Introducing Family Preservation in Australia :
Issues in Transplanting Programs from the United States

Dorothy Scott

This paper is based on a keynote address given at the first Australian Family Preservation Conference in Ballarat in November 1992 and addresses questions which need to be considered when transplanting programs from one service system context to another. A number of Australian States are in the process of introducing Intensive Family Preservation Services following the widespread adoption of such programs in the United States. These short term, intensive, home based therapeutic programs serve families whose children are at imminent risk of removal or who are being reunited with their family after being in out of home care. This paper argues that while such programs have the potential to provide more effective interventions with such families, placement avoidance on its own is an inappropriate outcome measure. Moreover, if the introduction of such programs is done by redirecting resources from other services, counterproductive effects may occur.

The history of child welfare is the history of searching for simple solutions to complex problems. In a recent article in *Children Australia*, Sonia Russell stated:

> Several historians in the field of child welfare have emphasised that for the past century and a half, fashions and beliefs in the field of child welfare have changed in a cyclical pattern. Thus the emphasis had alternated between support for natural families, support for foster families and institutional solutions for the care of children in severely problematic family situations. Each generation discovers anew the reasons why the dominant solution espoused by the previous generation has not worked well for some children and families.
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> (Russell, 1992, p21)

Dorothy Scott has 20 years experience in the child welfare field, ranging from residential care to foster care and adoption programs and child protection services. She has served in a number of policy advisory positions, including the Ministerial advisory body, the Victorian Family and Children's Services Council. She has published extensively on her research on the primary prevention of child abuse and is currently completing her Ph.D on child protection assessment. She is Senior Lecturer in the School of Social Work at the University of Melbourne. During Sabbatical leave in 1992, she visited the United States to examine Family Preservation programs and on her return, worked as a case worker in the Families First program at Canterbury Family Centre.

She concludes with the exhortation that:

> There needs to be some degree of trust and respect between generations of child welfare practitioners, as well as encouragement to each new generation to be innovative and clear-sighted in approaching current social problems.
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> (Russell, 1992, p24)

Intensive Family Preservation Services are a sub-set of family-based services which are designed for families in crisis, at the point at which the removal of a child is imminent or the return of a child from out of home care is being planned. These services are highly intensive with families being seen for at least an average of 8 to 10 hours per week over a period of 4 to 12 weeks. Workers are professionally trained and have a caseload of two to six families, and the intervention is a combination of 'hard' or concrete services and 'soft' or clinical interventions. The latter draws on cognitive-behavioural methods or family systems theory and are applied in vivo in the naturalistic environment of the family home (Pecora, Whittaker, & Maluccio, 1992). There is a range of service models, one of the best known being the Homebuilders Program, which is based on cognitive-behavioural methods and is at the most intensive end of the spectrum, with 24 hour availability of the worker, the shortest duration of intervention (4 to 6 weeks), and a caseload of two families per worker (Kinney, Haapala, & Booth, 1991). It is this model which has been chosen by the Victorian government and which other States are also considering. Under the name 'Families First', non-government agencies have received government funding to implement the program throughout Victoria.

The emergence of intensive family preservation programs in the United States has been the result of a number of important factors: legislation requiring pre-placement services in cases in which placement of a child was being considered; a crisis in foster care programs in the 1960's and 1970's with demand overwhelming supply and a high rate of placement breakdown; the enormous cost of funding out of home care for children removed from their families by a child protection system which was overloaded with referrals; the permanency planning movement; the application of family centred and ecological approaches in child welfare practice; and the financial support of philanthropic trusts.

Some would argue that family preservation programs are new wine in old bottles and that older generations of social workers from Mary Richmond to Alice Overton should be given the credit for developing the practice theory of family-centred work in the natural environment of the family. The innovation may be the addition of

more recent ideas of cognitive-behavioural concepts and family systems theory to the time honoured social casework principles such as the centrality of the helping relationship and the importance of engagement. Leaving aside the question of whether what we call 'Family Preservation' is new wine in old bottles (or old wine in new bottles), let us return to the question of how, in Sonia Russell's words, we can be clear sighted as well as innovative. Specifically, what might be some of the key issues in transplanting innovations in child welfare across national and cultural boundaries?

