

# The Families First Pilot Program in Victoria: Cuckoo or contribution?

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*The Families First Pilot Program in the then Outer East metropolitan region of Melbourne began in mid-1991 as an intensive family preservation and reunification service for children on the verge of state care. The service offered was brief (4-6 week), intensive (up to 20 hours per week), home-based and flexible (24 hour a day, 7 day a week availability) and all members of the household or family were the focus of service even though the goals were clearly grounded in the protection of the child. This paper begins with some of the apprehension expressed both in the field and in *Children Australia* in 1993, and reports upon the now completed evaluation of the pilot, which covered the first 18 months of operation. The evaluation examined implementation and program development issues and considered the client population of the service against comparative data about those children at risk who were not included. The paper concludes that there is room for Families First in the Victorian system of protective and family services and points to several developmental issues.*

**F**amilies First, intensive family service in the Home-builders mould, has been both heralded as a great boon to children and families caught up in the Australian child protection system and cautioned against as a potentially rapacious cuckoo in the nest of Australia's community based child and family welfare services. In Victoria this juxtaposition of hopes and fears has given rise to debates that are likely to be echoed in other States with the expansion of 'family preservation' programs. This article seeks to make a modest contribution to the debates by reporting on the results of the evaluation of the Families First Pilot Program in Victoria. Single studies cannot alone resolve major policy questions, but they can provide well grounded information to shift us from 'straw man' arguments.

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*The report is available from the Department of Health and Community Services, Accommodation and Support Branch, 115 Victoria Pde., Fitzroy, 3065, or from Canterbury Family Centre, 19 Canterbury Rd., Camberwell, 3124.*

## Hopes, fears and predictions

### Hopes

Hopes arise in a context. As both Scott (1993a) and Ainsworth (1993) have argued, Australia's primary and secondary services to children and families have been well developed, and while Homebuilders were gaining force in the US in the 1970's (Haapala & Kinney, 1979) Victoria had its own rhetoric of family support as an 'alternative to residential care' (Wyse, 1982; Wolcott 1988). Over two decades the locally grown product developed many forms. Family Support Services have often provided long term support to families not only as alternatives to residential care but also before, during and after children experienced periods in care, and by the later 1980's some of these children were now growing up with a chequered career of fragmented care and unsuccessful 'home releases' behind them. By the time Mitchell (1987, 1990) reported on family support offerings from the United States, posing new directions for family support in Australia, there were others within the Victorian family support and substitute care arenas

who shared his concern that the problem of children 'drifting' in unsatisfactory homes and placements had received an inadequate response (Tierney, 1982, 1985; Tiffen, 1985). An added edge to this concern was the refinement of the welfare role in child protection investigations and prosecutions, and apprehension among those whose interest lay in the limitations of post-court offerings that the 'second wave of the child rescue movement' (Scott, 1993b) would shift new groups of children from the secondary support services to the statutory care services. It was these interests that led to the development of intensive family based services not by either the family support or child protection branches of the State bureaucracy, but by the branch responsible for accommodation and placement.

The coming together of government and nongovernment players, backed by political interest, led to a Conference *Focusing on Families* in Melbourne in 1990, when local workers and policy makers were exposed directly to Haapala and Kinney, Homebuilders founders, speaking about the potential for effective crisis work, and an initial training program was undertaken as preparation for the program initiative to be

named *Families First*. The appeal of messages about service **brevity, intensity, home base, a clinical family focus alongside concrete service and placement prevention**, can be understood against this background of disease with many current practices: open-ended 'monitoring', diffuse goals and means, and uncertainty about the apparent choices between 'therapeutic' and 'supportive' work. Intensive Family Based Services were welcomed as last ditch family preservation efforts in the armoury of permanency planning (Maluccio, 1986, 1990). The challenge of brevity of service alone was a powerful incentive to try the Homebuilders model: families of young children have little time to lose in their learning about adequate care, as Maas and Engler had captured with their dictum 'Children always need what they need when they need it. Providing it "later" is always too late.' (Maas & Engler, 1959)

Among the hopes underpinning Families First, then, we find :

- strengthening of the service ethic: a move from the dispositional model of child protection (Campbell, 1987) to the pursuit of family change, and, accompanying this, a hope for an increased repertoire of knowledge and skills about family intervention;
- reaffirmation of a *family* welfare focus in child protection: the hope that both children's and parents' needs could be addressed simultaneously;
- diversion of children from care if risk factors could be resolved;
- reunification of children with families who were better rather than worse equipped to receive them.

