



THE PREVENTION REPORT

The National Resource Center on Family Based Services

[Fall 1993]

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We welcome articles related to family-based services from practitioners, administrators and other interested readers. Legislation, research, practice methods, new materials in the field, upcoming prevention conferences, as well as responses to articles appearing in this publication, are all welcome. Address inquiries or submissions to **The Prevention Report**, National Resource Center on Family Based Services.

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AN INTERNATIONAL FOCUS ON FAMILIES

by: **Marcia Allen, L.C.S.W., Director**
National Resource Center on Family Based Services

1994 has been declared the International Year of the Family (IYF). Many organizations are cooperating with the United Nations to focus attention on the strengths and needs of families around the world as we prepare for the 21st century. [See box on page 2 for further information.] In the spirit of this concern for international unity on the family, the National Resource Center on Family Based Services will devote space in this and upcoming issues of **The Prevention Report** to articles on family policy and program innovations from other parts of the world. We have much to learn from other countries, and we want to promote an exchange of knowledge that will stimulate thinking about family-based services in the United States.

This issue of our newsletter contains articles from Australia, where "Family Preservation" as a distinct program has recently been imported from the United States. In the first article, Dorothy Scott from the University of Melbourne suggests that such a transfer of technology must be carried out in a way that is sensitive to the cultural and systemic differences between the United States and Australia. She makes the case that Family Preservation is not a "one size fits all" commodity and must be adapted to address the Australian social services environment and needs.

In the second article, Marion Gledhill, Executive Officer of the Family Support Services Association of New South Wales (N.S.W.), describes the well-developed system of services which are in place in her state to assist all families under stress. Having access to these fundamental supports, as pointed out in the Scott article, may prevent many families in Australia from reaching a level of crisis requiring mandatory intervention.

And, finally, Diana O'Neil from St. Luke's Family Care in Bendigo, Victoria, presents an innovative residential program in which parents maintain their role as primary caretaker of the child and the residential staff work in the family home.

Last year, I was privileged to meet the above authors and to expand the Resource Center's horizons when I was invited, along with Al Durham (formerly of the Department of Social Services in

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Maryland and now the Family Services Specialist for the Children's Bureau), to present at the First Australian Family Preservation Conference in Ballarat, Victoria. Al and I also provided consultation to several agencies in Victoria and spoke at a seminar, "Protecting Children By Empowering Families," which was sponsored by the Family Support Services Association of N.S.W. We certainly gained as much information as we provided and were able to meet some very hospitable, stimulating and dedicated individuals who share our values about supporting and strengthening families.

By visiting urban and rural environments—Bendigo, Ballarat, Mildura and Melbourne in Victoria and Sydney in New South Wales—we were able to sample the differences of implementing family-based programs in a country with our land space and less than one-tenth of our population. Parts of Australia give new meaning to "rural"—and we didn't even get to the Outback. We were also able to visit and hear about the work of the Victorian Aboriginal Child Care Agency, where they are dealing with many of the same issues which have faced Native American families in the United States.

Al and I fielded many questions during our stay about such things as how to establish services that are on-call 24 hours a day when the nearest social worker may be three hours away, and what rates of placement prevention could be expected when rates of placement are already low and only the most severe cases come into the child welfare system. We were profoundly aware that we did not have answers for many of these questions and that the Australians themselves would discover what needs to be done. Most of all, our experience—and these articles—reflects the fact that the Australian version of Family Preservation will be very much their own, and not an American import. We are delighted to be able to learn about their discoveries.

In the future, the Resource Center hopes to establish an exchange program with Australia, where family-based workers, supervisors and administrators could swap positions (and even homes and cars if necessary). There is considerable interest both here and in Australia for such an exchange.

The logistics of such an exchange program are formidable. We'll keep you posted.

The next issue of *The Prevention Report* will feature articles from New Zealand. One, by Libby Robins, describes a "family preservation" program for the prison system, where young adult prisoners are provided with the help necessary to reintegrate with their families and communities. In another article (which we hope to gain publisher consent to include), Charles Waldegrave and Kiwi Tamasese describe the development of "Just Therapy." At The Family Centre in Lower Hutt, principles of social justice, cultural knowledge and gender experience have been interwoven with family therapy to make the process of change relevant to all the needs of individuals and families. This integration of community

recognition and organization with family work provides lessons for all of us who must address poverty, cultural indifference, racism and sexism when helping wounded families to heal.

Note: Staff from The Family Centre will be in the United States next April to participate in a live interview workshop with Dr. Salvador Minuchin. They are available for additional workshops while they are in this country. For further information, please contact:

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INTERNATIONAL YEAR OF THE FAMILY

Activities during the International Year of the Family (IYF) include:

- The Global Family Project, which will document the opinions of family members from 12 countries on the trends they believe are currently having an impact on family life and structure.
- A conference called "Family and Environment: A Partnership" to bridge the Earth Summit of 1992 and IYF. The Earth Summit was held in Vienna last November.
- A World NGO (Non-Governmental Organizations) Forum, "Promoting Families for the Well-Being of Individuals and Societies," which will launch IYF when it meets November 28 through December 2, 1993, in Malta.

For more information on IYF, please contact North Americans for IYF, P.O. Box 15381, San Diego, California 92175, telephone (619) 286-5050, FAX (619) 495-7050.

INTERNATIONAL TECHNOLOGY TRANSFER IN FAMILY PRESERVATION: DIFFERENCES BETWEEN THE AUSTRALIAN AND U.S. CONTEXTS

by: **Dorothy Scott, MSW**
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Editor's Note : This article is based on a keynote address presented at the First Australian Family Preservation Conference held in 1992 in Ballarat, Victoria. A full version of this paper appears in *Children Australia*, (1993), volume 18, number 2.

INTRODUCTION

We have given little consideration to the issues of technology transfer in child welfare—or, to use less alienating language, the issues which we should consider when transplanting programs across national boundaries. Many imported programs do not successfully transplant to other service systems and cultures. We need to analyse the “goodness of fit” between the program and the context—or, to continue the agricultural metaphor, the fit between the seed and the environmental factors such as soil and climate. In thinking about transplanting family preservation programs from the United States to Australia, there are a number of questions we need to consider:

1. Are there significant cultural differences?
2. Are there significant service system differences?
3. What are the implications of these differences?

CULTURAL DIFFERENCES BETWEEN AUSTRALIA AND THE UNITED STATES

Because North American and Australian societies share the English language and a British heritage, the differences between the two societies are not always obvious. Those who have studied American and Aus-

tralian history will appreciate that Australia is a highly secular society, with European settlement in Australia growing out of a penal colony, not religious dissent. Moreover, while Australia is also a very multicultural society (largely the result of massive post-World War II migration) and is keen to assert its independence from Britain, Australians tend to have a certain British reserve and are suspicious of what they perceive as extravagant emotionalism. Australians are less likely than North Americans to go in for religious fundamentalism and tele-evangelism, or for personal disclosures on daytime television.

Furthermore, those who have observed American society will appreciate that Americans—even those we would consider to have been educationally disadvantaged—are far more articulate than Australians of a similar socio-economic status. Australians are also sensitive about social class differences, rejecting what they perceive as the snobbery of English society and espousing an egalitarian ethos. This extends to a dislike of credentialism and an ambivalence to the so-called elitism of professionals. Trade unions are very strong and there is a powerful political and industrial push to the adoption of “competency based” standards in the workplace as a replacement for professional qualifications based on tertiary education.

Unlike Australia, the United States is what one might call a “therapy culture.”

This is most evident on the east and west coasts. While such a generalisation is probably less true of those in the midwestern section of the United States, it seems a fair generalisation to say that North Americans are more adept and comfortable engaging in the therapy game. This does not necessarily mean they have any more insight, but the game comes easier to Americans than it does to Australians! And while it is difficult to generalise, it may be that for certain groups of Australians—perhaps those from rural and working class backgrounds in particular, as well as for many men—therapy is something which is deeply alien and suspect. As a consequence, Australians may be slower to reveal and express their feelings in an overt manner than Americans.

In addition to the suspicion surrounding therapy itself, there is a deep ambivalence about drawing distinctions between persons which are based on qualifications or training. The term “clinical social work” is virtually unknown in Australia, and those who work in Intensive Family Based Services would not dream of describing themselves as “therapists” or what they do as “therapy.” This would be seen not only as an alien term which would intimidate clients but one which would also set up a “them and us” status differential between service providers and service users. Even the term “client” is tainted with suspicion and regarded as creating a status distinction based on expertise and power.



Similarly, differences in professional qualifications and training among the service providers in an agency are not acknowledged, or are dismissed as unimportant, for fear of arousing division. In contrast to the deep ethos of individualism and competition in American society, the group is predominant in the Australian ethos, and there are strong social pressures to prevent challenges by the individual to the egalitarianism of the group. This leads to what has been called the Australian "tall poppy syndrome," in which individuals who succeed or assert their superiority are cut down to size. At the same time, Australians are also described as suffering from a "cultural cringe" which leaves them feeling that all things European and North American are inherently superior to that which is indigenous.

SERVICE SYSTEM DIFFERENCES

With regard to the Australian and American service systems, there are major differences which arise fundamentally from different political structures. Australia is a welfare state. Recently the severe economic decline of Australia and the rise of economic rationalism have threatened to erode the welfare state (as in the United Kingdom), but Australians still currently enjoy a level of social protection which does not exist in the United States.

Health, Income and Housing Services

Child welfare systems are inextricably connected to the rest of the social system. In the United States there is currently no universal health system, there is no income maintenance system in the form which Australia and Western Europe would recognise, and there is a public housing crisis the severity and magnitude of which is beyond the Australian imagination. Australian family preservation workers are shocked that the clients of their American counterparts can spend hours waiting in the Emergency Rooms of public hospitals for routine medical care, or standing in queues for food stamps, or trying to secure emergency housing. By contrast, the Australian child welfare system exists within a safety net of a universal health system, an income security system

and a public housing system which, at least by U.S. standards, is adequate. Concrete needs may therefore be less, or at least different, for Australian families.