Questions to Consider

We have given relatively little consideration to the problem of technology transfer in child welfare or to use less alienating language, the issues to consider when transplanting overseas programs. Many imported programs have not worked. To extend the transplanting metaphor, the seed has not grown in the manner the horticulturalists had expected. However, unlike horticulturalists we have not investigated why this is so, and analysed the environment, such as the soil and the climate, as well as the seed and its characteristics, for an answer. There are a number of questions we need to consider :

- What can we learn from our past attempts at transplantation?
- How do the US and Australian child welfare contexts compare?
- What are the implications of the differences?
- What is it that is really being transplanted?
- How do we measure the success of the transplant operation?
- Where do we go from here?

1. What can we learn from past attempts at transplantation?

There are two sorts of mistakes we can make in program transplantation. One is to successfully transplant programs which have unintended (although not necessarily unpredictable) consequences. The other is to fail at transplanting programs that might have been valuable to us. The first is obvious in terms of my agricultural metaphor. The Australian landscape has been infested with blackberries, rabbits, cane toads and prickly pear to name just a few of the well-known imported species we could have done without and which have left a legacy of lasting damage. Some would say that some aspects of the normalisation and deinstitutionalisation movements have led to the destruction of specialist services for children and adults with disabilities. Once destroyed we are unlikely to see the recreation of expensive specialist residential and day programs. We are now beginning to discover that not all children can be successfully 'mainstreamed' into the classroom and that there is no place to which they can return where their needs can be more appropriately met. The unholy alliance between 'innovative' but not 'clear sighted' reformers and cost cutting administrators have seen to that. Let us beware of such an unholy alliance.

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An example of a promising program which has not been successfully transplanted in Australia was the Santa Clara County Child Sexual Abuse Treatment Program which was visited by a number of Australians from different States from the late 1970's to the present. It is illuminating to examine why this has not been successfully transplanted, despite several attempts by Australians to do so. While supportive therapeutic groups for child sexual abuse victims and non-offending parents have been established in many programs, the central plank of the Santa Clara County program, an intensive individual and group therapy program for intra-familial sex offenders, has proved resistant to transplantation.

What is the difference between the Californian context and that in Australia? At first glance, they look quite similar but looks can be deceiving. While we may have a similar British cultural heritage and we speak the same language, North American and Australian cultures and social structures are very different. In the case of the Santa Clara County Child Sexual Abuse Treatment Program, there were three main differences which made transplantation very difficult - legal, professional and cultural. What is interesting is that these differences were not obvious at the time when efforts were made to transplant the program. It is therefore worth examining these factors in order to learn from our past mistakes in program transplantation. Perhpas some of these factors are also relevant to transplanting intensive family preservation programs.

The main legal difference is that the American legal system has institutionalised plea bargaining which is anathema in the British and Australian criminal justice systems. While it occasionally occurs here under the table, plea bargaining ('confess to these two charges and we'll drop the other 63') is not the accepted practice. When the offender has his back against the wall in the police station, plea bargaining provides a powerful incentive to confess and accept a treatment program which is likely to result in a non-custodial or less severe sentence by the time it comes to trial. Treatment which follows rather than precedes conviction is a stick rather than a carrot. Sex offenders need both.

The main professional difference is that clinical training and certification systems in the United States are well developed, with a much higher proportion of the population being tertiary educated, and with much stronger systems of professional certification and registration, and different levels of membership of professional bodies. By contrast, Australians like to think of themselves as egalitarian and are reluctant to engage in drawing comparisons between occupational groups or within occupational groups which might appear to be 'elitist', the worst sin in the Australian culture. At its best, this protects us from self-serving credentialism. At its worst, it leads us to lower our professional standards to the lowest common denominator and to pretend that there is no difference between professional and para profes-

sional levels of expertise and between different sectors within tertiary education. The successful expansion of the Santa Clara County program can be explained by the fact that while it had a small core of salaried staff, it provided a large scale, sophisticated therapeutic program because it used Masters level trainees in clinical social work, psychology and counselling, as interns who provided skilled clinical services free of charge. In general terms, the human services in the US have better developed clinical training programs and specialist treatment services.

