

# Intensive Family Preservation Services Do they have a place in Australia?

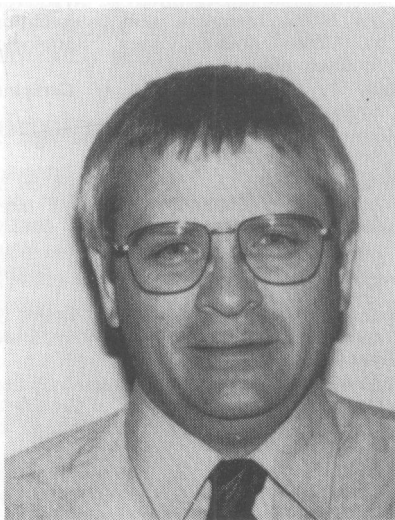
Howard Bath

*Family Preservation Services, and in particular the intensive variety, have recently been attracting a lot of attention in Australia, with initiatives in at least four states. Along with the enthusiasm there has been some hostility and opposition. This paper examines the context in which the services originally developed and attempts to rationally assess their relevance for Australia.*

**F**amily Preservation Services (FPS) have become increasingly popular in the United States over the past decade, to the point where many States have enacted specific legislation which mandates their provision (Smith, 1991). They represent a renewed commitment by child welfare practitioners to the long-stated goal of keeping troubled families together wherever possible, rather than relying on the placement of children into substitute care.

Such has been the speed of their acceptance, that one leading commentator has termed it an 'unparalleled phenomenon' (Sudia, 1990). The interest is not limited to the United States. FPS are operating in a number of European countries, and have been under way in Victoria for two years. The NSW Department of Community Services is about to launch two pilot programs and there are initiatives in South Australia, Queensland, Western Australia, and the Territories.

Along with the enthusiasm for FPS there is also some ambivalence and even outright hostility. For some, the new services pose a threat - they fear that their adoption by State welfare departments will mean a diversion of funds away from existing preventive or remedial programs; others point to Family Support Services or respite care and ask 'are we not preserving families already?'; some question the relevance of short-term crisis oriented services, maintaining that this is not a major area of need in the Australian child welfare context; for some it is a disagreement over the validity of theoretical bases or particular service configurations; while others question some of the basic assumptions of the Family



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Preservation movement - is it appropriate or in a child's best interest to preserve a marginally-functioning family, or is substitute care such a bad thing anyway? Finally, some are simply hostile to ideas or 'program packages' from overseas, particularly those from the United States which they may perceive to have been promoted with ill-considered zeal.

Mixed with the anxiety and occasional prejudice of these responses are some quite valid concerns. The present discussion is an attempt to rationally examine the issue of the relevance of these services for Australia. This begins with a look at service definitions, followed by a consideration of the context in which FPS originally developed and the factors which facilitated their

acceptance. Weighing both positive and negative considerations I will then outline a number of reasons why FPS should be given a fair trial and suggest how we might improve and adapt service models developed elsewhere.

## **What are Family Preservation Services?**

There are now a large number of social service programs aimed at preventing the unnecessary placement of at-risk children out of their homes. In the USA this larger group has been known variously as home-based services, family-based services, family-centred services, and family preservation services. Programs can differ along a number of dimensions including focus of the intervention in terms of whether the service is primary, secondary or tertiary prevention, auspice (public or private), specific target group, primary location of service (in office or in home and community), specific intervention methods and theories espoused, intensity of service, length of service, caseload size, availability of workers, and the use of teaming. This diversity has led to a number of attempts to create taxonomies to assist with research and replication efforts (eg. Child Welfare League of America, 1989; Nelson, Landsman & Deutelbaum, 1990).