### Fears

Fears, too, arise in context, a context Scott has described as including 'competition for scarce resources, skewed reciprocity between agencies; and inter-agency rivalry for status' (Scott, 1993a) and, potentially, an 'unholy alliance between "innovative" but not "clear sighted" reformers and cost cutting administrators' (Scott, 1993a). It is also a context (in Victoria) in which both the state and nongovernment agencies are crucial to the provision of child and family welfare services; the tradition of voluntarism in these

non-government agencies has long since been displaced by industrial arrangements; and any nongovernment agency linking itself with the State's protective population is heavily influenced by the spirit and provisions of the *Children and Young Persons Act 1989* (Victoria).

A declining public budget, the imperative for new programs to be 'cost neutral', and (more recently) a reduced political commitment to the consultative process in government, have fostered diverse fears. Scott (1993a) pointed to a potential detrimental impact on hard won primary and secondary services and a rise of competitiveness between agencies whose cooperation is fundamental to our systems of service. Workers in the field also voiced concerns that the new service might be unable to maintain its autonomy and integrity in response to the paymaster's tune. This latter fear has taken opposite forms, reflecting the ambiguous accountability of the service to both the protection and care streams of the funding department:

- that the service will be swamped with children who are not really in danger of removal but, in the absence of adequate community services, the protective service will need to 'get them off the books', widening the net for Families First and reducing the capacity of the service to take more deeply troubled families; or
- that because the protective service already operates on guidelines for least restrictive interventions, any child considered to be at imminent risk of placement will be, by definition, unsafe in a home-based program. If referred, such children will be at serious immediate risk and/or their longer term security and development (which might have been achieved through placement) will be compromised, in the interests of reducing placement numbers and costs.

Scott (1993a) has also suggested that the service might be misapplied and poorly developed because we lack the appropriate professional infrastructure and cadre of experienced clinical practitioners to do the model justice.

And simmering beneath all this, is the rather parochial fear of succumbing to tricky American hyperbole. Many of us are hungry for innovation, yet great cynics.

### Predictions

From these mixed hopes and fears, a number of predictions, some gloomy, have been made about the adaptation of Families First in Australia. While they are not at the stage of being 'proven' or 'disproven' they provide a background to the findings of the evaluation of the pilot program. Predictions have included:

- difficulties translating across cultures: that many Australians would be less 'adept and comfortable engaging in the therapy game' (Scott, 1993a);
- difficulty with 24-hour/7 day a week service provision given the award structure and costs involved;
- protective worker apprehension and resistance to referring;
- short lived gains given the brevity of service and the seriousness of the situations in which placement is considered in Victoria;
- difficulty defining an appropriate population by applying the American guidelines ['Indeed it seems reasonable to suggest that family preservation programs in the US may have demonstrated their effectiveness with the type of families where Australian social workers would not consider children at imminent risk of placement' (Ainsworth, 1993)];
- difficulties in establishing the worth of the program given the dominance of 'placement prevention' as a program goal and outcome measure (Ainsworth 1993); indeed family support service providers had long known the difficulties of trying to argue the merits and effectiveness of a 'preventative' service.

More overtly cynical commentators have predicted that the program will simply disappear as another useless fad.

### What happened? The program as implemented

#### The Evaluation

In the pilot phase of a new program, description is an important part of evaluation (Shadish, Cook & Leviton, 1991). Special attention needs to be paid to implementation issues and the degree to which the target population is reached. What follows is

therefore a summary of some of the major descriptive findings extracted from *Families First: Report of the Evaluation of the Pilot Program* (Campbell, 1993).

In the course of the evaluation, baseline data were collected (from case files and workers) which allowed comparison of the Families First clientele with those protective services cases referred but for whom there was no vacancy and those judged by the protective workers as 'not suitable' for referral. The decision to refer rests with the protective workers whose injunction is to refer **only** those children they would otherwise remove. Cases were compared with respect to the family structure, the nature and duration of trouble (was this a 'crisis?'), source of income, housing stability, the reasons for intervention, disabling conditions of family members, social connectedness, the documented previous placement experiences of the children and the prior use of services by the families.