Child Welfare Primary Prevention Services

At the primary prevention level, the Australian child welfare system has an extensive infrastructure of government services. It has one of the finest universal maternal and child health services in the world (in Victoria it reaches 96% of all families in the first year of a child's life), which provides a bottom line service of developmental screening for all children and, in some areas, a top line service of parent education and support in the critical transition to parenthood (Scott, 1992). Such services do not exist in the United States except for "well baby clinics" in isolated pockets of the ghetto which reach a tiny fraction of the population. Even in Hawaii, where a lot of resources have gone into the new, highly acclaimed, "transition to parenthood" project, only 50% of the population is reached. In Colorado, the impressive Denver Project, based on similar principles of universal outreach, reaches 2% of the target population.

Child Welfare Secondary Prevention Services

At the secondary prevention level, there is a very extensive infrastructure of government-funded voluntary agencies, particularly in States like Victoria in which there is a history of provision of child welfare services by churches and secular philanthropic societies. (This is less true in States like New South Wales, which had their origins in penal colonies, where centralised government played a major role in service provision in health, education and social welfare from the outset.) The extensive network of non-government services which exists in States such as Victoria has allowed considerable diversity and innovation to occur, and a broad range of secondary, preventive family support services has developed to replace the institutionally-based services of a previous era. These agencies provide services to families who are not clients of the child

protection system, as well as those who are subject to court orders.

Child Welfare Tertiary Services

Perhaps as a consequence of these differences, Australian child welfare systems, while not without their problems, are not in the state of crisis documented in the United States (U.S. Advisory Board on Child Abuse and Neglect, 1990). The conditions which gave rise to family preservation programs in the United States are not present to a significant degree in most Australian states. For example, there are not large numbers of children subject to court orders in substitute care in Victoria, the State which is pioneering the introduction of Intensive Family Based Services, and it can be argued that the few who are probably need to be.

For over a decade in Victoria there has been a decline in the number of children being made wards of the State. While child protection notifications are rising, very few children are actually removed by the Victorian child protection system, which is governed by liberal (some would say "laissez-faire") legislation enshrining rights of appeal and diversion. Victoria, unlike the United States, has never had a large foster care program, and the foster care programs which do exist have provided extensive respite care—an intervention aimed at the prevention of family breakdown—as well as substitute care.

The Victorian substitute care system was heavily based on residential care, and the deinstitutionalisation in child welfare occurred well over a decade ago. It was at this time that many of the non-government agencies developed innovative programs to help prevent children coming into care. It could be said that this was when our Family Preservation Movement started.

The child protection services in Australia are also different from those in the United States. There are differences between the Australian States in this regard, but relative to the United States, the child protection service in Victoria has remained a professionally based service rather than merely an investigation service. There are clear signs

of a trend toward deprofessionalisation and toward investigative case processing rather than casework becoming the norm. However, at this stage child protection workers' caseloads in Australia are generally far smaller than those in most U.S. states, and it is possible for families to receive more than an "investigate and process" service from the statutory authority worker.

On the other hand, the U.S. service system has a far richer array of inpatient and outpatient clinical programs offering specialised treatment for client populations such as disturbed adolescents, alcohol and drug users, and sex offenders. Within the child welfare system there are also some features of the North American systems which are lacking in Australia, such as policies on permanency planning or the greater availability of legal means for the termination of parental rights. Moreover, Australia has very inadequate post-placement support services and therapeutic programs needed by families who adopt older or "special needs" children.

All of these points are important to note, as they demonstrate that the conditions which prevail in the United States, and which gave rise to the family preservation movement, are very different from those in the Australian system of child welfare services. This is not to say that family preservation services do not have a valuable role to play in the Australian spectrum of services, and this would include post-placement support services as well as placement prevention and re-unification services. These are vital components, but it is important to recognise that they are being transplanted into a vastly different service system.

IMPLICATIONS OF THE DIFFERENCES

Australian Intensive Family Preservation Services (IFPS) families are skewed more to the dysfunctional end of the spectrum.

The families which reach the statutory child protection service in Victoria have fallen through the safety nets of the extensive and well-developed primary and secondary prevention services. This—plus leg-

islation which makes it very difficult to remove a child or obtain a court order and, unlike the United States, almost impossible to terminate parental rights—means that the families who meet the criteria of impending removal or re-unification in this State, are very, very troubled families.

Not surprisingly, the Families First program in Victoria appears to be receiving a concentration of families from the most severe end of the child protection system. Some U.S. programs, such as that of the state of Maryland, have exclusionary criteria, and many of the families which are referred to the Families First Program in Victoria are precisely those with characteristics which meet two of Maryland's four exclusionary criteria: families in which the parents are intellectually disabled or have long-term psychiatric disorders, and families with a very long history of child protection involvement. Moreover, in the United States the child protection system is often the route which the family must take in order to become eligible for family support services, and therefore, in the absence of good primary and secondary prevention services, the U.S. child protection system is likely to get families which are situated across the spectrum of severity. Because the families entering the IFPS system in Australia have such severe problems, Australians should not be surprised if the outcomes of programs based on four-to-six-week interventions are not lasting and do not achieve the results they have been led to expect by those exporting the programs from the United States.

Should some of the children be in substitute care rather than IFPS?

Australian Family Preservation services may be receiving cases in which it is not in the best interests of the child to remain with or be re-united with the family. Often a child remains in his or her family as the outcome of a process of "dispositional bargaining"—"We won't contest the case and we will agree to a supervision order if you drop the recommendation of wardship." In the absence of permanency planning as a well established policy and practice, this sort of "family preservation" is dangerous. For that small but highly vulnerable group of children for whom there is little prospect of

having their needs met within their natural families, it is likely that intensive family-based services may start to fill the gap in Australia which results from the inadequacies of a system which is unable to "bite the bullet" on the very hard cases and make appropriate permanency planning decisions.

Referrals to less intensive (but longer term) services will be more necessary yet more difficult.

Given the well developed primary and secondary prevention services, and the needs of some families for a much longer intervention (such as the increasing proportion of children now in the Australian child welfare system who have parents with intellectual and serious psychiatric disabilities), short-term intensive programs will need to build close co-operative links with these other—longer term and less intensive—parts of the service system. Paradoxically, the introduction of the new Intensive Family Preservation Services has posed a threat to these pre-existing services. Impediments to the development of strong links between intensive short-term and less-intensive, longer-term programs are: (1) competition for scarce resources, (2) skewed reciprocity between agencies, and (3) inter-agency rivalry for status.

Competition for scarce resources is endemic, and family preservation programs must be "cost neutral." If the funding for intensive and less-intensive programs is coming from the same shrinking cake, and if family-support agencies are put under increasing pressure to adopt short-term programs, as is happening in Victoria, competition for scarce resources will become more intense. The very existence of the less-intensive family-support programs (such as homemaker and family counselling services) is threatened. It is obvious that Peter will be robbed to pay Paul. It cannot be assumed that family preservation programs will lead to a reduction in the need for substitute care, despite the claims to this effect by some of those exporting U.S. programs.

There are other sources of tension between the new family preservation programs and pre-existing family support programs. The former were introduced as the "new kid

on the block" with a lot of political fanfare—and with little acknowledgment of those who were already working in the field—and were given resources which the "old kids on the block" did not have (e.g., specialist training, greater availability of cars, small caseloads, and an amount of cash to spend on each family). Existing family support services became the Cinderella. This does not augur well for the family preservation services, which are dependent on the family support services (and not vice versa) to take over the cases after their intensive intervention. Such a situation is inherently fraught with difficulties associated with client resistance to termination and transfer and ripe for the dynamics of splitting.

Australia will need to develop sufficient clinical expertise to replicate U.S. programs.

While trying to avoid indulging in the Australian "cultural cringe," it is important to ask whether there is currently an adequate professional infra-structure in Australian child welfare to enable the replication of some of the U.S. programs. This is related to the interesting issue of whether we are clear as to what it is we are seeking to transplant. It is sometimes difficult to know whether the espoused or official theory of a program accurately reflects how the program actually works in its home environment. For example, the espoused model of the Washington State based Homebuilders Program is a cognitive-behavioural four-to-six-week program, and this is reflected in the training and program specifications. Yet in practice its workers often have unofficial contact with families which lasts significantly longer than four-to-six weeks. Moreover, some of the intervention methods do not easily fit into the espoused theory, yet these elements may constitute valuable "therapeutic ingredients" in the program.

There is an art as well as a science to social casework, and good casework, like good art, sometimes defies description. The expertise of the skilled practitioner, like that of the artist, cannot be reduced to a set of "competencies" or to a procedure that can be copied and applied in a standardised manner. Training and education are fundamentally different—not that a high level of pro-

fessional education is a necessary and sufficient condition for good practice. A good head is no use without a good heart. Neither alone will do. Good practice requires a combination of analytical and personal characteristics. We seem to have no difficulty in recognising that family therapy practised in the clinic is a skilled business. For some reason, when we are working in the home, with families who are generally far more damaged than those in the clinic, we tend to think it is work that people can do with little formal professional education and supervision.

Family centred practice requires of the practitioner extensive knowledge and skills. Highly developed conceptual capacities and skills are required to understand how a family operates in its inner and outer spheres. This knowledge and these skills cannot be picked up in the odd elective at the undergraduate or paraprofessional level, or through short intensive training given to those who lack a solid professional base. To attempt to do so is to ice the cake before it has been baked and will produce practitioners who seek to apply standard recipes to complex and unique family situations.

On the surface the unskilled and the skilled workers may look similar, but in practice the therapeutic dimension can be destroyed by unsophisticated service providers. The therapeutic task of using a life story technique to assist a child in making some sense of the bewildering dislocations and placements in his life can be reduced to an exercise in assembling photographs and drawing the lines straight. A technique such as the genogram can become a simple information gathering exercise rather than a highly powerful therapeutic intervention. The product of the life story book and of the genogram—what is put on the paper—may look the same, and may be described by the same name, yet the processes through which they were obtained (by an unskilled as opposed to a skilled worker) bear no resemblance to each other whatsoever. To destroy the opportunity for the development of high quality, intensive family-based services, there is no need to do more than pretend, in true pseudo-egalitarian Australian style, that everyone is the same in knowledge and skills and can occupy the same roles.

