

# Intensive family preservation programs

## What are they?

Dorothy Scott

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*This paper outlines the basic characteristics of intensive family preservation programs which have very recently been introduced into the child welfare systems of most Australian States. Typically these programs have been used to prevent placement or to assist families whose children are being returned to their care. Highly intensive and with 24 hour availability these short-term services draw on a range of theoretical approaches and are delivered in the family's home and natural environment. It is argued that Australia should avoid both the 'cultural cringe' and the 'Tall Poppy Syndrome' in assessing what intensive family preservation services may have to offer us.*



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**I**ntensive Family Preservation or Intensive Family Based Services, modelled on United States' programs, are being rapidly introduced into Australian child welfare systems. The Child Welfare League of America defines family preservation services or intensive, family centred crisis services as having a number of characteristics:

- the family is in crisis with at least one child at imminent risk of placement;
- there is intensive contact with the family (averaging 8 to 10 hours per week);
- services are short term (ranging from 4 to 12 weeks);
- caseloads are small (ranging from 2 to 6 families at one time);
- the focus is on the provision of intensive counselling, education and support services. (CWLA, 1989).

The introduction of family preservation services into Australia has been subject to some recent critiques. These have argued that there are differences in the Australian and American cultures and child welfare systems which need to be taken into account (Scott, 1993) and that it has been difficult to assess their effectiveness (Ainsworth, 1993). Before we can have an informed debate on the place of family preservation services in the Australian service system, the child welfare community needs to have a better understanding of the nature of these programs. To this end, this

paper provides an overview of the key features of intensive family preservation programs.

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In assessing the value of imported programs, we need to be mindful of the dangers of the two common and destructive Australian habits of mind – the 'cultural cringe' and its opposite, 'the tall Poppy syndrome'. If we succumb to the cultural cringe, we will seek to slavishly imitate these programs and be unable to analyse the strengths and weaknesses of our own systems or anticipate the unintended consequences of introducing family preservation programs into such systems. If we succumb to the Tall Poppy Syndrome, we will cut it down because we perceive it to be claiming superiority. It threatens us so we shall prematurely reject what it has to offer. There are indications that the introduction of family preservation programs is already

prompting both of these equally destructive habits of mind.

The history of child welfare, both here and elsewhere, teaches us to beware of prophets, preaching new gospels and accusing those of who have come before to be worshippers of false faiths. The history of child welfare has so often been the history of seeking simple solutions to complex problems. As Professor Al Kahn, one of the leading figures in child welfare in the United States, has stated, one generation's 'solution' in child welfare has often become the next generation's 'problem'. Sonia Russell recently made the following comment:

Each generation discovers anew the reasons why the dominant solution espoused by the previous generation has not worked well for some children and families. (Russell, 1992, 20)

The point she is making about 'some children and families' is pertinent, for we have tended to think globally about the child welfare population and lacked refinement and rigour in our understanding of the heterogeneity of this population.

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Many practitioners have witnessed the changing tides of child welfare – the swing from institutional care to foster care, the rediscovery of the natural family and the move from placement to placement prevention. With reforming zeal, typical of a post-war baby boom generation coming of age in the 1980's, we sometimes threw the baby out with the bathwater. We ignored the research of people like Rutter and Quinton (1984) which showed that the long term outcomes for most children raised in residential care were surprisingly positive. We ignored the research of people like Fanshel and Shinn (1978) which showed that the long term outcomes of children in stable foster and adoptive families were also surprisingly positive.

In Victoria, when we rediscovered the 'natural family' we did so on a massive scale, taking children out of stable substitute care in which they had often lived for several years or more, and placing them back in the

care of their parents, leaving some of the most vulnerable children and parents in our community with very little support. These children often came back into temporary care before graduating to become part of the homeless youth population. While homeless youth are also a heterogeneous population, ex-wards of State constitute the core of the most damaged group, and remain homeless for a much longer time than other groups in this population (Human Rights and Equal Opportunity Commission, 1989).