In addition, follow up data were collected with respect to the situation three, six and twelve months from this intake or registration point. This data concerned placement outcomes, services deployed and specific 'ecological indicators' derived by the researchers from the case descriptors (eg, was the child settled at school? had the healed relationships with grandparents held?); data were collected from workers or, when unavailable, through case records. In the case of Families First cases this included the agency's own routine follow up returns. A small number of focussed interviews with parents were also conducted (resource difficulties curtailed this aspect of the study). The researchers also undertook extensive interviews, formal and informal, with program staff and staff of relevant local agencies, as well as studying program documentation and the implementation process.

### **The Service and its Ecology'**

The Pilot Program consisted of an administrator/ receptionist, a senior worker and two family workers, auspiced by Canterbury Family Centre but working from a self contained house in the neighbouring region that had been chosen as the site of the pilot. This had both advantages and disadvantages. Some

have argued that agencies with a history of local service and several 'strings to their bow' are better placed to add such a new component to the repertoire of service. Indeed, the evaluation found some support for this argument in that there were some difficulties in building a local knowledge base and articulating the intensive service with follow up family support (Campbell, 1993). On the other hand, staff at the Families First pilot approached the model free of existing commitments and affiliations: to clients, services or work practices. In a number of cases this 'freshness' appears to have been significant in assisting engagement with families who had already burnt bridges in the existing service system. It also prompted workers to think seriously before assuming that families needed extensive follow up: often they found it better to examine a wide variety of service options with families, encouraging and respecting their choices. A fresh start for a pilot program also provides a good opportunity to test adherence to the model.

While some of the feared competition and agency-agency apprehensiveness has been borne out (Hamilton, 1993), much of the sting of these fears and predictions has been diluted by a careful program implementation process. The establishment of both statewide and pilot program reference groups involving state, nongovernment agencies and interested others (such as the University of Melbourne School of Social Work and the Australian Institute of Family Studies), clear program documentation, an intersectorally developed proposal for inbuilt evaluation, centralised training, and generous sharing of knowledge and resources among many players, all contributed to an openness about issues as they arose. Unanticipated developments did occur, with substantial ramifications, notably the political commitment to program expansion across the State. This effectively dismantled the 'pilot' status of the program and set back service development in that site owing to the precipitate demand for expertise to mount the program in other sites. These effects influence the status of the evaluation findings which must be taken as indicative and formative, rather than definitive and summative.

### **The client population**

Over the 18 months of the study, the regional protective service identified a total of 152 children, from 87 families, who were in need of protective action. Of these, 92 children from 46 families were referred to Families First. Thirty-two families (with 59 children 'at risk') were accepted for service, and for 14 families there was no vacancy. Of those accepted, 24 families completed the program and 8 cases were closed prematurely as unworkable for a variety of reasons. For evaluative purposes each of the various subgroups were compared: Families First Completed, Families First Premature Closure, No Vacancy, Not Suitable (ie, not referred) Suboffices 1&2.

How might we characterise the protective population from which the Families First cases were drawn? Among the 87 families there were more boys (83) than girls (69) regarded as being at risk of placement. Boys were more likely to be explicitly 'rejected' by their parents (10 boys, 5 girls), who felt they needed alternate care. Eighteen of the 87 families were headed by sole parents and 31 by a couple (often married). Another 38 were classified as 'complex families', in which membership fluctuated and there were a number of different sets of biological relationships. Forty of the 87 families were classified as experiencing a crisis related to a particular developmental phase of the family or a set of unfortunate events, that is, the families for whom *Families First* has most theoretical applicability (Barth 1990). Just more than half were found to be much more deeply troubled over a very long period. Approximately 60% of all families were in receipt of Social Security payments and while 49 of the 87 families (56.3%) had stable public or private housing, which moderated the effect of low income, there were several in each category who had unstable housing or who lived a transient lifestyle.