The main cultural difference is the degree to which therapy is normative behaviour in the two societies. Those who have studied American history will appreciate that Australia, by comparison, is a highly secular society. Moreover, Australians tend to have a British reserve and are suspicious of what they perceive as extravagant emotionalism. Australians are less likely to go in for religious fundamentalism and tele-evangelism, or for personal disclosures on day time television. Furthermore, those who have observed American society will appreciate that Americans, even those we would consider to have been educationally disadvantaged, are far more articulate than Australians of a similar socio-economic status. The United States is what one might call a 'therapy culture'. This is most evident on the east and west coast. While New York may not be the birthplace of psychoanalysis, it is certainly its home and California is where the Humanistic Psychology experiential therapy movement took off in a big way. While such a generalisation is probably less true of those in the mid west of the US, I think it is a fair generalisation to say that North Americans are more adept and comfortable engaging in the therapy game. This doesn't necessarily mean they have any more insight. A lot of talk therapy is psycho-babble, but the game comes more easily to them than it does to us. And while it is difficult to generalise, it may be that for certain groups of Australians, perhaps those from rural and working class backgrounds, as well as for many men, talk therapy may be seen as something which is suspicious and insincere. Australian may be slower to reveal and express their feelings in an overt manner.

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In the Santa Clara County Child Sexual Abuse Program, group therapy with offenders had a cathartic element typical of the 1960's encounter groups which grew out of the humanistic psychology and personal growth movements. It was also distinctly quasi religious – akin to a religious revival meeting, with lots of emotive confessing and repenting and being offered salvation ('loathe the sin, love the sinner') through therapy. In contrast, sex offender group therapy in Australia and Britain seems very different, with far less overt expression of emotion and far greater reticence to use psychological language. This is not to say that one type of group is necessarily better, just that they are very different and that clinical practice needs to be congruent with its cultural context and that culturally sensitive practice is not only important when we are crossing ethnic or racial boundaries.

It is probably too early at this stage of the family preservation transplant experiment to be able to identify the conditions in the structure of the legal system, the professional arena and the culture which are most relevant to intensive family based services, but some of the same factors would appear to be relevant.

2. How do the Australian and US child welfare contexts compare?

While there are very significant variations between States within both Australia and the United States, making generalisations risky, there do appear to be some major differences between the Australian and American child welfare contexts.

First, the US system of child protection is in severe crisis. The US Advisory Board on Child Abuse and Neglect, established under the 1988 Amendments to the Child Abuse Prevention and Treatment Act, described the US system as a 'national emergency'. In its 1990 report, the Board stated:

> It is not a question of 'acute failure of a single element of the system'. Instead, the child protection system is plagued by 'chronic and critical multiple organ failure.' No matter which element of the system that it examined – prevention, investigation, treatment, training or research – it found a system in disarray, a societal response ill-suited in form or scope to respond to the profound problems facing it. It was forced to conclude that the child protection system is so inadequate and so poorly planned that the safety of the nation's children cannot be assured.
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> (US Advisory Board on Child Abuse and Neglect, 1990, p.vii).

Escalating referrals to Child Protection Services have overwhelmed the system. The number of children in foster care increased dramatically. To quote again from the US Advisory Board:

> Child protection has been perceived as primarily the responsibility of CPS agencies, with the result that an ever increasing proportion of resources in the child protection system has gone to investigation of allegations of child abuse and neglect. Indeed in some States and counties, it may be said that the public child welfare program of services to children and their families is CPS.
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> (US Advisory Board on Child Abuse and Neglect, p.x)

Child welfare systems are inextricably connected to the rest of the social system. In the US there is no universal health system, there is no income maintenance system in the form which Australia and Western Europe would recognise, and there is a public housing crisis the severity and magnitude of which is beyond the Australian imagination. Family preservation workers can spend days waiting with clients in the Emergency Rooms of public hospitals for routine medical care, in queues waiting for food stamps, and trying to secure emergency housing. By contrast, the Australian child welfare system exists within a welfare

state with a universal health system and an income security system. Concrete needs may therefore be less, or at least different, for Australian families.

