that

Table 1
Discussion of key family support principles by focus group

Focus Group	1	2	3	4	5	6	7
Key family support principles							
Coordinating and cooperating with other agencies			X	X	X	X	X
Empowering families to take action to improve their families and communities				X	X	X	X
Eligibility of all families for services		X		X	X		X
Seeing families as resources			X			X	
Flexibility	X			X			
Providing prevention-oriented services	X						X
Affirming families' cultural, racial, and linguistic identities						X	
Targeting whole families, rather than individuals, for services		X					
Being responsive to individual and community needs				X			
Using a strengths-based approach	X						

"X" indicates discussion of the topic area.

particular agency. The following quote describes how the family support principle of coordination and cooperation has encouraged agencies to work with other agencies in the community and to share information among each other that will benefit their clients:

> Knowing what other agencies provide and being in this part of town, we can share that information with our providers, because they will benefit from those services. The three R & R (*resource and referral*) agencies in this area meet together once a year to talk about the progress of family support and how we can continue helping each other.

The family support agencies also coordinate and cooperate by sharing their individual agency's resources with each other:

> We coordinated buses with another agency outside of this hub. They needed a way to get kids from all their different school sites to their weekly meetings and I was able to provide buses. Since I provided the buses, I was also able to send my kids to their youth program. We've also shared pools, libraries, parks, and other programs as well.

Overall, the family support collaborative has decreased agency rivalry, while promoting coordination and cooperation among agencies, as exemplified by the following response:

> This is a true collaboration, because agencies are collaborating on other grants that have nothing to do with family support. They're collaborating with each other, bringing agencies in as partners, so I think the scope of the collaborative is broadening. There is trust from one city to another.

4.2.1.2. Empowering clients. The focus groups described many different ways in which they are able to empower their clients through direct and non-direct intervention with clients. One way to directly empower clients is by giving them information. Overall, they felt that giving practical information to clients that they could put to use in their lives has been empowering for them. In fact, giving families access to information is one of the principles of family support practice. One focus group described how they gave clients information about the other services and programs available to them:

> I found initially that a lot of our opportunity to provide information came at our initial intake . . . it asked a lot of questions that some families weren't willing to give. So that made you engage them in a personal conversation. During the conversation, I would tell them about the program and what we do. Eventually, they would start asking other questions like, "I know you're going to be working with my child in this summer program, but what about my younger child?" Then, I would tell them about the pre-school sessions that we have here or link them to another family support agency or to a day care program elsewhere because they can get a family support scholarship or some financial assistance. So I think that this definitely gave us an opportunity to empower families because they came to us for one program but we were able to share what else was going on, not only with us, but also in the community.

Another focus group stated that when they gave very specific information to their clients regarding the discipline of their children or their legal rights regarding their family childcare homes, they became empowered:

We encounter a lot of people who don't understand their legal rights as providers. We have a wonderful relationship with an organization that provides legal support to small and large family childcare homes. Their staff come out and do a workshop for the providers so that they're armed with what they need to know legally. I have found this to be really empowering for our families, to know that they have that support, to know that have that resource, to know that they are considered very valuable to have this type of service available to them.

The results also indicate that the focus groups empower their clients through various direct interventions with clients such as giving youth decision-making power within the program, using a strength-based approach, developing realistic goals, and connecting clients with their community.

4.2.1.3. Eligibility of all families. In implementing this principle, the family support program has been able to serve clients who might not otherwise have been eligible for other services, provide services to clients across different economic levels and ethnic groups, and expose families to different experiences. The following example shows how family support served a client who would not have qualified under the Job Training Partnership Act (JTPA):

We served a mother who was a widow, with a two-year old child and pregnant with twins. She was from Russia, had no training, no background, and she would not qualify under JTPA because of her income. We've been able to provide her with classroom training and a support system. Another guy who was working part-time in a warehouse had some disabilities, and because he was working part-time he wouldn't qualify for the regular program. He's a photographer with an incredible portfolio and just needed to get training in the digital and graphics area and we were able to send him to school to the training he needed and still work part-time. Having the flexibility without the restrictions of all the eligibility criteria, that's the most important one for us.

The eligibility of all families allows the family support program to serve families across the economic spectrum. One focus group participant felt very strongly about this principle, stating that it allows more low-income families to participate in the family support program:

There are too many barriers to all families being served. We're going to try to serve all families, whoever comes in the door, as long as he/she is a resident of the city. To make services free is to make sure that the families in other parts of our city that are impoverished can come in and get the services. I see it as including instead of excluding.