The children were listed as being at risk primarily from emotional abuse (39% of all citations of grounds under the Act) followed by physical abuse (19%) and developmental or health harm (17%). The reasons given for these classifications by workers reveal something of the underlying parent-child problems. Given that multiple grounds were often cited, there appeared to be a constellation

of factors amounting to neglect for 64 of the 152 children (42.1%). This was especially marked for 0-10 year olds. Child behaviour and discipline problems were also frequent (42 children, or 27.7%) and were the dominant concern for children aged 11 and older.

Sixty-six of the families (76%) were sorely troubled by a variety of disabling conditions experienced by at least one member of the family (usually a parent), conditions headed by alcohol and drug abuse (32 mentions), followed by parental psychiatric disorders (31 mentions), along with lesser numbers of parental physical disability or intellectual disability, child psychiatric disorders or other child disabilities. Families often battled with these conditions in the absence of help from friends or family. Approximately half of the children had prior placements recorded and the families had had contact with a wide range of community and health services. The most troubled groups of all in this study were the families whose contact with Families First closed prematurely, and those from the Health and Community Services sub-office 2 who were regarded as not suitable for the program. This office covers an area with such distinctive ecological features as a wide range of temporary and sub-standard housing and a higher rate of transient residency. In both these groups severe and long-standing child neglect, major unmanaged psychiatric illness, significant family violence and severe drug and alcohol usage all played a part.

How representative of this profile were the families who entered Families First? Were they too 'easy' or too 'hard'? The following table makes some comparisons, using percentages for ease of reading even though one must be cautious of this when the numbers in some cells are quite small. In those cells marked \*, data must be regarded as indicative only, as such matters were not systematically recorded and there are significant data gaps.

From this table and additional data, it seems that the families seen at Families First were quite representative of the regional picture on many counts but there were some distinctive emphases. Usually more than one child was at risk of removal, boys outnumbered girls and the ages varied widely. They had a higher rate of Social Security

as the main source of income, but their housing stability was also high. This is not surprising given the 'in-home' service location and one could hypothesise that housing stability might have far reaching ramifications for a family's capacity to recover from crisis.

Those who completed the service were more likely to be experiencing

phase-related and/or situational crises, often of quite long duration, but they had had times of functioning adequately as a family unit. By contrast, the families whose time with the service was closed prematurely due to unsuccessful engagement or extreme risk were more likely to be families with deep seated problems in many areas of family life.

THE REGIONAL PROTECTIVE POPULATION AND FAMILIES FIRST CLIENTELE COMPARED.

Characteristics of families	Total protective population N = 87 families	Families First population n = 32 families
structure		
· sole parent	18 (20.7%)	6 (18.8%)
· couple	31 (35.6%)	8 (25%)
· complex	38 (43.7%)	18(56.2%)
· phasic crisis	40 (46%)	16 (50%)
· entrenched problems	45 (52%)	16 (50%)
income - DSS	50 (57.5%)	24 (75%)
housing		
· stable	49 (56.3%)	25 (78.1%)
· unstable	21 (24.1%)	6 (18.8%)
· transient	11 (12.6%)	1 (3.1%)
reasons	(N=152 children)	(n=59 children)
· behav./disciplinary	42 (27.7%)	19 (32.2%)
· neglect	64 (42.1%)	25 (42.4%)
· parent condition	20 (13.2%)	14 (23.8%)
· other	26 (17.1%)	1 (1.7%)
conditions		
· drug & alcohol	32 (36.8%)	12 (37.5%)
· psych. illness	31 (35.6%)	13 (40.6%)
· other (multiple possible)	30 (34.5%)	10 (31.3%)
social linkages		
· supported	35 (40.2%)	15 (46.9%)
· depleted/conflicted	25 (28.7%)	7 (21.9%)
· excluded	23 (26.4%)	9 (28.1%)
known prior placements	(N=152 children) *	(n=59 children) *
< 1 month	35 (23%)	16 (27%)
> 1 month	41 (27%)	25 (42.4%)
no record	76 (50%)	18 (30.5%)
gender of children	(N=152 children)	(n=59 children)
boys	83 (54.6%)	33 (55.9%)
girls	69 (45.4%)	26 (44.1%)

The Families First families were representative of the regional population in the range of their disabilities, showing proportionately more parental psychiatric and intellectual disability but less drug and alcohol abuse than the whole cohort. They were, however, also rather more supported by friends and family, it seems (though it might simply be that the workers, being based in the home, were better able to understand the nature of the social life of the families.) The children referred to Families First had experienced relatively high levels of prior placement and the families' contacts with other agencies appear to have been comparable with those in the other categories, but reliable data on this is hard to find.