### Family preservation in the spectrum of services

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;
- the financial support of philanthropic trusts.

The conditions which gave rise to family preservation programs in the United States are similar to and different from the conditions which lead a number of Australian states to consider where family preservation may fit into our spectrum of services. There are also considerable variations between Australian States in: the history of their child welfare systems; their legislation; the significance of non-government agencies; current policies; and the nature of their client populations (for example, the proportion of children from indigenous backgrounds in the child protection system, and the urban and rural concentration of the population).

Intensive family based services are only one component of the service spectrum in a 'good enough' child welfare system. Intensive family based services sit on a continuum which starts with primary prevention services, such as universal maternal and

child health services, through secondary prevention services aimed at families who are at risk of child abuse and neglect, to tertiary prevention services for families in which abuse and neglect has occurred or is assessed to be at such a level of risk, that statutory intervention to remove the child is warranted.

In the United States, intensive family based services have been seen primarily as placement prevention or family reunification services, and are thus located at the tertiary prevention end of the spectrum. This is also the case in Victoria, while in other States, such as New South Wales, there has been greater flexibility in their planned use at the secondary prevention level.

The services across the child welfare spectrum are highly interdependent. They form a complex ecology of programs. Changes in one part of this system affect other parts. When intensive family preservation services are introduced in a context of 'cost neutrality', the impact on the parts of the service system from which funding may be redirected are obvious. Often intensive family preservation services are introduced on the assumption that they will result in considerable cost savings. However, while a new program may have the effect of reducing the demand for another program, for example substitute care, it cannot be predicted that this will be the case, because even though the family preservation program may be effective, there may be other changes occurring in the service system which will independently be leading to an increase in demand for substitute care. In a scenario of increasing child protection notifications, this is particularly likely to be so.

Intensive family based services are dependent on the other parts of the service system, such as family support programs, and are likely to become more so as we have an increasing proportion of parents with intellectual disabilities, drug related problems and chronic psychiatric disorders in the child welfare population, who need a lot more than a short intensive family based services. This is not to say that an intensive family based service is not an appropriate intervention, but it is not an appropriate intervention on its own. Family preservation should therefore be seen as complementing and not competing with existing services.

## Characteristics of family preservation services

What are Family preservation services? The analytical framework used here to identify the characteristics of intensive family preservation services is that proposed by Whittaker (1991) for the analysis of any child welfare service. None of the characteristics are particularly new in themselves, but it is the particular combination of these characteristics which makes intensive family preservation services distinctive. There is considerable diversity in family preservation programs in relation to these characteristics so generalisations have been made which may not be true for all family preservation programs.

### 1. Value Base

The philosophical basis of family preservation is that families are worth preserving. While family preservation represents a shift from the child rescue philosophy in which children had to be saved from their evil environments, including the family, family preservation does not embrace a family centred focus at the expense of the child. It is a 'child in family' rather than a 'child' or 'family' focus. Flowing from the position that it is worth preserving families wherever possible, there are several beliefs which have been stated as hallmarks of family preservation programs (Kinney, Haapala, Booth & Leavitt, 1991):

- that it is our job to instil hope in families. While the power for changes rests within the client, it is our task to clear away the barriers for change so that the clients' power for change may be tapped;
- that one cannot easily determine which types of families are 'hopeless' and which will benefit from intervention;
- that we can do harm as well as good. For example, by pushing people to talk in detail about their childhood or having high expectations which the client cannot achieve, we can hurt. 'First, do not do more harm' should be one of our guiding principles;
- that most of the time people are doing the best they can, given the internal and external resources that they have available to them;
- that in most cases it is best for children to grow up with their natural families;

- that clients are our colleagues. This is not to deny the power differences and the significance of authority in working with statutory clients, but it recognises that families have valuable viewpoints and need to be treated with respect and dignity. They are in a good position to tell us what we do that helps and hinders.