Perhaps the most well-defined and replicated category, and the one which has almost become synonymous with the term Family Preservation (see Bloom & Holden, 1993; Nelson et al, 1990), is the group of services which has been defined as the crisis intervention model (Nelson et al, 1990), or intensive family-centred crisis services (CWLA, 1989). Such services have a primary goal of

preventing the unnecessary placement of children out-of-the-home while maintaining their safety, and they are described by the CWLA (1989) as having the following characteristics:

- the target family is in crisis with at least one child being at imminent risk of placement;
- services are intense with contact hours averaging 8–10 hours per week;
- services are limited to 4–12 weeks
- caseloads range from 2–6 families;
- the focus is on the provision of intensive counselling, education and supportive services.

Most services that fit this model are loosely based on the *HOMEBUILDERS* program of Federal Way, Washington State (Kinney, Haapala & Booth, 1991), which is sometimes described as the 'archetypal' family preservation model (Kamerman, 1990; Rossi, 1991). There are many different models of service which could accurately be termed Family Preservation but this discussion will focus on those that meet the above description because they are the ones which have been most widely replicated (both in the USA and Australia), which have been subjected to the most extensive research and evaluation, and which contrast most clearly from what has previously been on offer in Australia.

I have used here service categories and descriptions developed in the USA, but there is a case for developing local taxonomies to more accurately reflect our child and family welfare service spectrum.

### **Reasons for the emergence of FPS in the United States**

The emergence of the Family Preservation movement was the product of a number of factors, many of which are unique to the USA context (for further details see Bryce, 1988; McGowan, 1990; Stehno, 1986).

### **The poor state of substitute care:**

The first FPS were established in the mid-1970's. This was when the number of children in substitute care had hit a peak of around 500,000 and a number of research studies had documented the plight of placed children - placements were poorly supervised, there was inadequate monitoring and assessment of carers, rarely were there

viable case plans, and many children drifted from placement to placement (see, for example, Fanshel & Shinn, 1978; & Gruber, 1978). The former solution was itself increasingly seen as being the problem. Compounding the problem was an influx of children identified as being abused or neglected under the new mandatory reporting laws in most States. A general perception developed in the field that large numbers of children were being unnecessarily placed.

### **Child welfare ideology:**

Around the same time, the notion of Permanency Planning became the new catch-cry in social work, in the tradition of preceding themes such as normalisation. With the common observation that many placed children eventually returned home, the focus naturally shifted to preventing children coming into the system in the first place. A number of early initiatives such as those in New York (eg, Halper & Jones, 1981) had prevention of placement among their primary goals. FPS notions flourished in the context of this recognised need.

### **Intervention theory:**

Also during the same period, systems and family-centred interventions were supplanting the dynamic approaches which had previously held sway in social work. In addition, a number of brief therapeutic approaches were being popularised and utilised by caseworkers. FPS, which tended to work with whole families utilising brief, focused interventions, clearly fit well with the new thinking.

Early research reports of success in preventing placement: Some early reports claimed great success in preventing the placement of at-risk children. It could be argued that one paper (Kinney, Madsen, Fleming & Haapala, 1977) was one of the more influential single papers in contemporary child welfare history. It documented prevention rates of over 90% giving attention and credibility to the embryonic movement. The findings from recent, more sophisticated research have not been as uniformly positive, and they have led to a questioning of the validity of the placement prevention outcomes which have traditionally been used. However, there is no doubt that the early research provided critical impetus.

### **Federal legislation:**

The confluence of the above factors led advocates for federal Permanency Planning legislation (PL 96-272 in 1980) to include the requirement for 'reasonable efforts' to be made to prevent placement prior to any substitute care arrangement being sanctioned by the courts - at least for those placements for which federal funds could be claimed. Although the legislation did not specify the provision of any specific intervention, FPS were widely recognised as fulfilling the requirement.

### **Politically attractive themes:**

Advocates for FPS were able to gain political support because the services were consistent with a number of politically attractive themes. FPS could claim to be family-focused, they promised minimal intervention into families (compared with the placement process), they aimed to prevent some families coming into the welfare system and promote self-sufficiency (policy goals any American politician could own) and they were held to be cost-effective.