The following participant described how family support has allowed the "working poor" families (families typically ineligible for programs targeted at low-income families) to gain access to family support services:

In our community, there are so many kids who do not qualify under low income because their families have a little bit of income. They are the "working poor", who have a lot of needs. In one of our projects, one man learned supervisory skills, planning skills, and marketing skills and became the manager of a cleaning business. He may never have had this opportunity to learn, if we asked about his income.

The eligibility of all families allowed the family support program to outreach to other ethnic populations in the community to assure adequate representation from these groups:

When we would go to a school to recruit students for participation, sometimes we would get participation from mostly African-American students. We knew from the demographic data that this was not representative of the ethnic population of the school, so we would go back and we would engage the staff of that school as well as other students so that we could assure we had a balance of students.

4.2.2. Changes in service delivery

In terms of how service delivery has changed as a result of family support, most of the focus groups believe that family support has improved service delivery to the client through supporting clients involved in other programs within the agency, providing referrals to clients to other agencies within the collaborative, and expanding their services and hours of operation (Table 2).

In one of the agencies, family support has provided services to clients who had been receiving family preservation services within the same agency. In the following example, a mother needed recreational activities for her children during the summer:

> While this client was involved in family preservation services, she was receiving parenting classes, counseling, mentoring, as well as many other different services that are necessary and perhaps even mandated. But what happens is that, throughout the whole summer, she needed recreational activities for her children. So they have participated in almost every family support event that we've had while she's been here. Family support enhanced her experience, and it made a huge difference in her life.

Family support has improved services for the client through the ability of agencies, in this case an educational institution, to refer a client in crisis to the appropriate family support agency:

> I had a married lady whose husband was an apparent alcoholic and did have some abuse that stopped her from attending class and she finally shared with me what the problem was or what was stopping her. I couldn't tell her, "You need to leave and get out of the situation!" I don't have that training. I don't know what all the situation is so I remembered talking to this person at Family Support so I got out my directory and called her personally and said I'd like to see about referring this client to you. She was able to find the strength and the support, whereas I can only listen.

As a result of the family support program, one agency was able to expand its hours of service to the community:

> I've been able to expand our hours of operation. We provide a safe haven for more hours of the year. Starting in July, we're going to be open 12 hours a day, every day, which means that if kids are off track, they can come to our club. And if they are going to school, they can come after school.

According to the focus group participants, the family support program has also enhanced their agencies through youth involvement, through its flexibility and creativity, and through an improved agency reputation within the community.

One focus group discussed how the involvement of the youth within their family support program had not only influenced the whole department within the agency but their community and their relationships within the collaborative:

> When we started family support, we wanted to give the youth a voice and allow them to take the leadership. It's just spilled over into our action plans, our collaborations, and our service area. It has been the germ of what we do and how we do it. It would never be the same if we hadn't got the family support funding and had used the youth. The youth have been really a key in all of this. It's been a tremendous influence.

Focus group participants stated that this family support program has given them the ability to explore new ways to meet the needs of their families. For example, one focus group participant explained her ideas on how to improve her agency's family support services:

> I want us to have providers trained on how to serve children with disabilities. I would like to see an on-staff occupational therapist that can do consulting work with the providers, on site. That's my baby. And I think that family support allows me to look at how I can accomplish this. Family support gives us the flexibility and the respect to make whatever changes and decisions we need to in order to best meet the needs of the identified population.

An interesting result of the family support program, as described by a focus group participant, was that the reputation of the agency within the community and among the staff within the agency itself has improved. Because of

Table 2
Discussion of change in service delivery by focus group

Focus Groups	1	2	3	4	5	6	7
Change in agency							
Expand/enhance Services		X	X	X	X	X	
Collaboration				X		X	X
Enhanced reputation							X
Focus on individual successes					X		

"X" indicates discussion of the topic area.

the family support funding, this employment agency is able to provide additional services to their clients. In turn, the clients have felt that they have received more services from the agency, in comparison to other employment agencies, and staff have felt better about being able to provide more services to their clients:

> I think that the Family Support funds have helped the reputation of our agency as whole because with this additional funding, we don't turn people away. We can provide clothing vouchers and food vouchers. And when people walk in, they will get served somehow.

4.2.3. Barriers to the implementation of family support

In terms of the barriers to the continued implementation of the family support program within their agencies, six of the seven focus groups agreed that difficulties regarding inadequate funding and the funding process were the most problematic. In addition, focus group participants complained about rigid boundaries between geographic service areas in the county, as well as the lack of contact from the family support collaborative or the lead agency (Table 3).