### 2. Client Selection

Intensive family based programs have been mainly targeted at the end spectrum at which placement is impending or where a child is being reunited with the family after placement. There is a diversity of referral processes but given the threshold of protective concerns in such a target population, statutory child protection agencies are either the main or the only referral source. Some programs have developed exclusionary criteria, such as parents who have drug problems and are not involved in a treatment program. Other programs see the willingness of a parent with a drug related problem to get involved in a drug rehabilitation program as an outcome and not a precondition of family preservation intervention. Either way, family preservation programs accept very challenging families – the families whom others have usually given up as lost causes.

In a child welfare service system like ours, which relative to the United States, has strong primary and secondary prevention services, a far smaller proportion of children in substitute care, and a higher threshold for statutory intervention, family preservation programs are more likely to receive a particularly concentrated population with severe problems. We must therefore be realistic about what we can expect them to achieve. This is particularly pertinent for states like Victoria, which are using family preservation as a placement prevention strategy and which already have one of the lowest placement rates in the country.

### 3. Cultural Sensitivity

There have been a number of attempts in US family preservation programs, to tailor programs to be sensitive to the needs of minority groups, such as Afro-American families and Native American families. It is still early days in this respect in Australia, although one of the two NSW pilot programs is located in a rural area with a large Aboriginal population. It will be most

interesting to see how programs may be adapted to fit the particular needs of different groups in the community.

We must also consider how culturally appropriate a North American program is for Australian families generally. It has been said that poor Australians tend to be less articulate than Americans of similar socio-economic status and Australians are generally more suspicious of 'therapy'. The Director of three of the Victorian programs, who has worked in both the Homebuilders Program in Washington State and in the Melbourne service based on the same program model, has observed that the process of engagement is slower with Australian families (Blake, 1993).

### 4. Training

Programs differ in the qualifications of those employed. In the United States, programs such as Homebuilders employ Masters level graduates, predominantly in social work, and some with a counselling or clinical psychology training at a similar level. (The two year MSW is a professional and not a research degree in the US). Other programs, like that in Maryland, use two workers, one of whom is professionally trained and one who is trained at a paraprofessional or inservice education level. In Victoria there are also differences between the Families First programs. Most use professionally trained workers who predominantly work with families on their own, but often call upon a colleague for conjoint sessions. However, one of the rural programs had adopted a 'multi-skilling' approach and uses a range of service providers who deliver the intensive family based service as well as working in the other programs of the agency. This enables families who live in a sparsely populated area to receive a range of different services through the one worker. The 'competent generalist' family worker may be an appropriate model for agencies serving families in remote locations.

Professional training and certification systems in Australia are very different from those in the United States. In our suspicion of elitism and credentialism, Australians are most reluctant to draw distinctions between people on the basis of their professional training in the social welfare field. Family preservation programs require a high level of clinical expertise. We seem to have no difficulty recognising that family therapy practised in the

clinic is a business for highly trained and experienced practitioners. For some reason, when we are delivering services in the home to families who are nearly always far more damaged than those in the clinic, we tend to think that this is not work which requires an advanced knowledge and skill base. It remains to be seen whether Australia has a professional infra-structure which has sufficient clinical expertise to deliver such programs.

The expertise of the skilled practitioner 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. Good practice requires a combination of analytical and personal properties. This knowledge and these skills cannot be picked up in the odd elective at the undergraduate and paraprofessional level or in inservice training alone.

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In addition to the pre-service professional education, family preservation programs have a strong commitment to providing a high level of inservice training and supervision. This is in addition to, not in place of, professional education. It is icing the cake which has already been baked, not teaching recipe-style techniques to people who lack an appropriate knowledge base. For example, in the Homebuilders Program, new staff receive an initial training program and observe their supervisor in a shared case before becoming the lead worker with their supervisor observing. During the first few months, trainees do group training focussed on areas such as: how to teach families communication skills; parental assertiveness training; anger management; problem solving and working with depressed and suicidal clients; listening skills; and worker stress management. Training methods involve a lot of role playing and

rehearsal, during which the trainee is 'coached' in new behaviours, paralleling the teaching methods used with parents. Regular inservice training is provided on particular issues such as engaging the substance abusing family.