Second, the Australian child welfare system has an extensive infrastructure of primary and secondary prevention services. At the primary level, we have got one of the finest universal maternal and child health services in the world which we take for granted. In Victoria, it reaches 96% of all families in the first year of a child's life, providing a bottom line service of developmental screening for all children and, in some areas, a top line service of parent education and support in the critical transition to parenthood. Such services do not exist in the US. There are the 'well baby clinics' in isolated pockets of the ghetto which reach a tiny fraction of the population. Even in Hawaii, where a lot of resources have gone into their new highly acclaimed transition to parenthood project, only 50% of the population is reached. In Colorado, the impressive Denver Project, based on similar principles of universal outreach, reaches 2% of the target population.

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Non-government infrastructure at the secondary prevention level is well developed, particularly in States like Victoria in which there is a history of provision of child welfare services by churches and secular philanthropic societies, and in which government is a relative latecomer in child welfare services. (This is less true in States like New South Wales where centralised government played a more important role in service provision in health, education and social welfare from the inception of the colony). The extensive network of non-government services has allowed considerable diversity and innovation to occur, and a broad range of secondary prevention family support services has developed to replace the institutionally based services of a previous era. These agencies provide services to families who are not clients of the child protection system as well as those who are subject to court orders.

Third, there are not large numbers of children in substitute care in Australia and it can be argued that many of those who are probably need to be. For over a decade in Victoria there has been a decline in the number of children being made wards of the State. Within a year of the introduction of the new *Children and Young Persons Act* in 1992 there was a further reduction of 20.3% in the number of Protection Applications to the Children's Court, compared with the previous year (Community Services Victoria Annual Report, 1991/1992). While notifications are rising, very few children are actually being removed by the Victorian child protection system. Victoria, unlike the US, has never had a large foster care program, and the foster care programs which do exist have provided extensive respite care, an intervention aimed at the prevention of family breakdown, as well as substitute care. The Victorian substitute care system was heavily based on residential care and the deinstitutionalisation in child welfare occurred well over a decade ago. It was at this time that many of the non-government agencies developed innovative programs to help prevent children coming into care. It could be said that this was when our Family Preservation Movement started.

Four, child protection services in Australia is not narrowly investigative. While there are differences between the Australian States in this regard, relative to the US, the child protection service in Victoria has remained a professionally based service rather than merely an investigation service although there are clear signs of a trend toward deprofessionalisation and investigative case processing rather than casework becoming the norm. However, at this stage child protection caseloads in Australia are generally far smaller than those in most US states and it is possible for families to receive more than an 'investigate and process' service from the statutory authority worker.

3. What are the implications of the differences?

All of these points are important to note as they demonstrate that the conditions which prevail in the US and which gave rise to the family preservation movement, are largely absent in our system of child welfare services. This is not to say that family preservation services do not have a valuable role to play in our spectrum of services, including post-placement support services (a very neglected area and unfortunately one which is not being served by the Families First Program), as well as placement prevention and re-unification services. They are a vital component, but it is important to recognise that they are being transplanted into a vastly different service system. Some of the implications of this would seem to be:

1. The families which reach the statutory child protection service in this State have fallen through the safety nets of the extensive and well-developed primary and secondary prevention services. This, plus legislation which makes it very difficult to remove a child or obtain a court order and, unlike the US, almost impossible to terminate parental rights, means that the families who meet the criteria of impending removal or re-unification in this State, are very, very, troubled families. Not surprisingly, the Families First program in Victoria appears to be receiving a concentration of families from the most severe end of the child protection system. In fact two of the four exclusionary criteria in some of the United States programs such as that of Maryland (families in which the parents are intellectually disabled or have longterm psychiatric disorders, and families with a very long history of child protection involvement), are the very categories of families which are frequently referred to the Families First Program in Victoria. Moreover, in the US the child protection system is often the route which the family

must take in order to become eligible for family support services and in the absence of good primary and secondary prevention services, they are likely to get families which are situated across the spectrum of severity. Consequently we should not be surprised if our results do not match the high expectations of others and ourselves.

2. Family Preservation services may be receiving cases in which it is not in the best interests of the child to remain with or be re-united with the family. Often this is the outcome of a process of 'dispositional bargaining' ('we won't contest the case and we will agree to a supervision order if CSV drops the recommendation of wardship'). It is likely that intensive based family services may start to fill the gap resulting from the inadequacies of a system which is unable to 'bite the bullet' on the very hard cases and make appropriate permanency planning decisions for the small group of children for whom there is little prospect of having their needs met within their natural families. This sort of 'Family Preservation' in the absence of permanency planning as a well established policy and practice, is dangerous. In the United States the permanency planning movement has been far more influential than in Australia.