Many of the focus groups felt that the inadequate funding of the family support program resulted in the inadequacy of family support to meet all of the needs of clients which they serve. The following quote describes the comparatively small amount of money that family support funding represents to these agencies and that the funds have diminished in value over the three years of the family support program:

> The level of support has not changed over the years. Our Playground Program costs about $100,000, while the Teen Center costs about $60 thousand. These are the direct costs not the costs of the facilities and all of those other kinds of costs. What we receive from family support is about $4,000, so it's a very, very small contribution. What you could buy for $4000 four years ago is different than what you can buy with it right now. So if it remains like this, then it's basically going to be token support and much appreciated, but still very small.

Due to the inadequate funding, the focus group participants stated that they are not able to provide the breadth of services to meet the needs of their clients. For one family support agency, the inadequate funding results in a shortened program year, which runs from June through December, when the funds are depleted. In the following quote, an agency administrator explains this problem:

> We could actually do some things in January, February, March, April, May. We could probably do some things, but it cuts into what we're going to provide during the summer for youth and families. The most critical time frame in which they can utilize or take advantage of this program is the time off from school, which is the summer, or holidays such as Halloween or Christmas. Since we don't have enough money to do that, we have to go with our core programming in the summer, and we can even use more to do that to be honest with you.

As family support funding has been used to improve and enhance existing programs and services, the lack of adequate funding has resulted in unused resources within agencies. The following focus group participant complained that the resources in his agency are being "wasted," when they could be used, through family support, to provide more services for their clients:

> I have almost 40 computers up here that sit idle all weekend long. And I think an idle computer is a wasted computer and so I have all this time that's available and I don't have the funding sources to bring it into reality. And I could do a lot more with a little bit more money.

Table 3
Discussion of barriers to implementation of family support by focus group

Focus Groups	1	2	3	4	5	6	7
Barriers							
Funding problems/issues	X	X	X		X	X	X
Service area boundary issues		X	X			X	
Lack of involvement in collaborative	X	X					
Dissemination of family support information/communication issues				X			
Limited resources of agencies to participate				X			

"X" indicates discussion of the topic area.

In this vein, many of the focus groups discussed their need for more money to expand the family support services within their agencies. The following example details how one agency could use more money expand its services, as well as to subsidize programming for its clients:

> I would like to see more money for that special needs component and that's going to take a lot of money. And I would want to see that money used not only for family childcare homes but also centers. Also, start up materials cost money and so if we want to offer more start up materials or pay for an entire 15-hour CPR class or even host a class, we need more money. This would encourage more people to participate in the program. There is a lot to dream about.

There were certain aspects of the family support funding process that were problematic for these focus group participants, in particular, the allocation, reimbursement, and justification of the family support funds. For example, one agency administrator expressed his frustration regarding the allocation process for the family support funding:

> We do not understand their funding cycle or this relationship that we have. Does the amount of funding change? Is it competitive? What is it based upon? The number of kids that you have, the size of your city, how did we decide on this number? How is it drawn out? Is it arbitrary, can we change that? And what would it take? And who values it?

Focus groups stated that the level of justification for family support funding has been problematic, consisting of tedious and redundant forms that could be automated or more efficiently designed:

> Initially we have to complete a detailed work plan that describes what we are going to be doing with a budget. So why do we need to do a summary or narrative monthly or quarterly report on our activities which we have already described in our initial work plan. All we should have to do is give the numbers and invoice for the money. I don't think we should have to be two or three repeated documents. It could be a simple, automated system. Punch in the numbers, send it over or email it, we're done.

Other focus group participants expressed frustration regarding the delay in reimbursement from the county for the family support services rendered by their agency. The following quote details the problems in reimbursement from the county on a number of different levels:

> After submitting our invoices to the lead agency, it goes to the county. The county sends the payments back to the lead agency and they distribute it directly to the subcontractors within this collaborative. We're talking about two to three months time for reimbursement. Of course, if one agency is late getting the information to me, then I'm late getting it to the lead agency, which delays our reimbursement.

Focus groups also noted the rigid boundaries between the different geographic service areas of the county and the difficulties they have created for the family support service providers. The following focus group participant explained how this has happened within their agency:

> We are limited to providing services to this geographic service area. So when we do an orientation in this city, the residents in the city right next door to us cannot participate in our services. So it has been very difficult for me to ask them, "What's your zip code?" I mean it's so cold because they're part of the community, not just that the zip code. They are cut off by a technicality.