Professional systems of registration and licensure are very well developed in social work and family counselling in the United States. In Australia, social work positions have been subject to declassification and deprofessionalisation, and there is political and industrial movement toward competency-based certification which leaves little room for analytical and clinical expertise other than that which can be reduced to checklists of skills and tasks. In the Homebuilders Program in the United States, for example, the practitioners are nearly all Master's level graduates, with well developed skills in critical analysis and a strong theoretical understanding of the interventions which they use. A major consideration in transplanting intensive family-based services is whether Australia has the level of clinical expertise to mount such programs. There is a common belief that training can be provided at the inservice level regardless of whether the individual has an appropriate professional background. Rapid expansion of the Families First program in Victoria, necessary for reasons of political expediency, may have limited the potential to recruit well qualified and experienced staff necessary for the achievement of high standards of practice and supervision. Too little expertise, spread too thinly, too quickly, may lead to the erosion of standards from those in place at the inception of the program. Structures also need to be developed—perhaps in collaboration with academics who understand the nature of practice research (as distinct from program evaluation)—to facilitate the development of the practice wisdom and practice theory which grows out of practitioners' reflecting upon their family preservation experience under local conditions.

CONCLUSION

The introduction of intensive family-based services to Australia is an exciting development which holds great promise for improving the quality of specialist, family-centred services to very troubled families who have fallen through the extensive safety nets of the primary and secondary prevention services. To tap the potential, it is necessary to be more aware than has been the case to date about the differences be-

tween the cultural and service system contexts in the United States and Australia, and to tailor Australian program development and implementation in the light of these differences. Australians must also avoid importing the conflicts which exist in the U.S. family preservation movement, which like all evangelical movements has its schisms and heretics. No doubt in time Australia will develop its own homegrown varieties of conflict, but in the embryonic phase of transplanting intensive family-based services, imported divisions will thwart the capacity to work collaboratively and productively. It is also important to avoid the trap of the "cultural cringe"—to be prepared to question the imported "truths" and build on local experience. Most of all, it is important to recognise and preserve Australia's primary and secondary prevention services and the welfare state of which they are a part. It would be folly to transplant family preservation services while witnessing the demise of the rest of the child welfare system and of the welfare state in which it is embedded. The family preservation tree needs a healthy forest!

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Dorothy Scott is a Senior Lecturer in the School of Social Work at the University of Melbourne. She spent the first half of her Sabbatical Leave in 1992 visiting the United States and looking at family preservation programs and the development of BSW and MSW programs to complement family preservation. The second part of the Sabbatical Leave was spent working in the pilot Families First programs in Victoria. She continues to be active in the development of family preservation programs in Victoria and other Australian States.

FAMILY SUPPORT SERVICES IN NEW SOUTH WALES

by: **Marion Gledhill, Executive Officer**
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BEGINNINGS OF FAMILY SUPPORT SERVICES IN NEW SOUTH WALES

The need for family support services was identified and publicly debated in Australia in the late 1960s and early 1970s. Both commonwealth and state governments were involved in funding these services during the late 1970s; since the late 1980s, the services have been funded solely by the state governments.

The state of New South Wales (N.S.W.), in the southeastern part of Australia, has 5.75 million of Australia's 17.5 million people. Most of its population is in metropolitan areas on the eastern seaboard, concentrated in its capital, Sydney. The N.S.W. state government funds approximately 125 Family Support Services, which are located throughout the state in both metropolitan and rural areas. They are not all the same, but they share the aim of assisting families to cope with the challenges of family life and of

child rearing, and they offer many similar services—services which aim to prevent breakdown in families. Preventive work ranges from minimal support to crisis intervention; most of the Services work principally with families experiencing particular stress.

Beginning early in the 1980s, the Family Support Services in N.S.W. met together to share their developing experience and knowledge through regular conferences, and



in 1982 the Family Support Services Association of N.S.W. was constituted. The Association also worked to ensure ongoing government funding, and since 1987 it has itself received enough government funding to support part-time staff.

PRINCIPLES OF FAMILY SUPPORT SERVICES

Family Support Services in N.S.W. have adopted particular principles that form the philosophy under which they operate. These are:

- Commitment to the empowerment of families and to a focus on family strengths and competencies.
- The belief that families can be given the responsibility to set their own goals and to take the primary role in working to achieve their goals.
- Recognition of the impact of poverty and isolation on family breakdown.
- Operation of Family Support Services as part of a network of local services, seeking to foster strong links with other agencies and to develop services which are appropriate to the needs of that community.
- Encouragement to families to participate in the Service—both in their own family's involvement with services offered, and in the management processes of the organisation.

TYPES OF SERVICE

Most Family Support Services offer both group activities and one-to-one work with individual families.

One-To-One Work with Families

This takes place in different locations—the family's home, the premises of the Family Support Service, over the telephone, at another agency's premises, or in other suitable safe places such as parks and coffee shops. Family support workers are sometimes called outreach workers because so much of their work is done outside the Fam-

ily Support centre. They work with the whole family as a system, understanding that it functions in the context of other systems of society.

Group Activities

These include the following:

- Ongoing Support Groups. These usually meet weekly for most of the year and have open membership. They may have a program of speakers, crafts or other activities, but their purpose is to develop friendship links and to overcome social isolation.
- Courses. These run for a set number of sessions, with a relatively fixed membership for the length of the course. They aim to develop particular skills, e.g., parenting, self-esteem, communication.
- Self-Help Groups. In these, people who have a particular experience in common—e.g., bereavement, or being the victim of domestic violence or of sexual abuse—meet for mutual support.

Where possible, child care is provided for the children while their parents are involved in group activities.

FAMILY SUPPORT WORKERS

Family support workers are usually employed by Family Support Services to work both on a one-to-one basis with families and in group activities. They are not required to have graduate qualifications in social welfare work. They are skilled, caring, professional workers who use both their own personal life experience and specialised training in their work with families.

Family support workers form a relationship with members of the family, and through this relationship they assist families to decide what issues the family members want to work on and what changes they want to make in their lives. Together with the family support worker, families work on strategies to achieve these changes. When goal achievements are felt to be satisfactory, the family support worker's involvement

with the family ends. The changes families want are often related to inadequate housing, lack of child care, abuse or neglect, or domestic violence.

FAMILY SUPPORT WORK

Extracts from actual interviews with families, and from case studies supplied by Family Support Services, give a feel for the work undertaken. Family support work with families involves:

Personal Support

This means that, through a relationship, ideas and information, encouragement, empathy, and challenge are shared—often together with practical action and assistance—resulting in greater self-confidence, awareness and energy for change.

It is as if I have never had supportive parents and I am getting it here. I can now take responsibility for my life.

Counselling

Family support workers use skills from a range of therapeutic approaches to work with families on their personal and relationship issues. If appropriate, they will refer a family to a counsellor at a health or other specialised centre if one is available. Often, the family support worker is the person with whom the family feels most comfortable about discussing personal issues.

I tried everything with my husband to make things work. He is a drug addict. I don't want to live with a drug addict. All my life I have been told what to do and for once I have come to a place that allows me to work out my own problems. . . . It has taught me to relate to my feelings; at one stage I just blocked them out but as I got my strength back and sorted out who I was I can relate with my feelings. When I came here I let my barriers down because I feel secure and safe.

My family support worker is helping me to get in touch with my



feelings about my partner, helping me to be more assertive, helping me with the children as well, helping me to mother better, and letting me know what other services are around. She has really supported me. I have a lot more confidence. I can now do a lot more for myself.

Education

Family support workers, through work with individual parents and with parents in groups, assist them to learn new approaches to parenting and to gain knowledge about children and how they develop. They also encourage parents to progress in their general education, particularly to gain skills that will assist them to re-enter the workforce.

Very few of the women here have had a good solid educational foundation; some of them are not very literate. . . . For some of them, looking at a form is terrifying, let alone filling it in. Social security forms may not get filled in.

Now I am working as a bookkeeper. One of the women from the Management Committee suggested I apply. I was unemployed at the time. Now I am using my brain again. It is a break for me and it is getting me back into the workforce.

When I first visited, Mrs. "A" was isolated, having no interests outside the home and few friends. Peter had no playmates of his age. She was introduced to the Support Group. Peter took weeks to separate from Mum, but slowly he was weaned from her and was able to play with the other children, giving Mum a chance to discuss her problems and share solutions with the other mothers.

Resourcing and Advocacy

Family support workers offer information and referral to link families to specific services to meet particular needs. They represent the needs of families to other agencies so that families gain access to services.

They assist families to gain confidence and skills to speak up for themselves. Family support workers also work to raise community awareness and advocate for better and more appropriate services to meet family needs.

I acted as advocate for this family with various departments: Social Security, Department of Housing, Department of Health, Telecom. I referred on to counsellors and agencies with special skills to meet the family's needs. I negotiated repayments to suppliers of electricity, gas, and housing, and to department stores and hire purchase agencies, at a rate that could be accommodated within their budget."

We had a lady come to the coffee morning to talk to us about the (proposed) third runway (for the Sydney airport) and the effects that it would have on us personally, on the community, and on our children. The women at the coffee morning decided that we should get together and do more about it. . . . I have the feeling I volunteered to be the speaker [to the local member]. . . . It was something that I would never have contemplated doing before; but the women here were friends by that stage and I felt very strongly about the issue and I knew that I could talk in front of these women and they wouldn't laugh at me, wouldn't ridicule me and wouldn't put me down.

USE OF FAMILY SUPPORT SERVICES

- In June 1992, 3,650 families in N.S.W. were receiving one-to-one services from Family Support Services.
- During one week in June 1992, 2,250 adult family members participated in group activities in Family Support Services.
- It is estimated that 12,900 families were assisted by these services during 1992—

on a one-to-one basis and/or through group activities.

- In June 1992, 600 staff were employed in Family Support Services in N.S.W. Since many staff are part-time workers, this is the equivalent of approximately 330 full-time workers.