3. Given the well developed primary and secondary prevention services, and the needs of some families for a much longer intervention (such as the increasing proportion of children with parents who have intellectual and serious psychiatric disabilities now in our child welfare system), short term intensive programs will need to build close co-operative links with these other parts of the service system. However, inter-agency collaboration is problematic in the human services and relationships are often conflictual. There are a number of reasons for this which are beyond the scope of this paper but we would be well advised to examine the factors which determine the quality of inter-organisational relationships. Often we incorrectly perceive problems between agencies as interpersonal when there are very clear structural sources. Among the most pertinent structural factors which are likely to be impediments to the development of strong links between intensive short term and less intensive longer terms programs are competition for scarce resources, skewed reciprocity between agencies; and inter-agency rivalry for status.

Competition for scarce resources is endemic. If the funding for both types of programs is coming from the same cake and if family support agencies are put under increasing pressure to adopt short term programs, as is happening in Victoria, competition for scarce resources will become more intense as we can predict that need will escalate in the wake of deinstitutionalisation and economic recession. Privatisation of services will increase competition between agencies. When the Families First Program having to be 'cost neutral' it is obvious that Peter will be robbed to pay Paul, and we cannot assume that cost savings will occur as a result of Families First to offset a reduction in funding to substitute care.

Relationships between agencies, as between human beings, are based on reciprocity. We exchange things we need, not necessarily in kind - funding, clients, staff, expertise etc. In many long term cases, the agency providing the short term, intensive intervention will be dependent on agencies providing long term supportive programs to maintain the gains which they have made with families. Referrals are a one way street in a system in which the sole referral source for the intensive family preservation program is the statutory child protection service. The family support agencies have families which they would like to be able to refer to the intensive programs but are unable to do so unless they make a notification to the child protection service and even then, the family must compete with many others for a place in the intensive program. Skewed reciprocity makes inter-agency relationships that much harder.

There are always 'sibling' type rivalries between programs within agencies and between agencies. Sometimes having an external enemy (the other program within the agency, the other agency between agencies, the statutory child welfare department for the non-government sector, or for those in the department, 'Head Office'), serves a useful function of increasing cohesion. However there is a price for the external enemy cohesion building mechanism - it makes it hard to work collaboratively with the enemy. The family is nearly always the meat in the sandwich of intra and inter-agency conflict. Competition is very likely to occur when the 'new kid on the block' is given a lot of fanfare and resources which the old kids on the block don't have (cars, limited caseloads, an amount of cash to spend on each family) and when the existing services are not given the recognition they deserve and are treated as Cinderella or 'the poor relation' both in terms of resources and status. There are already signs of this developing in Victoria and it is this sort of conflict, often expressed over petty issues, which is so corrosive of working relationships.

Conflicts can also be imported from the US family preservation movement which has developed certain divisions based on different program models and resource allocations. Every evangelical movement has its schisms and these can threaten the viability of the embryonic transplant.

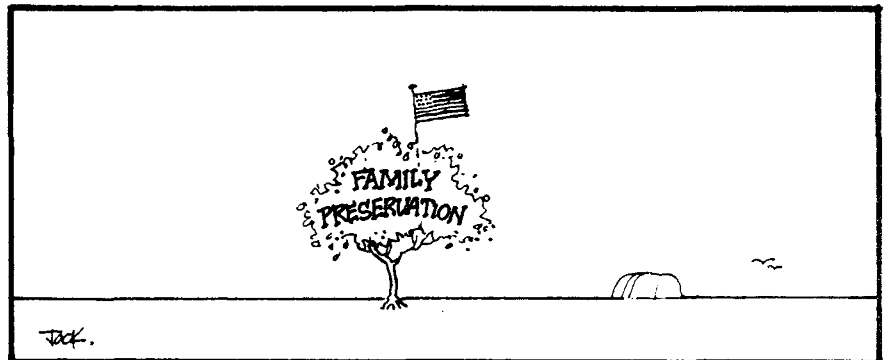
4. What is it that is really being transplanted?