In summary, Families First appeared to reach an appropriate target group in those first 18 months, though protective workers tended to refer slightly more sibling groups, families experiencing severe child behaviour and discipline problems (often involving physical harm), and parents with disabling conditions that threw their parenting capacity into question. These last might be seen as *de facto* referrals for a more intensive in-home assessment than the protective worker feels able to make.

### **Service characteristics**

What service was given? Was it brief, flexible, intensive, family focussed, home-based? Despite many teething problems, the program implemented was largely the one intended. Initially, it was less brief than planned, but the service time appears to be falling: the mean in the first 9 months was 59 days (8 weeks, 3 days) per case, but in the second 9 months it was 48 days (6 weeks, 6 days). More recent information suggests further reductions in service duration have occurred. The service was intensive, home based and family centred. Visiting varied widely with family needs, the stage of the case and degree of risk, and patterns of daily life. Approximately 60% home visits occurred out of school hours. Even while continuing to assess risk, Families First workers used visits purposefully, with a view to family directed change; problems were not only identified, they were tackled together, head on. The major emphasis was on helping families learn ways of monitoring, managing and re-

ducing tension and conflict in the home. Alongside this was a great deal of hands-on help with getting household routines up and running to combat demoralisation.

### **Placement outcomes: who was well served?**

Protracted service and the disruptions to staffing when the program went statewide led to lower overall case numbers at the evaluation cut off point, and fewer that had reached 12 months since terminating service, than had been anticipated. Similar problems with incomplete data were found with the comparison groups, for once protective cases are closed the service has no mandate for follow up data collection. Such data as are available, such as renotification details, are of limited value. These limitations and intrinsic case variations led to small numbers of cases in all categories, and comparative outcome figures need to be viewed with caution. Once again, the findings can suggest, not direct.

Thirty-two of the 46 children who received the full Families First service were still at home at 3 months after case closure and a similar proportion (69%) of those for whom 12 months had elapsed by the evaluation cut off, were still at home. In the 'Prematurely Closed' group, where no working agreement was achieved between the workers and the family, almost all children were subsequently placed. Close examination suggests that for most of these children placement was clearly a safer and more nurturant option than staying at home at that time. The figures compare favourably with the group regarded as unsuitable for Families First. In sub-office 1, 32% were home at 3 months and 50% at 12; in suboffice 2, 31% were home at 3 months and 24% at 12. The No Vacancy group, originally intended to be the primary point of comparison, had lower placement rates (77% at home at 12 months), but this does not seem to have been a truly comparable group: for 3 families risk was not substantiated, and the family profiles showed lower levels of psychiatric disability, fewer complex families and more short-lived crises. Although listed as 'No Vacancy' cases, there appears to have been some internal prioritising of referrals within the protective service, with these cases being of

lower priority than those actually taken up. In addition, a much larger proportion of the No Vacancy children were out of parental care (in either formal or relative placements) when registered by protective workers for this study; for them placement, even if short, was not avoided. This leaves the questions: what manner of placement, how long, with what characteristics, is to be prevented? There appear to be families for whom temporary placement is used without subsequent drift; whether they would be equally or better served by intensive family intervention is hard to say.

Considering not only placement but also goal attainment and family feedback, those children whose families are characterised by extremely long standing social problems, whose parents have barely had a time in their lives when they met normative expectations, and whose care and development was severely neglected, however well-intentioned the parents, were less well served by the program. Certainly there could be real short term improvements in their family life, but a great deal depended on what happened after the service ceased.

By contrast, children from families marked by conflict and confusion about right and wrong behaviour were more likely to be in more settled situations later. For these families the service offered a whole new set of ideas and the opportunity to try out those ideas with a worker in attendance who could see what the problems were and make the techniques fit the family rather than the other way around. Family members felt believed, and joined in the spirit of experiment in problem solving. Adolescents were served successfully, but this was not so if the adolescent had already made a substantial break from home into deep involvement with drugs and street life.