FUTURE OF FAMILY SUPPORT SERVICES

Current issues challenging the Family Support Services in 1993 are:

- referrals of families requiring an increasing complexity of change-focussed work, and
- the piloting by the N.S.W. government department of a new program of Intensive Family Based Services, based on a crisis intervention model .

The linkages between existing Family Support Services, which are themselves being faced with an increasing amount of crisis work, and the new *Intensive Family Based Services* will require careful development and monitoring .

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A DIFFERENT FAMILY PRESERVATION OPTION

by: **Diana O'Neil, Director of Client Services**
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"Williamson Street" is a residential unit for adolescents which is structured to affirm parents' expertise. Placement in this unit is one of several options that a family might choose to use in working toward its family-centred goals. At St. Luke's Family Care, family preservation beliefs and practice principles apply across the agency. The role of staff members is to assist and facilitate negotiation and problem solving, while parents and young people, under more "controlled" conditions, have the opportunity to experience themselves as having success (Durrant, 1993).

RESOURCE-ADDED MODEL

Work at St. Luke's is competency based and solution focussed. It is assumed that all families are basically intelligent and resourceful, with temporary, limited needs for involvement with an agency. People are viewed as problem-solvers who grow from their competencies. The agency consists of a range of resources and is not program bound. Many of the clients are subject to Children's Court orders, but only family units are accepted for service.

The agency begins its involvement by assisting a family to discover its strengths. Issues of concern are aired and any protective issues clearly defined, but the emphasis is on reframing from a deficit mind-set to a solution mind-set.

The family is framed as the primary resource and the expert in its own situation. Many families have become overwhelmed by the emphasis which both they and the child protective system have placed on their deficits (O'Neil, 1991). Identifying the exceptions to the deficits highlights existing productive behaviours. These are in many cases the solutions—or at least the base from

which change can occur (de Shazer, 1988). The agency believes it is more important to develop an insight into the solution than it is to develop an insight into the problem.

Once the family appreciates its strengths and skills, it can negotiate with St. Luke's on how the agency's strengths and skills (i.e., resources) can be added to the family team in a way that complements the competencies both within the family and within the family's wider system. The family is the primary resource. Staff, space in buildings, caregivers, concrete services—from within the agency and from other community sources—can be uniquely packaged and made available for each family's use.

Most work is done in the family home, where it is almost impossible not to fall over competencies. In its own home, the family is more likely to set the agenda for each meeting, and staff need to be flexible and resource focussed. Simply telling a family about its competencies seldom helps. Reminding them about the competencies they have identified and used encourages creative experimentation. Staff watch for teachable moments (Kinney, 1991).

If a placement option is offered, it is because the family and the agency believe it can be used constructively to achieve a family's goals. (St. Luke's believes there is a strong correlation between future homelessness and adolescent placements which are provided without a clear, solution-focussed plan.)

WILLIAMSON STREET

One of the placement options, Williamson Street, is a Victorian home on a suburban street in Bendigo. It is not identified by a specific name; this avoids both the

labelling of clients and the presentation of the location as a program. It is simply the physical resource component of a "package" a family can negotiate to use. On any one night it can accommodate four young people aged 14-16. Each young person has a maximum weekly stay of six nights. The other night(s) is spent with the family or is organised by them. To be involved in a stay at Williamson Street, at least one parent and the young person must agree to work with St. Luke's towards addressing the issues identified by the family as the reason for the request for the stay.

A placement is an integrated part of the plan to assist the family to meet its goals. If the goals can not be achieved with the young person at home full time, staff ask, "Which nights is it okay to be at home?" (White, 1988). Most young people are in residence three or four nights each week. In most situations, it is possible for the young person to continue at his or her regular school. Staff support young people in expressing needs and in negotiating with their parents.

REINFORCING THE FAMILY'S NURTURING ROLE

Staff are called family workers and do not assume the role of parent. Williamson Street is never referred to as home. The process of introduction keeps the family in control. The choice of using Williamson Street is the family's, regardless of any court order on the young person.

A family is expected to take responsibility for implementing the negotiated plan, and the family workers are resources to the family in achieving its goals. A common theme among parents is that they feel they have lost control over their teenager and the teenager's environment, so early family goals

are often centred on the young person. These goals are not disputed. Once the adults feel heard and supported, they usually opt for broader family centred solutions.

Apart from a few basic house expectations—e.g., all people have the right to feel safe, housework needs to be shared, and homework should be done—rules are negotiated on a family-by-family basis. Wherever possible, a family's rules should apply consistently at home and at Williamson Street. Any decision normally made by parents continues to be made by parents. Young people phone their families for permission to go out or to have a particular friend around to visit, and to get school permission forms signed. (The recent comment from a parent of a 15-year-old boy who is staying five days a week at Williamson Street sounds like a complaint but shows pride: "I get sick of staff asking me what they should do. I don't even get a break from being a parent when he is away.") Pocket money, if it exists, is a family responsibility. Arrangements like doctors' visits are the family's responsibility. Staff seek advice from parents about appropriate action if the young person's behaviour is inappropriate.

GOAL DIRECTED

Regular meetings are held with family members. These can be formal or more casual and can happen in the family home or at Williamson Street. Families are encouraged to visit Williamson Street to have coffee with staff during the day, and to come for the evening meal when appropriate. When they come for a meal they either bring prepared food, or prepare something there with their child, or help with washing up, etc. They interact with whoever is in the house on that night. Children get to see different parenting styles, and parents get to see a range of options used by staff. It is quite legitimate for staff to be in family homes on the days that the young person is at home.

Placement is time limited and goal directed. Extensions of time relate to new goals and are not regarded as failures.

OUTCOMES

In 1992, members of nineteen families used the residential facility. Fourteen considered they successfully met their goals. Of the other five, either the young person failed to settle, or a shared placement didn't meet the family's needs. Most residents returned home full time. The few who didn't moved on to private board type arrangements organised and supported by their families.

The "shared care" nature of the work has allowed a flexible staffing model. In 1992, the six staff in the unit worked with another nineteen families whose young people remained at home while high level conflict was resolved. Many of these young people would otherwise have been placed.

CONCLUSION

Williamson Street is not an alternative to in-home intensive work. It is another family preservation option. It requires skilled staff who are prepared to work rostered shifts and operate as the primary therapist. It is a true demonstration of working in a collegial style with families. Sharing care of children and working on both the family's and the therapist's territory encourages a more equal and often less dependent relationship (O'Neil & Richardson, 1992). This approach has overcome some of the dilemmas in other placement options. Because the child is not in care seven days a week, and staff, who are available by phone 24 hours a day, can work in the family home, family work can focus on the ways that family members are experimenting with behavior in the more normal environment of their home (Durrant, 1993).

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RESEARCH EXCHANGE

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PROGRESS REPORT ON EVALUATION OF PILOT PROGRAM: "FAMILIES FIRST" IN VICTORIA, AUSTRALIA

By: Dr. Lynda Campbell
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In 1981, the State of Victoria launched a pilot Intensive Family Preservation service in the style of Homebuilders and under the name Families First. An evaluation team from the University of Melbourne School of Social Work will soon complete the report of an evaluation of this pilot. Some emergent issues are shared below.

TARGET GROUP

The first issue has been finding the appropriate families with which Families First should work. Victoria has had a history of primary care services going back over many decades, a Family Support Services Program to children and families at risk of placement since the early 1970s, and legislation for over a decade that has required protective workers to justify to the court that all available preventive options have been tried before a child can be removed from parental care; this has meant that the identification of the appropriate target group for Families First has been a matter of discovery. Which children are left "at risk of imminent placement" after the other services have been considered? Certainly there are few families which could be seen as experiencing sharp temporary crises in functioning—most have had severe difficulties extending over several years. Yet for some of these the intensity, flexibility and home-based quality of Families First do offer possibilities for engagement in well-rounded assessment and construc-

tive service that may be difficult to achieve in other settings.

APPROPRIATE PLACE IN THE SERVICE SYSTEM

A second issue is the impact of the introduction of Families First on what has been a complex and often well-articulated system of government and non-government services. What niche are these services to fill? Given the long-standing nature of the families' problems, Families First workers are being asked to step into the recently vacated shoes of family support workers and perhaps ask those workers to re-engage with the families, after just a few weeks, in order to help the families sustain the gains made. This calls not only for a good deal of good will, but also for a very high level of achievement by the Families First workers, during the formative stages of the program, if they are to secure the cooperation of the other players in the children's and family services. Also, due to the families' problems, Families First is to some extent being asked to bridge the gap between the child protection and mental health and substance abuse service systems even while its mandate comes from the protective services arena only.

WORKING CONDITIONS

A third concern has been how to adapt to Australian conditions a program

built on rather different industrial assumptions and practices. Union awards in Australia have made the program feature of 24-hours-a-day/7-days-a-week availability quite problematic. While all concerned value this way of working, the need to make provision for *time off in lieu of hours worked outside normal working hours* has slowed the pace of intake and made it difficult for the program to achieve its target numbers—a crucial issue in securing ongoing public funding.

SUMMARY

With the completion of the evaluation, more information will be made available on the families served, the services given, outcomes, and service system matters. This information, when pooled with information from other services funded in Australia since 1991, will form an interesting base for international comparisons of intensive family preservation services in action.

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EVALUATIONS OF FAMILIES FIRST PROGRAMS

The following three synopses present excerpts or condensations from the executive summaries of three recent evaluations of Families First programs. Each evaluation represents a different design. The Minnesota study, conducted by the Institute for Social and Economic Development in collaboration with NRC/FBS, analyzed retrospective case data and did not have an available comparison group; however, it used an extensive qualitative component consisting of interviews with key informants and focus group meetings with service providers and recipients. The Michigan study, conducted by University Associates, analyzed case and cost data, and chose for a comparison group a matched group of children previously placed in foster care. The Illinois study, conducted by the Chapin Hall Center for Children at the University of Chicago, used a random assignment design in order to test the effectiveness of Family First compared to alternative services provided by the Department of Children and Family Services (DCFS) in Illinois.