### **Active promotion by influential private foundations:**

Private American foundations not only do 'good works', in many cases they are able to take hold of and strongly influence policy agendas. The Edna McConnell Clark Foundation saw the promise of FPS quite early in the piece and set out to actively promote the *HOMEBUILDERS* model among State child welfare agencies. They provided funds for the education of both state and private agency workers and set up subsidised training schemes in a number of schools of social work. This has led to some resentment from those who have tried to champion other service models, but the evolution from a few disparate private initiatives to a nationwide movement owes a great deal to the efforts of private philanthropic foundations.

### **FPS in the Australian context**

Not only is our service context quite different to that in the United States, but it is also the case that recent research developments have implications for the planners of any local programs.

**Child placement data:**

A key assumption of FPS is that there is a significant number of children who are being unnecessarily placed. Ultimately this comes down to a judgement call, but it is worth looking at placement rates in both the USA and Australia.

Child welfare data are notoriously unreliable, but placement rates in the USA do appear to be consistently much higher than those in Australia. A recent estimate from the USA (Select Committee on Children, Youth, and Families, 1990, cited in Hamilton, 1993) suggested that there were 500,000 children in substitute care, with trend projections estimating that there will be 850,000 in 1995. With a total child population of just over 65 million (1990 US census data, children 0-17 years), the 1990 estimate yields a placement rate of 7.6 per 1,000 while the 1995 projection yields a rate of approximately 12 per 1,000 or 1.2%. A recent Californian study (Barth et al, 1992) determined that a full one percent of Californian children would experience a placement in foster care this year (10/1,000).

In NSW, the current substitute care placement rate for the same population group is around 2.2/1,000 or .22%, and a recent ACT estimate was 1.5/1,000 or .15%. In contrast to situation in the USA, the trend was downwards in both cases (figures supplied by the NSW Department of Community Services and the ACT Family Services Branch).

Lest it be claimed that the USA figures primarily reflect the influence of large urban centres such as Los Angeles or New York, a comparison with Washington State data is in order. Like NSW, Washington State has larger urban centres on the coast and a sparsely populated interior. Populations are in the same ballpark. In 1990, Washington State, with a population of approximately 4.5 million, had around 6,800 children in care at any one time (Department of Social & Health Services, State of Washington 1992). NSW in 1992, with a population exceeding 5.7 million, had approximately 3,000 children in substitute care.

Of course, these figures do not tell us anything about the appropriateness of the placements being made. They do suggest, however, that there are relatively greater pressures on US child welfare authorities to find solutions, and that there could well be larger population of 'preventables' for American FPS to target. It has been suggested by a practitioner and academic familiar with child welfare services in both countries, that the families of children coming into care in Australia (and those being referred to FPS) are, in general, more truly at risk (Scott, 1992). These differences have implications for the design of local services and the expectations which might be placed on them.

**Australian service system characteristics:**

In her paper to the first Australian Family Preservation Conference at Ballarat last year (reproduced in *Children Australia*, 18,4 pp3-9) Dorothy Scott outlined a number of key differences between the USA and Australian social system contexts which need to be considered when attempting to transplant programs. I will not elaborate on these, but they are worth noting. She specifically mentioned:

- legal differences which restrict plea bargaining with 'treatment' as an option;
- the generally lower level of certification for practitioners in Australia (In the USA many Family Preservation workers have masters degrees);

- a cultural resistance in Australia to the 'therapy game' which appears to be more readily accepted in the US;
- A better preventive health system in Australia which provides informal screening and identification of families with children at high risk of abuse or neglect;
- A generally more preventive child welfare environment in which there have been a number of innovative programs to strengthen families and prevent unnecessary placements out-of-the-home.