### 5. Purpose

Because of the specific target population for which intensive family based services have been designed, their purpose is to improve the functioning of the family, so that the child's needs can be met at a level sufficient to preclude the necessity for child protection statutory intervention and specifically, placement. Their purpose is to enhance the functioning of the family, but family preservation programs do not claim that they can work miracles. They are not a 'cure-all' for social ills such as poverty. Many families, who may benefit from intensive family based programs, will still have problems which may or may not be amenable to intervention from other services, but if the family preservation program is fulfilling its purpose, few of these families will have the level of protective concerns that they had at the commencement of the intervention and the gains will not evaporate soon after the intervention ceases.

### 6. Knowledge base

Family preservation programs draw upon a broad range of theories, some of which are more empirically based than others. Most are pluralistic in their approaches and the ways the different clinical approaches are integrated, reflects a 'purposive pluralism' rather than a 'mindless eclecticism'. Richard Barth (1990) has described four theoretical perspectives as underpinnings family preservation services: crisis intervention theory; social learning theory; family systems theory; and an ecological or system theory. There is diversity in emphasis, with some programs for example, having a stronger cognitive-behavioural orientation and others a stronger family systems orientation.

#### Crisis Intervention Theory

The impending removal of the child, or the impending re-unification with the child, are seen as constituting crises in families and thus as opportunities for changing patterns of behaviour. The Homebuilders program emphasises the critical importance of crisis in their service.

It reaches families while they are in crisis. Intakes are seen within 24 hours of referral. Family members are more willing to experiment with new ideas and new behaviours when their pain seems most unbearable. The Homebuilder's presence at a stressful time, and the sharing of large amounts of information, form a bond which makes successful therapy more likely. (Barth, 1990, p.91).

One can question the assumption that impending removal or reunification necessarily constitutes a crisis. For some parents, this may not be so at all. For some adolescents who are threatening to leave home, there is little disincentive in impending placement. Moreover, in some systems, as in Victoria, while families are seen within 24 hours of referral, the referral process itself can take considerable time as all referrals must come through a regional liaison person who prioritises the referrals. As a result many of the families are not in a state of active crisis at the point of referral and this may be one of the reasons why the engagement process appears to take longer.

#### Social Learning Theory

Cognitive-behavioural interventions are very significant in the theoretical bases of most family preservation programs. Attention is paid to analysing and changing the antecedent conditions which seem to be associated with problem behaviours as well as changing the reinforcements which increase the likelihood of behaviours being repeated. Such target behaviours could be parental acts of omission or commission, or could be child behaviours which trigger an abusive parental response. For example, in relation to a child's behavioural problems, one might directly observe the conditions which seem to give rise to such behaviour as well as the reinforcements which perpetuate it, and intervene in this process by trying to avoid the antecedent conditions and modifying the reinforcements as well as teaching parents alternative limit setting strategies. One of the advantages of this approach, is that it recognises that a significant amount of poor parenting is a function of a limited repertoire of parental strategies in the face of the provocative behaviour of the child.

Cognitive techniques are typically used in combination with behavioural methods, such that attention is paid to the 'self talk' of family members as it relates to issues such

as self-esteem or assertiveness. These techniques draw upon rational emotive therapy. Other techniques, such as 'crisis cards', are used to generate a range of responses which parents can develop in anticipation of 'flashpoints' which have, in the past, triggered abusive or self-destructive behaviours. Similar concrete strategies, using devices such as 'values cards', help family members to explore their different values and priorities.