The findings derived from these studies are consistent with previous studies employing similar designs. In the absence of a comparison group, the Minnesota study, like other studies of this type, reports a high rate of placement prevention. Compared with foster care, the Michigan Families First program appears highly successful and cost effective. Using data from families randomly assigned to the experimental or alternative treatment conditions, the Illinois study does not find Family First to reduce the risk of out-of-home placements. In fact, the Illinois study found placement to be quite low in both the experimental and comparison groups. This may indicate that the family-based services philosophy is becoming more pervasive throughout child welfare services. Each of these studies adds to the growing knowledge base in the family-based service field.

Synopsis:

AN EVALUATION OF FAMILIES FIRST OF MINNESOTA

The Children's Service Division of the Minnesota Department of Human Services funded seven pilot projects to provide brief, intensive family preservation services to families with a child at risk of imminent placement. The Institute for Social and Economic Development, in collaboration with the National Resource Center on Family Based Services, conducted an evaluation of these seven projects.

METHODOLOGY

The study population consisted of 448 families served for the first time by the Families First projects during calendar year 1991. Data came from state and county records, from forms completed by project staff, from interviews and focus groups, and from a survey of project staff.

FINDINGS: CASE DATA

Families. Of the 448 families in the study population, 71% were single-parent families. The average age of parents was 34 years and of children was eight years. Sixty-three percent of Families

First clients received AFDC and 34% received income from wages and unearned income. Families supported an average of 4.3 household members, and only 7% were reported to have incomes exceeding \$25,000. More than half of the families served were families of color, and two of the seven projects served Native American families.

Services. Families received, on average, 30 days of Families First, consisting of approximately 10 hours of service weekly from the provider agency. Flexible funds were expended for 69% of the families, with a reported median of \$28.50 per family.

Outcomes: Maltreatment Reports. Maltreatment reports showed a decrease from referral to Families First (referral for 36% of families was due to maltreatment within 72 hours prior to referral) through the 12-month follow-up. Data on major incidents during service indicate that 93% of the families experienced no incidents such as child maltreatment, runaways, domestic violence, etc., during the Families First service period.

At the time of termination of Families First services, 61 children were in out-of-home placements. This represents 7.4% of all children who had been identified as at risk of imminent placement, or 5% of the total number of children in the study population (i.e., 92.6% and 95% prevention rates, respectively). These out-of-home placements involved 9.6% of the families in the study. Forty-eight percent of the sample of children at risk of imminent placement had out-of-home placement histories prior to Families First.

A goal of Families First is to prevent placement in 75% of the cases measured at six months after termination of services. At six months after termination the placement prevention rate was 83% for all children and 77% for those children at risk of out-of-home placement.

FINDINGS: FOCUS GROUPS AND KEY INTERVIEWS

Clients reported the service provided by Families First to be empowering and gave Families First extremely high marks on overall satisfaction with the service.

Workers were highly regarded because clients perceived genuine respect and empathy from Families First workers. Clients identified ways in which their attitudes and behaviors changed as a result of the Families First intervention. Even where the outcome was out-of-home placement, participants reported positive changes in family functioning.

The most consistent suggestion for improving the program was increasing the length of time available for Families First intervention. The most frequent client criticism of the program was that the service was too short.

Providers perceive Families First as a highly accessible short-term intervention. Successes were attributed to the ability of workers to shape the intervention to meet the needs of the individual families.

FINDINGS: COST EFFECTIVENESS ANALYSIS

Since we cannot know with any certainty the percentage of at-risk children which would have been placed in substi-

tute care in the absence of services, we cannot calculate the cost savings of their not having been placed. The only calculation that we can legitimately make is the "break-even point" or the "cost neutrality point." That point is 38.7%. There are net program savings if one assumes that more than 38.7% of the at-risk children would have entered placement in the absence of Families First. There are net program costs (the Families First program costs exceed gross program savings) if one assumes that less than 38.8% of the at-risk children would have entered placement in the absence of Families First.

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-or-

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Synopsis:

EVALUATION OF MICHIGAN'S FAMILIES FIRST PROGRAM

PROGRAM BACKGROUND

Michigan's Families First Program was a response to increasing public concern over the increase in child abuse, neglect, and delinquency cases. The Michigan Department of Social Services (MDSS) implemented the program in 1988 as an innovative alternative to traditional protective services treatment such as Foster Care. The program provides families in crisis with a broad range of support services on an intensive, short-term basis. Families First attempts to stabilize the family by addressing the underlying sources of stress that often lead to neglect and/or violence. Many services are offered in the home, allowing caseworkers to strengthen, empower,

and preserve families, rather than protecting children by removing them.

EVALUATION RESULTS

University Associates, a Lansing-based research firm, conducted an assessment of the Families First Program to determine its effectiveness and to compare its cost and case outcomes with those of Foster Care placement. The evaluation compared a group of 225 children in the Families First Program to a similar group of 225 children receiving Foster Care services. This study yielded the following results.

1. The Families First Program is a consistent and cohesive family preser-

vation program. Families who have children at imminent risk of removal from their homes are referred to the Families First Program by MDSS Protective Services staff. Over the next four to six weeks, the family receives intensive services in areas such as parenting, financial management, transportation, and job skills. These services are available 24 hours a day, 7 days a week. Case workers are generally assigned only two cases at a time.

2. The Families First Program has the support of MDSS Protective Services staff, Families First Program staff, and families participating in the program. Confidential surveys of referring workers, Families First staff, and participating families revealed a high level of satisfaction with the program; 100% of referring workers said they would use Families First again in the future; 82% of program staff members were satisfied or very satisfied with their jobs; 64% of program staff rated the program effective while 35% rated it extremely effective. In addition, 82% of participating families reported behavioral changes such as improved communication, appropriate discipline, and better care of children as a result of Families First intervention; and 92% said they were "very satisfied" (the highest possible rating) with their overall interaction with their caseworker.

3. The Families First Program is effective in preserving families by enabling children to remain with their families, thus averting out-of-home placement. When compared to a matched group of 225 children previously placed in Foster Care, 225 Families First children evidenced a consistently lower out-of-home placement rate at 3, 6, and 12 months following intervention.

4. The Families First Program is highly cost-effective when compared with Foster Care Services. During a 6-month evaluation period, 626 families were referred to Families First. According to MDSS referring workers, 96% of these families had children who were at imminent risk of placement without Families First intervention. If Foster Care

placement for 85% of the children (a more conservative estimate) (n=6,656) was averted by Families First, savings to the state would amount to \$46,651,000 the first year after intervention.

SUMMARY

Results of this comprehensive evaluation of Michigan's Families First Program substantiated a well-defined model of service delivery which was highly effective at both protecting children and preserving families. Evaluative results determined that Families First was effective at treating families with children at risk of removal by empowering families

while protecting the safety of their children. Not only was the Families First Program effective at attacking the severe social problem of treating families experiencing child neglect, abuse, or delinquency, but it also saved the State of Michigan many millions of dollars in unneeded Foster Care services.

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Synopsis:

EVALUATION OF THE ILLINOIS FAMILY FIRST PLACEMENT PREVENTION PROGRAM

EVALUATION DESIGN

The evaluation of the Family First placement prevention program was designed to test the effects of this program on out-of-home placement of children and other outcomes, such as subsequent child maltreatment, the length of time families remain in the public child welfare system, and several measures of child and family well-being. With the assistance of Chapin Hall, the Illinois Department of Children and Family Services (DCFS) mounted a large-scale randomized experiment in seven sites in order to test the effects of the program. Families who were referred to Family First in experimental sites were randomly assigned to the program or to the "regular services" of DCFS. A total of 1,588 families were included in the experiment.

In addition, home interviews with a sample of parents in the program and control groups were conducted to assess program effects on family and child well-being over time and to gather information on clients' experiences and views of the services they received.

CLIENT CHARACTERISTICS

At the time of referral to Family First, more than one-half of the families were headed by a single parent. Overall, the children in the household were relatively young. Approximately three-quarters of the families were identified as African American, and one-quarter as white.

Most (64%) of the families entering the program had no protective service reports prior to the incident that led to referral. In 64% of the families, the initial allegation was founded for neglect only, in 27% of the families the finding was abuse only, and in 9% of the families the finding was a combination of abuse and neglect.

PROGRAM AND SERVICE CHARACTERISTICS

Family First cases received more services than control group cases. Greatly reduced caseloads in Family First allowed workers to spend more time with families and access a greater variety of services

than would be possible in the absence of the program.

MAJOR FINDINGS

Placement. The risk of placement for cases in Family First is quite low (7% of families would have experienced placement within one month if they had not received Family First services). Since few cases are at imminent risk of placement, it would be quite difficult for the program to demonstrate effects on placement.

It should be noted that most of the families served, while not at risk of having a child immediately placed, were generally quite troubled and in need of help. Many have received considerable benefit, though the benefit does not show up in reduced likelihood of placement, in part because that likelihood was low at the outset.

Child Maltreatment. Overall, the program has no effect on rates of indicated subsequent reports of maltreatment. The program appears to reduce the likelihood of subsequent maltreatment for chronic neglect cases, but not for any of the other subgroups of cases that have been examined thus far. Family First cases are less likely to experience indicated allegations of medical neglect than families in the control group.

Case Closing. The program has no overall effect on rates of case closing in DCFS. However, once case and site characteristics were taken into account, it was found that Family First cases were closed in DCFS significantly more quickly than cases in the control group.

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NEWS

FROM THE NATIONAL RESOURCE CENTER ON FAMILY BASED SERVICES

The "News from the Center" might be summed up in the single word "collaboration." This includes work on projects both regional and national.

DECATEGORIZATION PROJECT

Locally, Director Marcia Allen continues to serve on the Planning Committee for the Decategorization Project in Johnson County, Iowa. Through "Decat" the Center is involved in community planning to create a comprehensive system of family-centered services by removing categorical funding constraints. Throughout Iowa, counties are implementing plans that permit waivers from the state to flexibly fund family preservation services, family-centered services, foster care and group care. At the discretion of the county, unexpended funds in any of these program areas may be applied to other family-based services, or used to create new services. Through "Decat," Iowa continues a tradition of innovative service reforms with national implications.