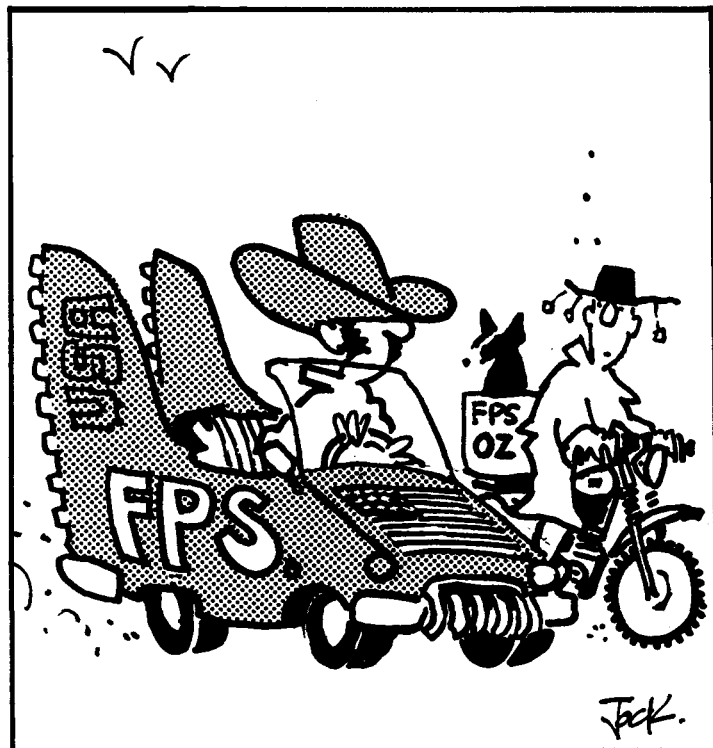
An example of this last point are Family Support Services which are an established part of the child welfare scene, and at least in NSW and the ACT (the states with which I am most familiar), the services are largely funded through the statutory community services departments. Such programs, which have overlapping goals with FPS and which work in-home with similar clients, are rare in the US where, in many cases, child welfare consists solely of the identification and investigation of child maltreatment (Kamerman & Kahn, 1989)

**Research findings:**

I alluded earlier to the fact that recent, more sophisticated research has yielded some mixed findings on FPS outcomes. Along with others (Rossi, 1991) I have attempted to address this complex issue in another paper (Bath & Haapala, 1993a), however, a few points might be made.

In response to the summative question *do FPS work?* the answer can only be an equivocal - probably yes! The results of any formal evaluation depend on a number of fluid factors including:

- what are the stated goals of the program;
- the demographic and need profiles of the child and family clients;
- characteristics of the service context such as the availability of substitute care placements, alternative preventive services, the attitude of the courts, local child protection policies and decision making procedures and cooperation between service providers and evaluators;



- what service is actually delivered, and whether it is standardised;
- what outcome measures are used;
- what follow-up periods are used.

The upshot is that no research, however sophisticated, will be able to provide definitive answers on the efficacy of FPS (or any other child welfare services for that matter), but the accumulated findings from well designed studies can provide useful pointers for those wishing to establish FPS.

Using this yardstick, the majority of formal research studies (those with some form of comparison group) into the efficacy of FPS have found:

- that, notwithstanding the outcomes of a few larger (and methodologically suspect) studies, they are able to prevent placements. Most studies report other beneficial outcomes for clients such as fewer days in placement, less restrictive placements, and positive change on standardised instruments of family functioning (see Table 1).

• It is clear that the 80–90% prevention rates found in early studies were, in part, the product of sampling /selection artefacts. Many families selected for service in these studies may have been experiencing great stress, but they were not necessarily facing the imminent removal of a child.

• That placement prevention rates are a crude, unreliable measure that needs to be replaced, or at least supplemented by more sensitive, preferably standardised measures of