A number of focus group participants expressed their isolation from the family support collaborative. As mentioned earlier, this isolation may have allowed these participants to more freely express their frustrations with the family support program. One agency places responsibility upon the collaborative and the lead agency, in particular, for their isolation within the family support program:

> In the past four years, we've met once with the program administrators. Most of the time, it's on the phone. We send in our invoices as to how many people have participated in the program. And it becomes an economic transaction. This is how many we have; we get reimbursed for it. This is the event we are putting on, etc.

Another participant clearly assumes responsibility for her agency's not being as involved within the collaborative as it should be:

> We have so much going within this agency, within this city, it's hard for us to really participate. We don't participate as much as we should, and it's not that we're neglecting it, that's not the issue. The issue is we're just very busy.

5. Discussion

The focus group participants offered a wide variety of examples regarding three aspects of the family support program: key family support principles, changes in service delivery, and barriers to implementation of family support. The results suggest that the implementation of the family support program within this collaborative has allowed agencies to deliver services in a way that is qualitatively different for the staff and administrators and has improved the quality of their service delivery and that the barriers to implementation, though challenging, do not dampen the enthusiasm of these agencies for the family support program.

The results expand upon the understanding of influence of human factors, particularly understanding of family support principles, upon service delivery (Powell, 1994; Dunst et al., 1993). Focus group participants easily gave examples of how their key family support principles have been incorporated into their programs. The top three family support principles – coordinating, cooperating, and collaborating with other agencies; empowering families to take action to improve their families and communities; and ensuring the eligibility of all families for services – represent a shift away from the traditional social service orientation of competition among agencies, employing a deficit model of client service, based on categorical funding for specific services and specific client populations. The respondents indicated that they have shared resources and referrals with other agencies, collaborated on grants, and expanded eligibility to include all clients in need.

In addition, other family support principles were identified by the focus group participants as being incorporated into their family support programs as well: seeing families as resources; flexibility; providing prevention-oriented services; affirming families' cultural, racial and linguistic identities; targeting whole families, rather than individuals for services; being responsive to individual and community needs; and using a strengths-based approach.

These results suggest that the family support staff and administrators in this collaborative not only have a basic understanding of these principles and concepts, but can operationalize these principles within their service delivery. Within this collaborative in the future, studies can be designed to focus on these key family support principles, link them to specific program outcomes, and evaluate the relationship between beliefs and program outcomes. The incorporation of these principles into specific services also suggest that the respondents may have "internalized" these principles (Leon, 1999) and have begun to translate them into programs and services consistent with these principles (Green et al., 1998).

The focus group respondents also report that, as a result of the implementation of the family support program, their agencies have responded by significantly expanding and enhancing their existing services. They state that the family support program has improved service delivery to the client through supporting clients who are involved in other programs within the agency, providing referrals to clients to other agencies within the family support collaborative, and expanding their agencies' services and hours of operation. Although these changes in service delivery are not specifically linked to family support principles, they do suggest the agencies' level of response to their clients' needs (a family support principle), as well as areas for further evaluation for their impact on the quality of service delivery and on program outcomes.

The major barrier to the implementation of the family support program is related to funding issues, which speaks to the political and economic factors that mediate service delivery (Powell, 1994). The inadequate levels of funding and problematic funding processes described by the focus group participants represent the traditional child welfare paradigm of categorical funding and strict accountability of funds. In fact, the institution administering the family support program is the county child protection agency. Here is where it is possible that the county agency, relying on traditional administrative principles, may clash with the needs of the collaborative for flexible funding to provide comprehensive services based on individual needs, rather than specified services provided to eligible clients.

For example, focus group participants stated that the funding problems they experienced may be indicative of a county-level bureaucracy that lacks understanding of the family support agencies and is inflexible and unresponsive to the needs of the family support agencies. If the county administrative department is resistant to change, then its ability to effectively administer this program may be questionable.

In addition, their fear of "transient" public funding may threaten the continued implementation of family support. For example, focus group participants stated that, fearing that the family support funding might be cut back or terminated the next fiscal year, they were hesitant to implement some new services or activities. One focus group participant stated: "We would like to see funding increases because we've got a ton of ideas, written and ready to go. Our fear is that we'll get funded one year and then the next year, we don't."