"REASONABLE EFFORTS"

In a second collaboration, the Center contracted with the Iowa Department of Human Services and Juvenile Court Services to provide statewide training on the provision of family-centered services to families in response to a legislative mandate to improve practice standards for "reasonable efforts" in Iowa. Seven hundred fifty interdisciplinary participants—including child welfare workers, juvenile court officers, attorneys, guardians-ad-litem, nurses, school district staff and parents—took part in this statewide effort to enhance the effectiveness of the key provision of PL 96-272.

OBERMANN SEMINAR

At The University of Iowa, the National Resource Center collaborated with the Center for Advanced Studies, our local "think tank," to conduct a month-long seminar on

Family- and Community-Based Approaches to Social Problems. The Obermann Seminar is part of an ongoing effort to bring together the best thinking from across disciplines on a variety of critical social issues. Fellowships for the Obermann Seminar were competitively awarded to more than a dozen scholars from around the country. Papers sharpened through seminar discussions will be collected and published next year. Kristine Nelson, D.S.W., and Paul Adams, Ph.D., co-directed the project for the Resource Center. Disciplines represented at the Seminar included social work, psychiatry, child and family development, communication studies, and political science. Dr. Salvador Minuchin attended as a Distinguished Obermann Fellow.

FAMILY PARTNERSHIP PROJECT

The Center also continues its work on the Family Partnership Project with the National Association for Family Based Services (NAFBS), the Child Welfare League of America, and the National Resource Center on Family Support Programs (NRC/FSP). With funding from the NRC/FSP, the Center's Information Director, John Zalenski, has prepared case studies of four programs from around the country which have, in different ways, integrated family preservation and family support services. These case studies will provide the foundation for a second Wingspread Conference, on September 22-24, 1993, in Racine, Wisconsin. Representatives from several states with substantive experience in family preservation and family support programs will be invited, along with the directors of the four case study programs and various national experts. The conference, funded by the Johnson Foundation, the Edna McConnell Clark Foundation, and NAFBS, will advance the discussion of innovative family-based services as the country prepares to implement newly passed federal legislation—The Family Preservation and Support Act of 1993.

PRACTICE IN PERMANENCY PLANNING

Elsewhere, the Practice in Permanency Planning project—conducted with federal funding in conjunction with the National Foster Care Resource Center and the National Resource Center on Special Needs Adoption—realized two of its major goals. The first was the completion of an annotated bibliography of more than 100 documents addressing effective permanency planning practice (*Annotated Bibliography: Family Continuity*). The second was a national conference called "Family Continuity: Permanency Planning for the '90's," held in Ypsilanti, Michigan, in June. The conference was well-received and drew over 100 participants, many of whom were state-level management staff from across the country. Training from each of the Centers was highlighted, along with planning sessions to create strategies for breaking down barriers to good permanency planning. The National Resource Center for Management and Administration and the National Legal Resource Center also participated in the conference. Both the *Annotated Bibliography* and a bibliography of training resources, *Training Resources: Family Continuity*, are available through the Center. (See order form, p. 23.)

OTHER PROJECTS

In addition to these collaborative projects, the Center continues its work in training, technical assistance and research, and information dissemination. The extensively revised *Resources for Family-Based Service Practice: An Annotated Source Book*, a collection of abstracted materials addressing virtually all aspects of family-based services policy and practice, is ready for distribution.

Since March, the Center has provided training in North Dakota, Massachusetts, Wisconsin, Florida, Alaska, Colorado, and California, as well as Iowa. We are currently

working with North Dakota to develop their Family-Focused Services program and will provide training at the program's demonstration sites this fall.

In other technical assistance projects, the Center conducted an extensive review of Vermont's Intensive Family Based Services program and met with the New England Association of Child Welfare Commissioners in May about planning for the implementation of system-wide family-centered services.

The Center also co-sponsored two major conferences: "Our Families, Our Future: A Multi-Disciplinary Conference on Family Preservation" in Boston in April and the "Midwest Regional Family Based Services Conference" in Iowa in July. Center Director Marcia Allen delivered the keynote address and two workshops at a New Mexico conference, "Beyond Foster Care—Community Based Support," sponsored by the New Mexico "Family to Family" initiative.

On the research front, the Center's staff are finalizing a report on family functioning in Indian and non-Indian low income families, some of whom have been reported for child neglect. They are completing work as well on a study of the impact of length of service on case outcomes and cost effectiveness in intensive family-based services programs and are beginning evaluations of two federally funded demonstration projects, one on juvenile substance abuse and the other on permanency planning in residential care. In addition, the Center is working with the Milwaukee County Department of Human Services to assess a DHS-public schools collaborative project funded by the Philip Morris Foundation.

FAREWELLS

On a personal note, the Center bids a fond farewell to Dr. Kristine Nelson, who has been an integral part of the Center's work for more than a decade. As our Director of Research and as an Associate Professor at The University of Iowa School of Social Work, she has simultaneously performed the roles of researcher, educator, and consultant, always promoting a family-based perspective.

— Position Available —

TRAINING DIRECTOR

The National Resource Center on Family Based Services The University of Iowa School of Social Work

Primary Responsibilities: Direct the training program, coordinate curriculum development, represent the Center at national and regional forums, and assist with Center management and planning.

Required Qualifications: Master's degree; substantive experience in family-centered practice, potential for generating external funds, strong verbal and written communication skills, and the ability to apply theoretical principles and research findings to family-based practice. Familiarity with human services organizations and program evaluation, as well as previous experience in management, marketing, and writing training grants, is highly desirable.

For a complete job description and/or further information, contact the Resource Center at (319) 335-2200.

Kristi conducted innovative research in family-based placement prevention services, serving as the Principal Investigator on one of the first federally funded research projects on the outcomes of family-based programs, and is currently the Principal Investigator for a study on the impact of length of service on case outcomes and cost-effectiveness. She has also provided invaluable assistance to child welfare and family-based practice by conducting four major research projects related to child neglect which have focused on the services needed to maintain neglected children in their own homes.

Kristi's leadership in the family-based field has been amply demonstrated in the publication of nearly 30 articles, books and monographs on the implications of research findings for family-based practice, and in more than 37 presentations at conferences around the country. She has served on numerous national committees and has organized the successful pre-conference institutes for the last four Empowering Families Conferences.

In her affiliation with the National Resource Center, Kristi provided consultation to child welfare agencies in the development and evaluation of their programs, and as the Research Coordinator for the School of Social Work, she developed practice-based research curricula for MSW students. Twelve

years ago she was Co-Principal Investigator for the first National Resource Center grant, and since then Kristi has continually worked to keep the field focused on the breadth of models that promote a family-based approach to child welfare services.

We deeply regret Kristi's departure but understand that Portland State University made her an offer she could not refuse. We wish her well in her new ventures and look forward to opportunities to collaborate with her in her new position.

We also want to acknowledge the departure of Dr. Paul Adams, who was a Professor here at the School of Social Work, and has recently been involved with several projects at the Center. Paul was co-director this summer of the Obermann Seminar mentioned above, and we also worked together as he implemented a community-based social service delivery system known as the Patch Program. Some of Paul's recent work has focused on the role of private foundations in guiding social work practice, and this has been very relevant to the family-based field. Paul is also going to Portland State University and will be missed.

To quote Paul and Kristi on their leaving from flood stricken Iowa, "We're going to Oregon to dry out." Best of luck to both of you from your damp Iowa friends!

New Resources for Family-Based Social Services

by: **John Zalenski, Ph.D.**
Information Director, NRC/FBS

New materials relevant to the field of family-based social services address a wide variety of topics—from family therapy, to JOBS, to multicultural child care practices. Here is the menu for a feast.

Robert T. Ammerman and Michel Hersen. (1992). *Assessment of Family Violence: A Clinical and Legal Sourcebook*. New York: John Wiley and Sons.

This collection is addressed to the difficult clinical challenge of evaluating families involved in domestic violence. It is a comprehensive sourcebook providing resources on epidemiological models, intervention planning, and standards of practice. It is interdisciplinary and "cross theoretical" in orientation and covers a wide variety of topics, including: clinical and legal issues in dealing with family violence, the epidemiology of family violence involving both children and adults, and the widely varying types of family violence—psychological abuse, battering, incest, and child abuse and neglect. It will be an important reference for clinicians, counselors, social workers, and legal professionals.

Jack A. Brizius and Michael D. Campbell. (1991). *Getting Results: A Guide for Government Accountability*. Washington, DC: Council of Governor's Policy Advisors, 400 North Capitol St. NW, Suite 285, Washington, DC 20001.

This volume capitalizes on the current belief that people are willing to support programs to assist individuals and families in need—if they can be held accountable. *Getting Results* is a guide to increasing accountability in government. It shows how a focus on results can improve public policy and program performance. It presents useful lessons on designing and using outcome measurement systems that can be applied to all areas of government.

Judith K. Chynoweth and Barbara R. Dyer. (1991). *Strengthening Families: A Guide for State Policymaking*. Washington, DC: Council of Governor's Policy Advisors, 400 North Capitol St. NW, Suite 285, Washington, DC 20001.

There is some urgency to the tone of this volume. Families are in trouble. Economic opportunities are faltering; intact families depend on two incomes, while single parent families slide precipitously into poverty. Violence and substance abuse hover nearby, threatening to shatter lives without warning. The authors of this volume believe that state policymakers can begin to address this hostile family environment. States are catalysts, and Governors have the power to move the family policy debate forward. States are devising better means for assessing the condition of families. They can also assist cities and communities with cooperative ventures for families.

This guide seeks to make the most of these opportunities to help families—it presents a way to think about families in the policy context, offers an approach to problem assessment, suggests ways of conceiving positive objectives, outlines strategy for pursuing family policy, and addresses the need to build accountability into the system and build support. It very usefully examines the process of building family policy at the state level.

Janet Gonzalez-Mena. (1993). *Multicultural Issues in Child Care*. Mountain View, CA: Mayfield Publishing Company, 1240 Villa Street.