### **Conclusions: Revisiting the predictions, hopes and fears**

It seems that Families First can be conceptualised not, as some feared, as a replacement for family support services but as a reasonably safe and usually productive alternative to protracted protective assessment and 'reception' style care in serious but not immediately life threatening

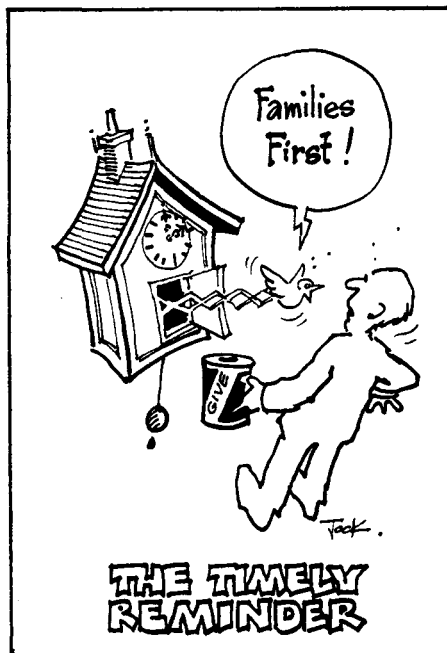
situations. With good supervision and a clear commitment to the protective mandate, skilled and knowledgeable family workers can make assessments that have a higher level of ecological validity yet they also embark on immediate and multifaceted action for family change. This is a large responsibility for nongovernment workers who do not have the direct authority and accountability of a statutory worker but the benefits in engaging reluctant family members are substantial.

**Were the predictions borne out in this pilot program?** On the matter of translocation into a less 'therapeutically aware' culture, workers reported taking a little longer to engage with families than they had been led to expect, with a considerable amount of time spent negotiating service goals distinct from but complementary to the protective worker's goals. They reported surprisingly little resistance to the techniques introduced. Families had some experience of, and often disenchantment with, personal services and part of the appeal of the service was that it was accessible - workers came to them and that it was 'practical', not theoretical. That the workers witnessed their troubles seems to have been significant for parents in particular.

**Referral by protective workers** seems to have been variable but resistance seems too strong a word. Protective workers were eager to seize vacancies but continued to shop around for suitable services, regarding Families First as one option. There was initial anxiety about referring vulnerable infants to a non-residential service. With older children whose parents demanded placement rather than accepting the possibility of family work, this was quickly construed as rejection and cases deemed unsuitable for Families First on the grounds that family members did not agree to referral. This was perhaps hasty in some instances where initial contact with the agency might have enabled the family to make a more informed choice. Referral patterns and practices have since become the focus of inter-agency attention.

**After hours and on call service provision** has not been easy but was accomplished for these cases. The agency maintained a commitment to evening and weekend work

which proved crucial in the engagement of school aged children and working parents. The on-call facility proved a turning point in a number of cases, whether for problem resolution or protective action. With the expansion of the agency's management of new programs in neighbouring regions it has since proved more economical, and more supportive for staff, to share the on-call emergency and supervision rosters. For small programs such coverage is onerous and costly. Staff have also found it difficult to manage flexible working hours with the office hours demands of associated agencies such as Health and Community Services, and for part-time workers, time management can be a particular challenge.



It is premature to make large claims about the **endurance of family gains**, especially when with time it becomes even more difficult and unreasonable to disentangle the effects of Families First from the effects of subsequent services or new life transitions. Is this boy doing well at home because he and his family learnt new conflict resolution strategies with Families First, because he had a period of respite from the family, because he has changed schools and/or because he has formed a new mature friendship? The contributions of Families First to this tapestry of 'effects' appears to be very real and is seen most markedly but not exclusively in families where there is evidence not just of goodwill but

also of some prior period of normative family functioning. Yet where a parent has a condition (especially psychosis, intellectual disability or some forms of substance abuse) which substantially disables parenting on a periodic or continuing basis, real improvements can be achieved but there is a crucial need to attend to the question: 'Who will provide continuing or emergency executive leadership to this family unit when the service has withdrawn?'