TABLE 1

### Summary of selected FPS research projects which have employed comparison groups

authors/location	numbers	target group	design	major findings
Feldman, 1991 New Jersey	117 FPS & 97 control families	children to 18, median age 13.89, no prior out-of-home placements, more behaviour problems	experimental-randomised assignment	initial evaluation found placement rate differences favouring FPS group only to 9 months follow-up. Analysis with more clients found significant 12 month differences; some better scores for FPS group on standardised adjustment scales.
Fraser, Pecola & Haapala, 1991 (comparison part only), Utah	97 FPS & 27 control children	average age 14 years, CPS & Youth Services	case overflow, with matching	85.2% of comparison group children placed vs 41.2% of FPS group and 44.4% of matched FPS group (sig).
Mitchell, Tovar & Knitzer, 1989 (comparison part only) New York	22 FPS & 12 control families	incorrigible children and youth, court referred	overflow comparison group in same agency	73% of families avoided placement at the 12-month follow-up compared with 75% of comparison group. FPS group showed gains on some Child Well-being Scales and parents valued the help received.
Schwartz, AuClaire & Harris, 1991, Minnesota	55 FPS & 58 control children	adolescents, not court wards nor under placement order	modified overflow design	56% of FPS group placed vs 90.6% of comparison group (sig); FPS group used smaller proportion of available placement days; less restrictive placement for FPS group; no difference in number of placements.
Staff of Family First evaluation, 1991, Illinois	666 FPS & 335 control families to April 1, 1991	abused & neglected children	experimental-randomised assignment	no significant differences (at various follow-up points) between the FPS and control groups in terms of placement rate, subsequent reports of maltreatment, or case closure.
Wood, Barton & Schroeder, 1988, California	59 FPS & 49 control children	CPS clients, average age 8.9 years	overflow cases for comparison	74% of FPS children avoided placement at the 12-month follow-up vs. 45% of control group. Costs were lower for FPS group.
Yuan et al, 1990 (comparison part only) California	356 FPS children & 357 controls	CPS clients, average age 6.7 years	experimental-randomised assignment	82% of FPS children placed vs 83% of comparison group at 8 months follow-up (not sig). FPS children used less restrictive placements, fewer days overall, and were placed at a lower rate.

child and family adjustment. Such measures need to be more sensitive to the direct impact on families that the interventions claim to make.

I concur with those commentators (Ainsworth, 1993; Wald, 1988) who point out that further research is needed to address some of the fundamental assumptions behind the drive to preserve families. For example, we assume that it is usually in the best interests of children that they remain with their natural families even where there are low level protective concerns. However, we do not know much about the life course or even the childhood course of children who have been diverted from placement. Are they better off (safe and nurtured) in the longer term or do they eventually return to placement with more intractable social, emotional, and academic problems? Some research (see Barth & Berry, 1987 and Wald et al, 1989) suggests that some high-risk children left at home may experience key developmental deficits compared with peers placed into substitute care. As Wald (1988) suggests elsewhere, we need more research to help us determine those families we should not be attempting to preserve so we can put greater effort into supporting those we should.

### **Do FPS have a place in Australia?**

Clearly, our social context and our needs are unique. The over-placement problem and the sheer magnitude of the demands on the child welfare system are not as pressing as is the case in the USA. We do not have the benefit of wealthy foundations to promote FPS, nor can we rely on research demonstrating exceptional success to drive new FPS initiatives.

There are, however, a number of compelling reasons for investing in the new programs. Given realistic outcome expectations based on an accurate reading of the research, and the possibility that our target families may be, in general, more difficult, some of the differences suggest that FPS may positively augment our current efforts.

As one of the key tasks of a FPS workers is to link clients with longer-term therapeutic and supportive services (Kinney et al, 1990, p50), the greater availability and quality of our options compared

with the sparse offerings in many areas of the USA, promises better outcomes. Moreover, because of our more extensive health and welfare safety-nets, fewer of our families are handicapped by the crushing problems of ill-health, hunger and homelessness. Where families are overwhelmed by such basic needs, the remedial task is significantly more difficult.