This slim volume combines a recognition of the importance of child care with an appreciation for multiculturalism. The book celebrates the value of cultural pluralism as a source of vitality in American culture. It focuses on cultural differences relevant to

all caregiving settings, including day care, nursery schools, and preschool programs. It is designed to increase caregiver sensitivity to different cultural child care practices and values, as well as to improve communication and understanding between caregiver and parents. Topics include the nature of cross cultural communication, cultural conflict in toilet training practices, feeding and sleeping routines, attachment and separation, play and exploration, and socialization.

Peggy Rosin, et al. (1993). *Partnerships in Early Intervention: A Training on Family-Centered Care, Team Building, and Service Coordination*. Madison, WI: Waisman Center Early Intervention Program, Waisman Center, Room 231, 1500 Highland Ave., Madison, WI 53705. Telephone 608-263-5022.

Some of the most interesting work on service coordination and interagency team building is emerging from the early intervention work in developmental disabilities. This curriculum is the work of the Wisconsin Family-Centered Inservice Project. It was developed to assist in the successful implementation of two pieces of landmark federal legislation: PL 99-457 and part H of the Individuals with Disabilities Education Act of 1991. This legislation requires service providers to coordinate their efforts to help meet the objectives of the Individual Family Service Plan (IFSP) developed for families with infants and toddlers with developmental disabilities.

This is challenging work. Service providers are asked to step outside of their conventional disciplinary roles to work together through interagency partnerships. The curriculum focuses on cross-disciplinary issues and strategies, and it addresses key topics in interagency teaming and service coordination. Modules present the principles and practice of building partnerships



between parents and service providers, the structure and dynamics of the early intervention team, and models of interagency coordination. The curriculum includes a videotape and has been used for training across the state of Wisconsin, and elsewhere. This work should be of interest not only to practitioners in this field, but to anyone interested in processes of interagency collaboration.

Donna Walker. (1993). *The Detroit Family Project Curriculum*. Detroit, MI: Wayne State University, Center for Urban Studies. Telephone 313-577-2208.

The Detroit Family Project is a parent education program designed to develop family strength and the parenting skills needed to help children and youth withstand the social and health problems plaguing urban life. The curriculum is used to train Parent Facilitators who provide parent education and support services through the Detroit Department of Health Centers. Parent Facilitators work in obstetrics and gynecology, WIC, and adolescent and pediatric clinics. The Detroit Family Project has reframed the wait for services at these clinics into a teaching opportunity. Parent Facilitators use this time to address decision making, substance abuse, conflict resolution, sexual responsibility, employability, and school success. The heart of the curriculum is the unit on "Choices and Consequences." This provides the context for all of the other content areas. The curriculum is a guide, not a cookbook. It requires the participation and the creativity of the Parent Facilitators. The first chapter addresses the role of the Parent Facilitator explicitly.

David Waters and Edith Lawrence. 1993. *Competence, Courage, and Change*. New York: W.W. Norton.

This book offers a new model for family therapy. The gradual demise of the medical model of therapy has posed unanswered questions. Can we develop a framework adequate to the "strengths" perspective? This book explores the usefulness of "competence" as a therapeutic concept. The model developed from it is based on a systematic search for the strengths and resources that

people possess, but often do not recognize or fully use. The therapeutic process begins with the idea that symptoms represent attempts at healthy adaptation that have for some reason gone awry. While not avoiding symptoms, as many positive approaches to therapy do, this "competence" approach sees them as a guide to healthy desires. This promises to be an interesting synthetic model of family therapy.

Also received:

Henry B. Biller. (1993). *Fathers and Families*. Westport, CT: Auburn House.

This is a welcome addition to the growing body of literature on the role of fathers in families. It covers topics from the role of fathers in the bonding process, through the social requirement for fathers to make commitments to the welfare of the children.

John Bowlby. (1988). *A Secure Base*. New York: Basic Books.

This book is a very readable collection of lectures on the dynamics of parent-child attachment, and its role in healthy human development, written by an individual who helped establish the field.

Carlfred B. Broderick. (1993). *Understanding Family Process*. Newbury Park, CA: Sage Publications.

This is a thorough discussion of the theoretical base of family systems theory which is comprehensive enough to embrace the most contemporary directions in the field. It successfully moves between the domains of theory, research, and application.

Wesley Brown, et al. (1993). *Family-Centered Early Intervention with Infants and Toddlers*. Baltimore: Paul H. Brookes Publishing Co.

This collection addresses innovative, cross-disciplinary approaches to early intervention with developmentally disabled children and toddlers. This is a comprehensive account, addressing issues from the autho-

rizing legislation (part H of IDEA) to front-line practice.

Martha Burt, et al. (1992). *Comprehensive Service Integration Programs for At-Risk Youth*. Washington, DC: Urban Institute.

This is a final report on integrated services for at-risk youth. It is a complete airing of all the relevant issues.

Carnegie Corporation of New York. (1992). *A Matter of Time*. New York: Carnegie Corporation.

This study examines the developmental opportunities and risks of youth in non-school hours. It recommends adolescent supports of various kinds to make this critical transition to adulthood safer and more productive.

Michael Durrant. (1993). *Residential Treatment*. New York: W.W. Norton.

This book does not advocate a single approach or model of residential treatment. It views residential treatment as a transition stage some families need, and it advocates an "approach" that is solution-focused, competency based, and suitable for any program.

David R. Grove and Jay Haley. (1993). *Conversations on Therapy*. New York: W.W. Norton.

David Grove has trained with Jay Haley for many years. In this book the two therapists discuss a myriad of everyday problems in the practice of family therapy.

Gary Silverstein. (1993). *JOBS: Case Management Handbook*. Washington, DC: The American Public Welfare Association.

This is an assessment of the role of case management in the JOBS program, a feature of the Family Support Act of 1988, promoting self-sufficiency through welfare-to-work reform measures.



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materials available from the national resource center on family based services

PRINTED MATERIALS

ALTERNATIVE MODELS OF FAMILY PRESERVATION: FAMILY-BASED SERVICES IN CONTEXT

(1992) \$49.75

A brief history and review of the research on family-based services. Based on data from the NRC's multi-state study, analyses of family-based services with different client populations and modes of service delivery are presented. Separate chapters focus on child neglect, physical abuse, sexual abuse, delinquency/status offenses, and services in rural areas, in the office setting, and under public/private auspices. Complementing the statistical models are descriptive case studies of the programs, families, and their social workers.

****NEW** ANNOTATED BIBLIOGRAPHY: FAMILY CONTINUITY**

(1993) \$5.00

This publication, the result of a collaboration of the National Foster Care Resource Center, the National Resource Center for Special Needs Adoption, and the National Resource Center on Family Based Services, provides annotations of resources focused on "Family Continuity," a new paradigm for permanency planning for the 1990s.

ANNOTATED DIRECTORY OF SELECTED FBS PROGRAMS

(1991) \$25.00

Descriptions of 391 family-based service programs across the country, including information on program goals, background, services, client characteristics, staff, funding and contact person. The recently completed *State Survey on Placement Prevention & Family Reunification* is also included.

CHRONIC NEGLECT IN PERSPECTIVE: A STUDY OF CHRONICALLY NEGLECTING FAMILIES IN A LARGE METROPOLITAN COUNTY:

EXECUTIVE SUMMARY (1990) no charge
FINAL REPORT (1990) \$15.00

A research study examining three groups of families referred for child neglect: chronic neglect, new neglect, and unconfirmed neglect. The report presents descriptive data about: these groups of families, changes over time, and differences between the three groups. The study was conducted in Allegheny County, PA, and funded by OHDS and the Vira I Heinz Endowment.

A COMPARATIVE ANALYSIS OF THE COSTS OF SUBSTITUTE CARE AND FAMILY-BASED SERVICES

(1982) no charge

A method for comparing costs of foster care and family based services, using the present-value-of-money concept to demonstrate savings in foster care maintenance expenditures.

**EMPOWERING FAMILIES:
PAPERS FROM
THE 3RD ANNUAL CONFERENCE
ON FAMILY-BASED SERVICES**

(1989) \$7.50
A collection representing the first published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Five major sections — Programs and Practices, Program Issues, Practice Issues, Evaluation and Policy, and Family-Based Services and Social Change — reflect the interdisciplinary nature of family-based services and offer new perspectives on children and family services.

**EMPOWERING FAMILIES:
PAPERS FROM
THE 4TH ANNUAL CONFERENCE ON
FAMILY-BASED SERVICES**

(1990) \$10.00
A collection representing the second published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Four major sections — Program and Practice Issues, Program Issues, Practice Issues, and Evaluation and Policy — reflect new and continuing developments in family-based services.

**EMPOWERING FAMILIES:
PAPERS FROM
THE 5TH ANNUAL CONFERENCE ON
FAMILY-BASED SERVICES (1991)**

\$10.00
A collection representing the second published proceedings from the annual Empowering Families Conference sponsored by the National Association for Family Based Services. Five major sections—Training and Education, Research, Practice Issues, Program and Practice Issues, and Program and Policy Issues.

**FACTORS CONTRIBUTING TO SUCCESS
AND FAILURE IN FAMILY-BASED
CHILD WELFARE SERVICES:**

EXECUTIVE SUMMARY (1988) \$2.50
FINAL REPORT (1988) \$15.00
(includes the Executive Summary)
Summary and final report of a 2-year federally funded study analyzing social worker characteristics, family characteristics, services provided, outcomes, and the relationship between these factors in eleven family-based placement prevention programs.

**FAMILY-BASED JOB DESCRIPTIONS
(1986)**

\$7.50
A compilation of job descriptions for family-based service workers (including social workers, supervisors, administrators, family therapists and paraprofessionals) which are currently in use by selected public and private family-based programs throughout the country.

**FAMILY-BASED SERVICES FOR
JUVENILE OFFENDERS (1989)** no charge
An analysis of family characteristics, service characteristics, and case outcomes of families referred for status offenses or juvenile delinquency in eight family-based placement prevention programs. In *Children and Youth Services*, Vol. 12, No. 3, 1990.