Perhaps we should not be thinking so much about transplanting the new species into the Australian soil, but rather grafting it on to the healthy species we already have, just as one might graft the new variety of rose on to the standard rose bush, or the

apricot branch on to the peach tree. Grafting is a specialist art, one that in the human services requires leaders with a high level of skills not only in program development but organisational and inter-organisational development.

Is it a rose or an apricot that we are transplanting? We better be sure because grafting the apricot on to the peach is going to be a lot more successful than grafting a rose on to a peach or vice versa. However, it is sometimes difficult to know what is being transplanted as the espoused or official theory of a program may not accurately reflect how the program actually works in its home environment. For example, the espoused model of the Washington State based Homebuilders Program is a cognitive-behavioural 4-6 week program and this is reflected in the training and program specifications. Yet in practice its workers often have unofficial contact with families which lasts significantly longer than 4-6 weeks. Moreover, some of the intervention methods do not easily fit into the espoused theory but which may constitute the most valuable 'therapeutic ingredients' in the program. In one case a very skilled practitioner in this program described a potent intervention in which she had analysed the client's dream. Now dream analysis is not normally part of a cognitive-behavioural approach but in this case it was a powerful therapeutic ingredient in sustaining hope of a black man with a history of gross deprivation as a child and a very long history of cocaine abuse. There was a poignant symbolism and spirituality in the dream this man shared with the worker and she capitalised on the opportunity this presented.

The point is that there is an art as well as a science to social casework and like good art, it sometimes defies description. The expertise of the skilled practitioner, like the artist, cannot be reduced to a set of 'competencies' or a recipe that can be copied and applied in a standardised manner. Training and education are fundamentally different. Not that a high level of professional education is a necessary and sufficient condition for good practice. A good head is no use without a good heart. Neither alone will do. Good practice requires a combination of analytical and personal properties. We seem to have no difficulty in recognising that family therapy practised in the clinic is a skilled business. For some reason when we are working in the home with families who are generally far more damaged than those in the clinic, we tend to think it is work that people can do with little formal professional education and supervision.



Family centred practice requires of the practitioner an extensive knowledge of family theory and a broad range of skills. Highly developed conceptual capacities and skills are required to understand how a family operates in its inner and outer spheres. This knowledge and these skills cannot be picked up in the odd elective at the undergraduate and paraprofessional level. On the surface the outward manifestations between the unskilled and the skilled worker may look similar but in practice the therapeutic dimension can be destroyed by unsophisticated service providers. The therapeutic task of using a life story technique to assist a child make some sense of the bewildering dislocations and placements in his life can be reduced to an exercise in assembling photographs and drawing the lines straight. Other techniques such as the genogram can be a simple information gathering exercise or a highly powerful therapeutic intervention. The product of the life story book and the genogram - what is left on the paper, may look the same. The process bears no resemblance whatsoever. If we want to destroy the opportunity for the development of high quality intensive family based services we need do no more than, in true Australian style, pretend that we are all the same in knowledge and skills and can occupy the same roles.

Professional systems of registration and licensure are very well developed in social work and family counselling in the US while in Australia we have seen the declassification of social work positions and moves to competency based measures which leave little room for clinical expertise which cannot be reduced to competency checklists and recipes. In the Homebuilders Program for example, the practitioners are Masters level graduates, with well developed skills in critical analysis and a strong theoretical understanding of the interventions which they use. A major consideration in transplanting intensive family based services is whether we have the level of clinical expertise to mount such programs. Rapid expansion of the Families First program in Victoria, necessary for reasons of political expediency, may have limited the process of achieving high standards of practice, staff development and supervision. Too little expertise spread too thinly too quickly may lead to the erosion of standards from the outset.

5. How do we measure the success of the transplantation?

This is a complex area and there is considerable debate on the effectiveness of family preservation programs in the most recent literature (Wells & Biegel, 1991; Fraser, Pecora & Haapala, 1991). A number of concerns have been expressed about the evaluations which have been conducted in the United States (Bath & Haapala, 1993). For example, the reliance on placement avoidance as the sole outcome measure has been criticised on a number of grounds. The decision

to place a child is determined by many factors, including legal and administrative factors. Placement avoidance may not be a good indicator that there has been a significant improvement in family functioning. Similarly, the placement of a child may not represent failure but a positive outcome for a child. If the program is sold to politicians and administrators as a cost cutting strategy based on placement savings, as it has so clearly been done, then the viability of the program will be seriously jeopardised if it cannot demonstrate that it can deliver these goods.