Related to these problematic public funding issues, the focus group results indicated that one of the family support practice principles – staff advocate with families for services and systems that are fair, responsive, and accountable to the families served – was not indicated by any respondents in any of the focus groups as one of the "top three" principles incorporated into their family support program, nor discussed as a response to any other focus group question. This may be due to the limiting of the focus group discussion to three key principles.

However, the importance of incorporating this principle of advocacy may not be fully appreciated by these agencies that are so highly frustrated with and, perhaps, disempowered by aspects of the funding of the family support program through the county government. While the quote above reflects frustration with a public bureaucracy that does not communicate with family support agencies, the lack of advocacy found among these same agencies may reflect agencies' own failure to communicate effectively with the funding bureaucracy. These funding problems may have forced agencies to search for more stable funding sources and discouraged self-advocacy for continued family support funding. Finding themselves dependent on the county for their family support funding, these agencies do not recognize the important role of advocacy for their programs and for their clients.

Other barriers cited by the focus group participants, such as rigid geographic service area boundaries, lack of communication within the collaborative, and lack of participation from some agencies within the collaborative, reaffirm the complexity of program implementation at the local level. While the focus groups indicated that coordination and cooperation was a key practice principle, its implementation within a collaborative of over 60 agencies has its challenges.

6. Implications for family support practice and research

For individual child welfare agencies and programs, the results of this research study can inform all levels of agency program and practice. Discussion among staff and administrators of philosophical and practice principles can be useful in the implementation of new family support programs or in the renovation of existing ones. For incorporating family support principles, agencies could benefit from workshops or training on the principles of family support and how to implement these principles into specific service delivery goals and objectives for their individual agencies and outcomes for their clients.

Family support program agencies across the country can use the results of this study to inform their own program development. Using examples of the incorporation of family support principles, agencies can anticipate and plan for the changes that family support may bring to their agencies. Understanding the barriers that the agencies in this study have faced, they may be able to address these barriers before they become too overwhelming. These results can be used to help agencies to be more inclusive of traditional and non-traditional social service agencies and organizations within their family support programs.

Looking at these agencies from an open-systems model, these results suggest that agencies can benefit from increased interaction with government, especially in advocacy with elected officials. Given the recognition and incorporation of family support principles among these agencies and their level of excitement and passion regarding the family support program, child welfare agencies, administrators, staff, and their clients should look to organize and advocate for continued legislative support of family support programs. If agencies find worth in the continued funding of family support programs, they should build upon their collaborative relationships across diverse community-based agencies to influence the legislative process, across all levels, to promote prevention-oriented services, such as family support services.

Coupled with the existing outcome evaluations of family support programs, family support agencies and advocates can utilize the results of this study to educate legislators and to inform them of the potential benefits of family support, and the necessity for more adequate, long-term funding. State and Federal officials and representatives, as well as the public need to be convinced of the necessity of federal investment in family support programs. In order to continue incorporating these reforms, agencies need continued support.

Unfortunately, when it comes to advocacy, child welfare agencies face an uphill battle. Recent research suggests that although nonprofit leaders cite the importance of advocacy, their lobbying activity is low due to limited resources, including time, staff, and money, and to the complexity and ambiguity of federal lobbying regulations (Strengthening Nonprofit Advocacy Project, 2002). Agencies could benefit from training on advocacy skills and clarification on federal lobbying regulations. Otherwise, child welfare agencies will continue to be disempowered by its dependence on transient public funding.

In terms of future research in the area of family support programs, this study can be used to continue to evaluate the level of understanding of service providers of the family support principles. In addition, this study can be used to identify key family support program principles in other family support agencies and begin to assess their impact on service delivery. As Dunst (2002) suggests, researchers could be looking at the extent to which an agencies' practices are consistent with family support principles, asking clients to assess the extent to which program staff interacted with them in ways consistent with family support principles, and how different levels of adherence to family support principles lead to different outcomes.

In conclusion, the promise and potential of family support programs as an initiative to reform child welfare exists. Since the federal government made a commitment to family support programs in The Family Preservation and Support Act of 1993 (P.L. 103-66), community-based child welfare agencies have demonstrated their ability to incorporate family support principles, as well as their impact on their clients and agencies. Unfortunately, in 1997, The Adoption and Safe Families Act (P.L. 105-89) shifted attention from prevention (and family support) back to traditional, residual child welfare services. Community-based child welfare agencies can no longer rely upon the federal government alone to initiate and sustain child welfare reform, they must continue to work, at all levels, to sustain the changes they have initiated through family support programs to expand child welfare services from a resource for families in crisis, to include preventive, supportive services that promote the well-being of all families.

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