### Family Systems Theory

Family systems theory has given rise to a number of schools of family therapy. Perhaps the most common family treatment model used in family preservation is structural family therapy, which focuses on generational and sub-system boundaries and role anomalies. At the same time, the ideas of Virginia Satir relating to patterns of family communication are also utilised. Family systems theory has sometimes been limited in its capacity to respond to the family's transactions with the broader environment. In the words of the father of structural family therapy, Salvador Minuchin:

...although changes within a family can be effective, to be lasting such changes cannot be achieved in isolation from a family's circumstances. Working with the family in its context is essential to modifying and then perpetuating the modifications. (Minuchin, 1974, 239).

### Ecological Systems Theory

An ecological or systems framework provides an overarching theoretical framework which recognises the significance of the family's wider context (Bronfenbrenner, 1979; Garbarino, 1982). Reducing environmental stressors and increasing social support may thus be important strategies. It is also a framework which draws attention to the interactions between the significant settings in a child's life such as school/peers, neighbourhood, parental workplace and extended family.

Family preservation programs attempt to go beyond the definition of a family as a household. Often, in child welfare services, there is a tendency to see members of the extended family as part of the clients' history - the circles on the genogram, rather than as part of the clients' current world. Even when there have been 'emotional cut off points' between the parents and extended family members, the latter may still be available to the

children (for example, grandparents often maintain a commitment to their grandchildren while no longer wanting contact with their drug using adult children). By seeking members of the extended family it is possible to supplement the number of positive adult figures in the lives of the children.

Family preservation programs have often been more successful than other programs in engaging the men in families and going beyond a 'mother and child' focus. So often we claim that we are doing family centred practice, when we are really only seeing the mother and children, and sometimes precious little of the latter. Engaging the adult male figures in the lives of child welfare families is challenging, particularly for middle class female workers who must cross the chasm of class as well as the gap of gender.

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One of the universal characteristics of family preservation programs is the blending of the 'hard' or concrete, material interventions with the so-called 'soft' clinical interventions. The family preservation approach responds readily to the material needs of the family, as defined by the family, and recognises the real and symbolic significance of such assistance. This is, of course, one of the traditional features of social casework as practised by the early social workers at the turn of the century but too often in the pursuit of professional upward social mobility we have dismissed the importance of material aid and delegated it to others, seeing it as somehow beneath us. Family preservation has rediscovered the power of integrating the clinical and the concrete.

In family preservation programs, these different theoretical perspectives are not seen as mutually exclusive but as complementing one another. For example, social skills training and rational emotive techniques (cognitive-behavioural orientation) as well as providing transport (concrete assist-

ance) may be used to help a parent to have more social interaction with adults in a recreational or social support setting (an ecological orientation) which in turn might reduce the 'parentification' of the older child who performs the role of confidante to an isolated single mother lacking social competence and confidence (structural family orientation).

### 7. Setting

Intensive family preservation programs generally deliver the service predominantly or exclusively in the family's home and natural environment.

### 8. Composition

The family is the focus of intervention with most of the work being done with individuals, and combinations of individuals, rather than in conjoint family interviews. The hallmark of family preservation practice is that the family is in the worker's head, rather than having to be all there in the same room, although there are times when conjoint family interviews may be held.

### 9. Role of the therapist/worker

Family centred practice requires of the practitioner an extensive knowledge of the theoretical perspectives already outlined and a broad range of intervention skills. Excellent engagement skills are a precondition for effective practice. Skills such as active listening are often a lot harder than we assume. The worker in family preservation programs is required to play a number of roles, including those of counsellor, advocate, broker and mediator. They may also find themselves down on their knees along side a parent cleaning a filthy house if this is what the parent wants to do, and by transforming the physical environment, they not only forge a bond based on common effort, but also collaboratively create the symbol of a fresh start for the family. Family preservation is not the job for someone who is afraid of getting their hands dirty or who is unable to perform the multiplicity of roles required.

### 10. Role of the client

The client is seen as an active participant in determining the goals

and the intervention methods. Asking clients what they have already tried and what has worked and what has not, affirms their past attempts, shows respect for their opinions and also provides valuable information on what to do and particularly what not to do. Seeking ongoing feedback from the client about the intervention reinforces the client as an active participant and facilitates self-monitoring.