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Notwithstanding our richer service environment, FPS and particularly the intensive variety, have characteristics that are lacking in many of our current programs. For example:

- Only rarely are services configured to allow for immediate intake and response - this is particularly important for cases in which there are protective concerns and CPS workers have to weigh the risks of leaving a child in situ. Rapid response gives caseworkers a viable option to the necessarily traumatic action of removing a child from its parent/s. It also allows the crisis itself to be exploited in order to bring about positive change.
- Only rarely are case loads small enough to allow workers the freedom to give whatever time is required to meet the needs of families in crisis - this can sometimes be upwards of 20 hours per week.
- Only rarely are services configured to provide 24 hour worker availability. We are still fairly wedded to the 9-5 pattern, but, of course, crises happen and support is needed at very inconvenient times.
- Only rarely are workers trained to offer more than casework and support. There are a range of useful therapeutic and educational techniques suited for brief, in-home interventions. These include such things as Rational Emotive Therapy,

Solution Focused Therapy, systematic de-sensitisation, and other cognitive/behavioural management techniques that have traditionally been delivered in office settings, but can be even more effective in the homes of clients. FPS workers are trained to provide a range of these interventions and are encouraged to regularly update their skills. (FPS workers are, of course, trained to provide whatever is needed to help relieve stress and enhance skills. This might include counselling, child minding, house and appliance repairs, house hunting, social skills demonstrations, advocacy with schools and other agencies, the making of appointments, taking clients to appointments, and assistance with budgeting.)

With respect to the research findings, it must be pointed out that, in contrast to most other child welfare services, there is some evidence that FPS work, that they can prevent unnecessary placements, that families can be strengthened, and that they are cost-effective (see Table 1). If placement prevention is the concern of stakeholders, even a 30% prevention rate must be considered a good result if it truly represents avoided placements and all the trauma, disempowerment, and expense they necessarily entail.

Lastly, it is still the case that the vast majority of children in Foster care in Australia return to their parents following their placements. In the order of 90% of pre-adolescent children discharged from care return to their natural parent/s in NSW. In many cases, the primary intervention, apart from the placement itself, has been the passage of time. The marginally-coping parent is doubly handicapped, expected to effectively care for children whose behaviour is complicated by separation issues and sometimes the ambivalence resulting from new attachments and identifications with substitute carers. There is clearly a warrant for trialing promising approaches to reduce risk and avoid placement.

### **Beyond replication**

In the Australian context I believe that we can move on and improve on the first generation of FPS models. There are some pointers arising from the research.

#### **Service flexibility:**

Part of the attractiveness of FPS to policymakers and administrators is

the clear way they are packaged. The parameters of the services are clear (particularly the target group definition, intake criteria, time limits and intervention components) and they can thus be more accurately costed and evaluated. However, what's best for fiscal stakeholders may not always be best for the families.

We know that FPS have quite different outcomes for different categories of client (see, for example, Bath & Haapala, 1993b; Yuan & Struckman-Johnson, 1991) and, with the findings from other research with focal client groups, we may adjust the parameters of the services to best meet the needs of our particular clients. For example, there are a number of studies which suggest that clients who have neglected children may need longer intervention periods than those who have been referred because of physical abuse (see Daro, 1989; Howing et al, 1989). The emphasis of the intervention is also likely to be different.

The HOMEBUILDERS program has itself been experimenting with variations, including the provision of follow-up services (booster or support sessions) for particular categories of client such as drug dependent parents).

I am not suggesting that we provide services with vague, amorphous parameters, but that we build in some flexibility to allow for planned service extensions in certain cases. This may pose headaches for funders and evaluators, but the research suggests that this is what some families need.

#### Service goals:

Placement prevention is clear, easy to understand, and easy to sell - but it has dubious clinical and construct validity. A whole raft of recent research studies have found that it is extremely difficult to identify children who are truly about to be placed, that the decision to place is dependent on a number of 'macro' factors unrelated to the actual risk to the child, and that there are many different definitions of what actually constitutes placement. Moreover, the placement prevention goal assumes that placement is undesirable. All practitioners would accept that some children are better off in placement, and, unhappily, FPS workers must sometimes recommend that a child be placed - an act that may be in the child's best interest but which is nevertheless counted as a failure.