On the prediction of **difficulty in defining the target group**, the significant group of 'premature closures' in the early months testifies that this takes time and considerable interagency consultation. One issue is timing: it is important that the protective agency refers while the crisis is still sufficiently active to mobilise the family yet not before clarifying the nature of the protective concern that mandates the action. It was also apparent in this study that there were 'suitable' families (in Homebuilders terms) who were not referred because the protective service itself had already developed an appropriate repertoire of interventions (including combinations of relative placements, counselling referrals and emergency assistance). In terms of the philosophy of the *Children and Young Persons Act*, intensive family service could well be too intrusive an alternative if the protective goal could be achieved in these ways. The 'boundary work' done by the Families First workers, negotiating with staff in specialist services in what have been traditionally distinct and unrelated fields of practice (adult and child mental health, intellectual disability services, drug and alcohol services) has also highlighted some of the deficiencies in the orientation to family needs in some of those settings. This raises the question of whether there might be arenas other than child protection where this type of service could make a contribution.

**Have the hopes been fulfilled?** It has not yet been possible to demonstrate an impact on reduced placement rates, a measure that is susceptible to many influences, nor can we yet be definitive about the particular niche Families First can fill in the service system. The program has spread across the state and is being picked up in other states, and within each of these services there are many small experiments taking place with service

arrangements, technologies and inter-organisational relations. As these occur, it will be important to remember the generic features of the program inherited from Homebuilders which stand it in good stead for further refinement and evaluation: well qualified, selected and trained staff; close and supportive supervision; low caseloads (2 families per fulltime worker at any one time); excellent program support and development from the funding body; and in-built 'paperwork' that allows detailed case and service monitoring and encourages in the agency and the worker a spirit of enquiry about what is happening and why.

Some of the fears about the implications of this program concern larger questions which were not within the scope of this evaluation. The erosion of primary and secondary children's and family services is a continuing concern. Given the brevity of involvement in families' lives, it could be easy for Families First workers to concentrate on the idiosyncrasies of family dynamics with lesser attention to systemic issues and the qualities of the environments within which the families live. Yet the intimacy of their involvement and the day to day knowledge they gain about severely troubled families' lives places these workers in a privileged position with respect to social information. They can hear what parents and children want for and from each other and from the social institutions that surround them. They can learn about what is making it difficult for families to meet social expectations we normally take for granted. The program at regional and state level is well placed to generate critical policy and planning information grounded in practice.

### Looking Forward

This paper has reported on one study only of a new program in its establishment phase. From that study it does not appear that Families First is the rapacious cuckoo some had feared, but rather that it does have a contribution to make. The service has so far helped families replace damaging behaviour, it has assisted parents to manage conditions that were impeding effective parenting, it has brought order to households rendered chaotic by successive and compounding crises, and it has guided families to use community services with discretion

and purpose. Occasionally workers have crossed the defensive wall that had previously hidden the extent of harm children were suffering, and such children have been removed. There have been 'failures' but new developments are occurring continually and it is early days for ruling out whole clusters of families as 'unsuitable' or radically changing the technologies adopted. Nevertheless, refinement of the target group and appropriate strategies for different subgroups will be a high priority.

The report of the evaluation has made many recommendations. These include closer attention at service and program levels to building reciprocal links with other specialised services (mental health, drug and alcohol, intellectual disability); research on factors that help or hinder families in their efforts to sustain the gains they make in the program; and ongoing study of the risks and contributions of this service to families with chronic problems involving severe neglect, isolation and demoralisation. Families First offers a powerful method of engaging sorely troubled families: this is one of its key contributions to our protective system but not without risks. The most socially isolated families with a history of futile involvements with the welfare services may accept these workers but there is the possibility of a sense of betrayal when the service ceases quickly. As one parent said: 'He was like a friend. When we stopped, it was like having your right arm cut off.' For the children of families excluded from everyday community life, such opportunities for change will not be easily repeated.

There is much about Families First that is not new, but the service has been a timely reminder that child protection is intimately connected with family service, and that the job of the State and its funded non-government agencies is not just to eliminate immediate harm from children's lives, a hard enough job, but also to create conditions under which children from troubled families will be included in mainstream social life, both for the sake of quality of life now, and for their preparation for adulthood and possibly parenthood. ♦

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