### 11. Strategies and techniques of helping

One of the tenets of family preservation is the importance of capitalising on the 'teachable moment'. Teachable moments can occur at different times and places: in the supermarket when the child is in the middle of a tantrum; in the playground when the child is aggressive to other children; in the kitchen when the parent is trying to cook dinner and is struggling to avoid reverting to abusive patterns of behaviour; in the early hours of the morning in the middle of a family crisis; or in the car as you are driving along and can share things which are more easily talked about when you don't have to maintain eye contact. The teachable moments occur in the immediacy of the naturalistic context in which the family lives out its life. They are not moments talked about later in a counselling session in the office. They are moments lived by the worker and the family. Such 'in vivo' interventions lead to better generalisation of learning, and clients do not need to be verbal and insight-oriented for such interventions to be effective.

### 12. Indications

It is hard to be precise about which families are most likely to benefit from intensive family preservation programs. Programs vary considerably and the data collected on families is often fairly crude and limited to socio-demographic factors or the so-called 'type' of abuse which is the presenting problem. There is some suggestion that the highly intensive short-term programs are less effective with families with adolescent children and where neglect or neglect and abuse are the presenting problems than they are with families with younger children and those in which the presenting problem is physical abuse (Bath & Haapala, 1993). However, it is premature to be definitive about this.

In the United States, the principles and techniques of intensive family preservation have been extended to the provision of intensive post-placement support services for special needs foster care and adoption, and as an alternative to residential child and adolescent mental health services, as well as in the alcohol and drug rehabilitation field.

### 13. Contra-indications

In terms of contra-indications to intensive family preservation, there are two situations in which it would be clearly inappropriate to use such services.

Firstly, in relation to placement prevention, a child whose safety requires the 24 hour-a-day presence of someone outside the family, is not a suitable referral for a family preservation program. In most instances in which a child is in serious danger from a parent, the child will need to be separated from that person, at least for the short term. This does not always mean that it is the child who is removed from the home, but very often this is the appropriate course of action. Protection comes before therapy, and it should be noted that the goal of family preservation is not the prevention of placement *per se* but the prevention of unnecessary placement. In reality of course, it is far from easy to assess the level of risk to the child, given the limitations of our risk assessment instruments (all of which have a very high false positive rate).

Secondly, in family reunification cases, it would be inappropriate to use intensive family preservation programs as a way of avoiding biting the bullet on permanency planning. Unlike the North American child protection systems, those in most Australian states make it extremely difficult to terminate parental rights and children are often repeatedly returned to unsatisfactory home situations, particularly in severe and chronic neglect cases to which we appear to have become desensitised. 'Dispositional bargaining' or the scenario of 'OK we'll drop the wardship application if you agree to another Supervision Order' is increasingly common under legislation which makes it difficult to obtain a guardianship statutory order. This results in decisions being made which are clearly not in the interests of children. It is inappropriate to use family preservation to fill the vacuum

created by the lack of permanency planning in our child welfare systems. While we need a system which pulls out all stops in primary and secondary prevention so as to maximise the potential for children to grow up in their natural families, we also need a system which has the courage to say 'Enough is enough'. We must not continue to jeopardise children's futures by perpetuating a situation which is blatantly not in their interests, and repeatedly pursuing home release when it has been proven to be unviable.

### 14. Empirical validation

The central question in evaluating the effectiveness of intensive family preservation programs should be 'Is the outcome better for the child?'. This is not necessarily the same question as 'Was placement avoided?'. A range of evaluation measures is typically used in family preservation programs. These include 'objective' and 'subjective' criteria. The 'objective' measures are:

- safety;
- prevention of unnecessary placement;
- improved family functioning;
- cost effectiveness.

The 'subjective' measures are:

- client satisfaction;
- satisfaction of referral sources;
- satisfaction of funding sources;
- opinion of the services community.