We should, I believe, advocate for our programs to have broader goals - to include a primary focus on the improvement of family functioning and a reduction in the longer term risk to children. Informally, many programs in the US have moved in this direction (Littell et al, 1993). These broader goals could well co-exist with the need for statutory funding agencies to be able to demonstrate cost savings by avoiding substitute care placements. Statutory agencies (the usual funding sources) may be persuaded that a longer-term perspective which focuses on reduced risk over time (measured perhaps by re-notification rates) may be a more appropriate outcome measure than avoidance of placement.

Substitute care services should not be cast as 'failure' options which must be avoided at all costs. All reasonable practitioners would accept that some children must be placed out-of-the-home and that many of those in longer-term substitute care arrangements are not placed unnecessarily. Certainly, respite, and short-term foster or residential care can be used as means for preserving the longer-term viability of some families. Most practitioners would agree that placement prevention is generally a laudable goal, but by over-emphasising it we artificially categorise our service spectrum, giving pariah status to vitally important options.

#### Service integration:

FPS have primarily been sold as stand-alone categorical services. It is easier to advocate for services by clearly contrasting them with the alternatives and this has been part of their attraction - however, it is also one of the problems. To be successful, FPS need a range of other services with which to link clients after the intensive intervention ends. Sometimes there are few services around and even when there are, there are waiting lists or resistance from providers to take on the cases of others. Scott (1992) points out that some of these difficulties are caused by 'skewed reciprocity' and I know of examples where agencies, resentful at not having received funding for their own FPS, have refused to take on follow-up support of clients from agencies that did.

A partial solution, would be for multi-service agencies to incorporate

FPS into their service spectrum. The distinct parameters of the crisis service could be preserved for accountability purposes, but there is the potential for a far smoother uptake of a range of both short and long term supports. I say potential, because often services in an agency have different funding and referral mechanisms and the natural tendency is to compete rather than cooperate. However, there is certainly the potential for offering a 'seamless' range of options to meet the needs of families in crisis. The ready availability of supportive options (eg, day care, respite care, emergency foster care, and parenting skills groups) would assist in meeting the immediate needs of families in crisis, while less intensive options (eg, varieties of in-home Family Support) could help sustain families after the crisis phase. These options could only enhance the effectiveness of a FPS.

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#### Realistic FPS expectations:

Finally, there is a need to separate fact and fiction. A recent, largely positive book review, suggested that further research was needed to substantiate the implicit claim that FPS were *'the answer'* to our current crisis in providing effective services for families (Bloom & Holden, 1993, p124, italics mine). I am not aware of any such claim for FPS and would be reasonably certain that none exist. However, there have been instances where FPS may have been 'oversold.' FPS are not a panacea, they do not usually produce miraculous results, solve the problems of the system, or threaten the existence of other preventive services. Of the relatively few children that are currently being placed into substitute care, a proportion come from families that cannot or should not be preserved - many such children simply do not have parents who will ever be able to safely nurture them. For the

remaining crisis cases, FPS do represent a re-conceptualisation of what is needed and model a radical configuration of program design. They promise to more effectively meet the needs of high-risk families and to significantly enrich our preventive and remedial options.

## Conclusion

I recently came across some comments from the founder of a quint-essentially Australian enterprise. Acknowledging how important it had been for him to seek advice from others, he detailed the occasions on which he had sought advice from successful enterprises overseas and then used this advice as the basis for his own initiatives in Australia. Noting our traditional reticence to accept ideas from overseas, he went on to comment...

The Japanese, of course, do not share this reticence. They have made a virtue of copying the best and improving on it ...It would be wonderful if Australians could do the same... Of course, this is not to suggest that we should abandon home-grown ideas and initiatives. Far from it. But let's accept that we can always learn from other peoples ...We don't need to re-invent the wheel when someone has already done it and would probably be happy to share the knowledge with us. We can copy the wheel and then focus all our efforts on making it better.

(Dick Smith, *Australian Geographic* July-September, 1993).

It is wise to be thoughtfully critical of new child welfare initiatives such as FPS, but let us not dismiss them because they originated overseas. We can rationally assess their promise, contextualise the service models, incorporate the stronger features, and improve on the weaker ones. ♦

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