'Is the outcome better for this child?' is not necessarily the same question as 'Was placement avoided?'

Even if placement avoidance is the outcome measure used, the evidence to date is equivocal regarding the success of intensive family preservation programs. Establishing a control group is problematic, some cases are not really at 'impending threat of removal'. In some studies the out of home placement rate is the same for both the experimental and control groups (for example, Schuerman, Rzepnicki, & Littell, 1992). This does not necessarily mean that the programs have been a failure as there may be some sub-groups of families for whom the program has been effective but the averaging of results has masked sub-group differences. For example, there is some indication that the Homebuilders model may be more effective with families in which the children are younger and where the presenting problem is abuse rather than neglect or abuse and neglect (Bath, 1992).

Establishing the relative effectiveness of different program is equally problematic. Different legislative contexts and different programs, even with the same name and model, cannot really be compared. For example, a program with the higher out of home placement rate at follow up may in fact be superior to the program with the lower out of home rate if the nature of the client population which the former is serving is more difficult. Bath and Haapala (1993) have recently called for the cessation of large scale Statewide evaluations which are prone to the averaging of results and cannot establish uniformity of intertvention, and advocated smaller scale studies in different settings and focussed on different categories of client which would provide rich comparative data. In short, evaluation must address the difficult question of what works best for whom under what circumstances, and that definitive answers to such questions are likely to remain elusive. We would be well advised to develop multiple outcome measures which are clinically driven rather than managerially driven. 'Is the outcome better for this child?' is not necessarily the same question as 'Was placement avoided?' It is from this sort of evaluation that we can address the questions which concern practitioners as well as managers.

6. *Where do we go from here?*

Despite the difficulties and obstacles in successful program transplantation outlined above, there is a great opportunity to tap the potential of some impressive and innovative treatment programs in serving those families which fall through the safety nets of our primary and secondary prevention services. It is the tertiary level of services which have remained relatively undeveloped in Australia. To ensure that the potential is tapped and that negative unintended consequences are avoided, it is important to be aware of the environment into which they are being introduced. The child welfare system, like natural systems, is a delicate ecology and we need to be mindful of the impact of a new program on the rest of the system.

In the Great Southern Continent we have enjoyed a good climate and, in some places, some good soils. The hole in our Ozone layer and the blowing away of our topsoils now pose dire threats to our longterm physical survival. This is a powerful metaphor for the dire threats that

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economic rationalism and our long-term economic decline pose for our social survival. It would not be clear sighted of us to build a new intensive family based service while the rest of the child welfare system and the welfare state in which it is embedded, were dismantled around it. The family preservation tree needs a healthy forest. ♦

References

Bath, H. (1992) *Intensive Family Preservation Services with Maltreated Children: An Investigation of Sub-Type Differences*. Ph.D. Thesis, University of Washington.

Bath, H. & Haapala, D. (1993) 'Family preservation: What does the outcome research really say?', in press.

Community Services Victoria, *Annual Report* 1991/92.

Fraser, M., Pecora, P., & Haapala, D. (1991) *Families in Crisis, The Impact of Intensive Family Preservation Services*. New York: Aldine de Gruyter.

Kinney, J., Haapala, D. & Booth, C. (1991) *Keeping Families Together, the Homebuilders Model*. New York: Aldine de Gruyter.

Pecora, P., Whittaker, J., & Maluccio, A. (1992) *The Child Welfare Challenge, Policy, Practice and Research.* New York: Aldine de Gruyter.

Russell, S. (1992) 'Attachment Disorders: Implications for child welfare practice', *Children Australia,* 17 (1), pp.20–24.

Schuerman, J., Rzepnicki, T., Littell, J. (1992) *Evaluation of the Illinois Family First Placement Prevention Program: Progress Report*, Chicago: Chapin Hall Center for Children.

US Advisory Board on Child Abuse and Neglect (1990) *Child Abuse and Neglect: Critical Steps in Response to a National Emergency*, US Govt Printing Office.

Well, K & Biegel, D. (1991) *Family Preservation Services, Research and Evaluation.* Newbury Park: Sage.