There have been many extensive evaluations of intensive family preservation programs in the United States, and many have struggled with methodological problems common to program evaluation. Among the specific problems encountered are the limitations of relying on placement prevention as a measure of effectiveness and the enormous difficulty in obtaining a comparable control group. Studies using the criteria of effectiveness have produced mixed results, often showing that those in the control group had a similarly high rate of placement avoidance (Schuerman et al, 1993).

In a recent review of family preservation evaluation studies, Bath and Haapala (1993) warn against large scale, Statewide evaluations which have significant validity problems, and advocate drawing together the results of small scale evaluations to provide a comprehensive picture to inform policy makers and practitioners. They conclude that:



There are an increasing number of reports of Family Preservation Services in different settings, focusing on different categories of client, and, at least with the smaller studies, the results are encouraging. However, much more needs to be done. In time it is likely that well-controlled studies will throw light on key questions such as what levels of intensity, lengths of intervention, and specific components, produce the best results with populations of concern. Until convincing evidence is forthcoming, it would be wisest for program developers to base their initiatives on model program packages which have some proven effectiveness while making appropriate adaptations to account for the unique characteristics of their service context.

(Bath & Haapala, 1993, 20)

One Australian example of such a small scale study is the evaluation of Victoria's Families First pilot program (Campbell & Tierney, 1993) which links draws out the implications of program evaluation for practice. Jones (1991) has provided an excellent analysis of the strengths and weaknesses of different outcome measures in family preservation evaluation. Increasingly, evaluations are also using measurements of child and family functioning as criteria of

effectiveness, yet these too have their limitations. Some of the researchers using them have also called for more in-depth studies of individual families to allow the complexity of families' situations to be better captured and the variability of parents' and children's responses to be better understood (Wells & Whittington, 1993). In order to complement program evaluation studies there have been calls for practitioners in family preservation programs, in conjunction with their clients and supervisors, to become 'personal scientists', engaging in both practice and research simultaneously and in an integrated fashion (Blythe, 1990).

It is far too early at this stage to make comparisons between different Australian programs, most of which are still in their early infancy and have not been subjected to comprehensive evaluation using other than crude placement avoidance rates as outcomes measures. This is certainly not the basis on which programs should be compared given the number of factors which determine placement practices.

It is important that, in the evaluation process, family preservation programs are not considered as 'single input' services. The question becomes: *What combination of services is most effective with which families under what circumstances?* Just as in the treatment of anorexia nervosa where the combination of family and behavioural interventions has proven to be more effective than either alone, we may find that for some sub-groups in the child welfare client population, for example, families in which the parents have drug related problems, or families with a history of chronic neglect, we will need particular combinations of interventions.

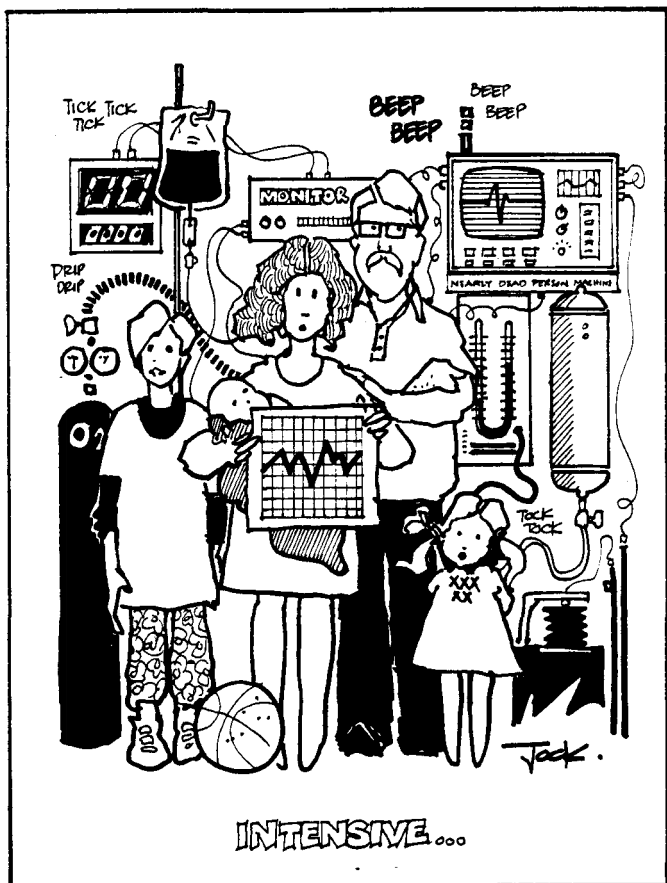
While there is still a long way to go in evaluating the effectiveness of family preservation programs, it should be noted that family preservation has been subjected to far more rigorous and extensive evaluation than any other service in the child welfare system. We must demand the same level of evaluation of all programs, and not reject family preservation services because they have not been able to conclusively demonstrate their efficacy, while more traditional services have hardly begun to assess their efficacy.