**FAMILY-CENTERED SERVICES EM-
PLOYEES MANUAL, Iowa Dept. of Human
Services (1985).** (Revised January 1991) \$5.00
Iowa Department of Human Services family-centered services regulations, which define and structure the Department's preventive services program, and accompanying procedures manual.

**FAMILY-CENTERED SOCIAL SERVICES:
A MODEL FOR CHILD WELFARE
AGENCIES (1983)**

\$9.00
Planning and implementing family-centered services for public child welfare agency administrators, including a proposed model of service delivery, family typology, data collection instruments, comparative cost analysis, and extensive bibliography.

**FAMILY FUNCTIONING OF NEGLECTFUL
FAMILIES: PRELIMINARY FINDINGS**

(1992) no charge
Preliminary findings from a federally-funded research study on family functioning in neglectful and non-neglectful low income families, based on interviews with Caucasian and Indian families in Oregon and Iowa (Grant #90-CA-1415).

**FAMILY PRESERVATION AND
INDIAN CHILD WELFARE.**

American Indian Law Center (1990) \$12.00
This collection of essays looks at the application of family preservation to Indian Child Welfare. Historical, contemporary, therapeutic, program implementation, staff training, and program evaluation issues are treated. Only available directly from the American Indian Law Center, Inc., Box 4456, Station A, Albuquerque, NM 87196. Not available from the National Resource Center.

****NEW****

**FAMILY PRESERVATION USING
MULTISYSTEMIC TREATMENT:
A COST-SAVINGS STRATEGY FOR
REDUCING RECIDIVISM AND
INSTITUTIONALIZATION OF SERIOUS
JUVENILE OFFENDERS (1993)**

no charge
This brief manual provides an overview of the multisystemic approach to treating serious antisocial behavior in adolescents and their multineed families. Dr. Henggeler outlines the focus of the approach on the family, the youth's peer group, the schools, and the individual youth, along with the structure of the family preservation program,

and the research which documents the program's effectiveness.

**INTENSIVE FAMILY SERVICES: A
FAMILY PRESERVATION SERVICE
DELIVERY MODEL (1985)** no charge
Manual providing detailed descriptions of the State of Maryland's Department of Human Resources Intensive Family Services (IFS) pilot projects in 8 local departments of social services, including chapters on funding principles, interventions, closure and evaluation. This program was implemented in 1985 and expanded to 14 jurisdictions in 1986.

**INTENSIVE FAMILY PRESERVATION
SERVICES RESEARCH CONFERENCE,
CLEVELAND, OHIO. SEPT. 25-26, 1989.
FINAL REPORT or BRIEF REPORT**

(1990) no charge
Final report of a two-day conference on family preservation services research co-sponsored by the Bellefaire Jewish Children's Bureau, the Mandel School of Applied Social Sciences at Case Western Reserve University, and the Treu-Mart Fund. The final report includes the history and definition of family preservation, implementation in child welfare, juvenile justice and mental health systems, review of existing research and recommendations for future research. The brief report focuses exclusively on needed research in the area.

**INTENSIVE FAMILY SERVICES
RESEARCH PROJECT:**

PRELIMINARY REPORT (1991) no charge
Preliminary findings from an experimental study examining the effect of length of service on case outcomes and cost-effectiveness in three intensive family services programs (Grant #90-CW-0964).

**MEASURING THE COST EFFECTIVENESS
OF FAMILY-BASED SERVICES AND
OUT-OF-HOME CARE (1983)** \$5.00
Data from the state of Maryland.

**PLACEMENT PREVENTION AND FAMILY
REUNIFICATION: A PRACTITIONER'S
HANDBOOK**

(1984) \$9.00
Applications of family-based services, initiating the program, family assessment, functions and activities of the in-home worker, staff supports, case closure, and service techniques.

**PLACEMENT PREVENTION AND FAMILY
REUNIFICATION: A VIEW FROM THE
CHILD WELFARE SECTOR**

(1980) \$2.00
Reasons for and advantages of family-centered services, for use with legislators, boards, advocacy groups and civic organizations.



POSITIVE PARENT NETWORK (PPN) OF RAPID CITY, SOUTH DAKOTA. American Public Welfare Association (1986) \$2.50
Describes a typical rural primary prevention program, including program context, background, management, operations and monitoring, evaluation, and sample materials.

POST ADOPTION FAMILY THERAPY (PAFT): A PRACTICE MANUAL: Oregon Children's Services Division (1990) no charge
Discusses the conception, development and implementation of the PAFT project including positive research findings for 50 at risk families. Part two describes therapeutic challenges of adoption, intervention techniques, and the treatment model developed by the project.

POST ADOPTION RESOURCES FOR TRAINING, NETWORKING, AND EVALUATION SERVICES (PARTNERS): WORKING WITH SPECIAL NEEDS ADOPTIVE FAMILIES IN STRESS: Four Oaks, Cedar Rapids IA (1992) no charge
Information about the PARTNERS model for adoptive families with special needs children. Includes a description of support services, screening, assessment, treatment planning, treatment and termination phases of the project, and descriptive statistics of the 39 families served.. Part two describes therapeutic challenges of adoption.

PROGRAM BLUEPRINT FOR NEGLECTFUL FAMILIES: Oregon Children's Services Division (1987) no charge
Presents a program model based on recurring evidence about the nature of neglectful families.

PUBLIC-PRIVATE PROVISION OF FAMILY-BASED SERVICES: RESEARCH FINDINGS (1989) no charge
A paper presented at the NAFBS Third Annual Empowering Families Conference (Charlotte, NC) discussing research findings on differences between family-based services provided by public and private providers.

****NEW****

RESOURCES FOR FAMILY-BASED SERVICE PRACTICE: AN ANNOTATED SOURCEBOOK, 4TH EDITION (1993) \$5.00
Descriptions and ordering information for selected resources on: family therapy, FBS theory and practice, research and evaluation, legal issues, and family-based services management. Lists FBS service associations and program directories.

THE SELF-SUFFICIENCY PROJECT: FINAL REPORT (1992) no charge
Final evaluation report of a federally-funded demonstration project in rural Oregon serving families experiencing recurring neglect. Includes background and description of project, findings from

group and single subject analyses, and evaluation instruments. (See *The Self-Sufficiency Project: Practice Manual* below.)

THE SELF-SUFFICIENCY PROJECT: PRACTICE MANUAL (1992) no charge
This manual describes a treatment program for working with families experiencing recurring neglect, based on a federally-funded demonstration project in rural Oregon. Includes project philosophy and design, staffing, discussion, and descriptive case studies (see *The Self-Sufficiency Project: Final Report* above.)

STATE SURVEY ON PLACEMENT PREVENTION & FAMILY REUNIFICATION PROGRAMS: FINAL REPORT (1990) \$5.00
Results of a 1989-90 nationwide survey of state child welfare administrators and specialists regarding the extent to which placement prevention/reunification services have been implemented. Includes data from 37 states. Issues include eligibility requirements, exclusions, costs, service length and availability, state expenditures and state legislation regarding placement prevention and reunification services. Similarities and differences between public agencies and purchase of service programs are featured.

THE SUPPORTIVE CHILD ADULT NETWORK (SCAN) OF PHILADELPHIA. American Public Welfare Association (1986) \$2.50
Describes and documents this representative urban placement prevention program, with information on history, philosophy, goals and objectives, organizational structure, staff, funding, management, and services.

THREE MODELS OF FAMILY-CENTERED PLACEMENT PREVENTION SERVICES (1989) no charge
An analysis that defines and compares family-centered services by identifying three models whose primary goal is tertiary prevention, the prevention of out-of-home placement of children from seriously troubled families, or reunification once placement has occurred. Also examines data from 11 family-centered placement prevention programs that further specifies and compares these models. Reprinted with permission from *Child Welfare*, Vol. LXIX: No. 1, (Jan./Feb 1990)

TRAINING MANUAL FOR FOSTER PARENTS (1990) \$12.00
Created by Dr. Patricia Minuchin at Family Studies in New York, the Manual includes a theoretical section describing the rationale, goals, themes, and skills, and a training section that describes eight sessions. The activities of the sessions are experiential, including role playing, small groups, simulated cases, and discussions. The sessions are focused on understanding families and on exploring attitudes about families, on the skills of making

and keeping contact with biological families, and on the liaison between foster parents and professional workers as they function in the foster care network.

****NEW** TRAINING RESOURCES: FAMILY CONTINUITY** (1993) \$2.00
A bibliography of training resources of the National Resource Center on Family Based Services, the National Foster Care Resource Center, the National Resource Center for Special Needs Adoption and other organizations.

AUDIOVISUAL MATERIALS

HOME-BASED FAMILY-CENTERED SERVICES: A BASIC VIEW (1980) Slides. Rental Only—\$10.00/month
An 18-minute, 80-slide synchronized presentation providing an introductory overview; for use by advocacy and civic groups, boards of directors, and policy-makers. Includes an 8-page study guide.

FAMILY-BASED SERVICES: A SPECIAL PRESENTATION (1990) Videotape: 24 minutes. \$80.00* (*plus \$5.00 shipping)
A lively introduction to the history, philosophy, and practice of family-based services featuring interviews with policy-makers, agency administrators, family-based service workers and families who have received services. For use by advocacy and civic groups, boards of directors, legislators and social service workers. A video guide accompanies the taped presentation.

EMPOWERING FAMILIES '89 PRECONFERENCE INSTITUTE: THE RESEARCH ROUNDTABLE
Audiotape 1: Sessions 1-2. Audiotape 2: Sessions 3-4. \$6.00 each/\$10.00 both
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The National Resource Center maintains a constantly updated list of bibliographies covering more than 120 subjects related to family-based services. This list is available on request.

Please use the following form to order any of these materials, to notify us of address changes, or to request that your name be added to or deleted from our mailing list.



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| Family-Centered Services Employees Manual, IA Dept of Human Services | 5.00 | — | — |
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| Intensive Family Preservation Svcs. Research Conference, Cleveland, OH Sept., 25-26, 1989 *Please specify ___Final (2.25)* and/or ___Brief (.35)* Report | nc** | — | — |
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