## 15. Implementation

Family preservation programs in the United States operate in a number of agency settings. Some are part of the statutory child protection service, with the intensive intervention program being in the same organisation as the child protection investigatory service. Others are in non-government agencies which are funded by the State to serve the families referred by the child protection service. Of these, some are agencies with a broad range of programs, which also include family support and substitute care programs. In other agencies, family preservation programs are 'stand alone' services.

In Australia, family preservation programs have been funded by State governments and delivered by non-government agencies, predominantly by those who also operate a number of other programs such as family counselling and support, and substitute care. One of the key questions which needs to be considered is the issue of the boundaries between such programs, and whether the service received by families can be individually tailored by their specific needs rather than driven by programmatic boundaries. The link between intensive family preservation programs and the less intensive family support programs is a particularly important one, especially as many families being served by intensive programs require continuing support.

The agency which implements family preservation programs must pay special attention to maintaining staff morale, given the nature of the problems in the families and the intensity of the work. A recent study on job satisfaction and job stress among family preservation workers indicated that staff turnover and burn-out are potentially significant problems (Tracy et al, 1992). Readily



available, high quality supervision is essential, and the maintenance of 'hopefulness' in the team and agency environment is a major challenge for those in leadership roles. High quality programs cannot be done on the cheap.

Strong links between agencies and universities have proved valuable partnerships in the United States and helped create an atmosphere of inquiry. Such collaboration has encompassed staff exchanges, student placements, practitioner input into the curriculum, joint applications for research funds and shared publications. From the outset in Victoria, the University of Melbourne School of Social Work has had a strong involvement in family preservation in terms of program development and evaluation. Family preservation services have stimulated a new interest in practice research - which is driven by practitioners' questions and which is mindful of the context of practice. This is a most encouraging development, not just for family preservation and child welfare, but for social work practice and research generally.

## Conclusion

There are a number of challenges in transplanting family preservation programs from the United States to the different service systems in Australia. Notwithstanding these challenges, family preservation programs are a welcome sign of a new commitment by policy makers and program developers to high quality direct practice, and the early results of family preservation initiatives in Australia are encouraging.

*...family preservation programs are a welcome sign of a new commitment by policy makers and program developers to high quality direct practice, and the early results of family preservation initiatives in Australia are encouraging.*

While the history of child welfare has been the history of searching for simple solutions to complex problems, the future of child welfare does not

have to be so. Hopefully we are now reaching a level of maturity such that we can relinquish the fantasy of simple solutions - of the legislative elixir, the policy panacea, or the clinical cure. There are no simple solutions to complex human problems or we would have already found them. Hopefully we are now reaching a level of maturity such that we can also avoid succumbing to the twin dangers of the cultural cringe and the tall poppy syndrome when we encounter something different which is not home-grown. Family preservation programs are no policy panacea or clinical cure, but they have the potential to offer us another option for some children and their families and we owe it to them to consider carefully what it is that they have to offer. ♦

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