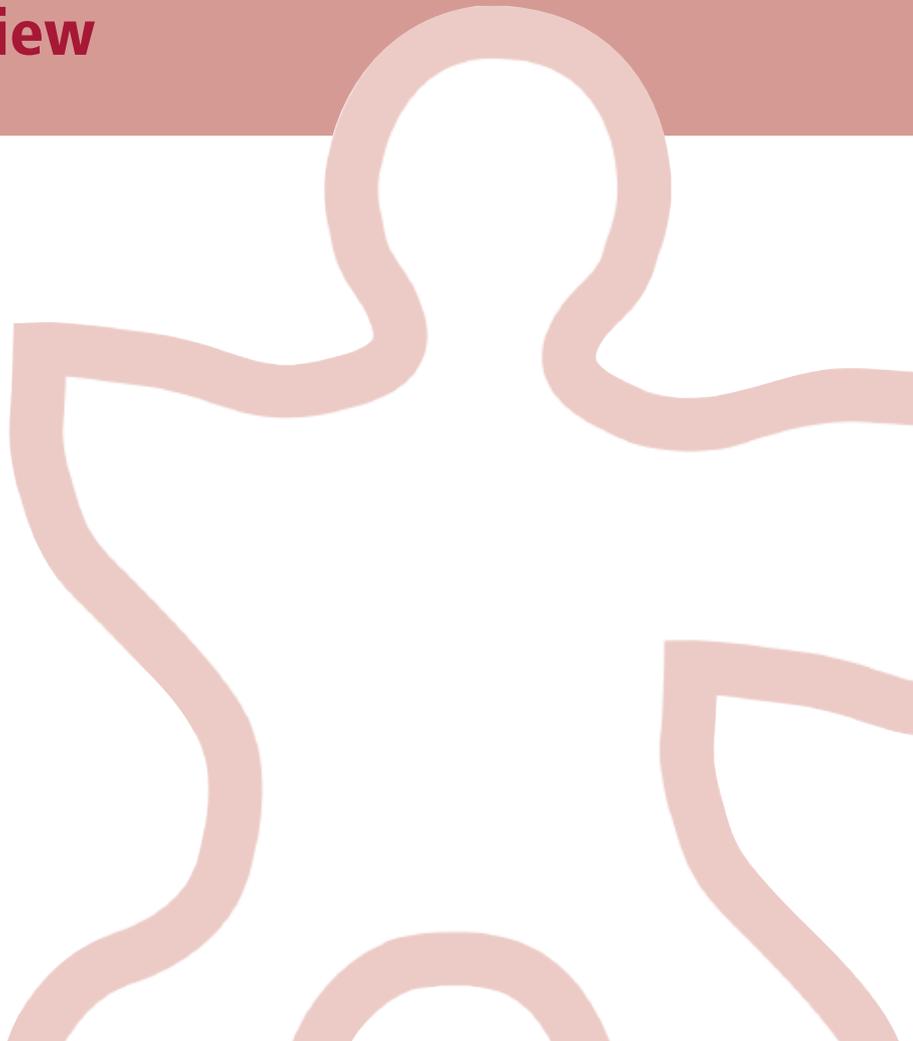


Family preservation services

Literature review



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Executive summary

Rationale and purpose

The New South Wales (NSW) Department of Community Services (DoCS) undertook this literature review to find options for family preservation service models to use when procuring services. The review's purpose is to analyse and critique the literature on family preservation services (FPS) to identify strategies that help preserve family units to prevent children and young people entering out-of-home care (OOHC).

In NSW, the number of children and young people *entering* care has been decreasing since 1999, while the number *in care* has been increasing. This is because children are in care for longer periods with reduced numbers exiting from care (Taplin, 2005). While child protection agencies are mandated to make the child's safety and wellbeing the first priority, removing children and placing them in OOHC is problematic because long-term stable placement is not always achievable and there are negative outcomes associated with a lack of permanence (Walton, 2001). FPS first appeared in the United States (US) in the mid-1970s as an alternative to unnecessary placement of a child in OOHC. These services have now become a regular feature of the child welfare systems in the US and in Australia (Campbell, 2002).

There is no clear definition of the term 'family preservation services'. However, FPS are generally considered to be intensive, short-term, in-home crisis intervention services that teach skills and provide supports for families in which a child is at imminent risk of OOHC placement (National Family Preservation Network, 2003). OOHC placement prevention is a major goal of FPS, but the safety of children and improvement in functioning of parents, children and families is of primary importance.

Homebuilders Model

The term 'family preservation' was originally applied to the Homebuilders Model. The Homebuilders Model is targeted to children who are at imminent risk of placement in out-of-home care. The key characteristics include:

- contact with the family within 24 hours of the crisis
- small caseload sizes for workers
- flexible service delivery
- service duration of four to six weeks
- intensive service delivery.

Evidence of effectiveness of family preservation services

Overall, there is a lack of good quality research about the effectiveness of family preservation services. A number of literature reviews have tried to synthesise prior research in an effort to determine whether or not these services impact on:

- child placement in out-of-home care
- subsequent abuse and neglect
- child and family functioning.

The findings from these reviews are mixed, although there is evidence that programs that adhere closely to the Homebuilders Model are effective and cost-effective in preventing OOHC and subsequent episodes of maltreatment. There is also some limited evidence that FPS improve child and family functioning and appear to be effective with both children and adolescents. However, there is a lack of rigorous research conducted in Australia, so it is not known whether the findings would generalise to the Australian context.

Family and program factors associated with positive outcomes

Research on family preservation services has generally focused on the overall effectiveness of the programs. Few attempts have been made to explore the effects for various subgroups of families or examine the important characteristics of the programs themselves. From the research available, there is some evidence that specific family vulnerabilities such as substance use, mental illness and history of abuse and neglect, may be associated with poor outcomes from FPS. However, not all research supports this conclusion or it has significant methodological limitations. There is also some limited evidence to suggest that longer duration of services is linked to improved outcomes. Almost no research has examined the question ‘what works for whom?’

Implications for policy and procurement of family preservation services

On the basis of the literature reviewed, there are a number of implications for policy and procurement of family preservation services.

- FPS should adhere to the Homebuilders Model, as available evidence suggests that programs that closely follow the model are more effective in preventing subsequent placement and maltreatment. However, greater flexibility in program duration may be needed for some families.
- FPS should target families at imminent risk of placement, as the research shows that this criterion is essential for the Homebuilders Model. Families who are facing imminent removal of a child are likely to be most receptive and responsive to these services.
- FPS should target families with all vulnerabilities, except where sexual abuse has occurred. When providing FPS to families with substance abuse, mental illness or a prior history of abuse or neglect, it is essential to closely monitor them throughout the course of intervention, as these vulnerabilities may reduce the effectiveness of these services.
- FPS workers should use appropriate assessment tools to find out the level and nature of family functioning following referral. They should then tailor the services to the family’s assessed needs and monitor their progress over time.
- FPS workers should be trained in comprehensive assessment of mental health and substance use problems as these vulnerabilities are more likely in participating families.
- FPS should offer a combination of concrete and clinical services that meet the assessed needs of families. There is evidence that providing concrete services, in particular, is important for families in FPS. Concrete services can include assistance with housing, transportation, bills, food and clothing. FPS should also involve referral to other services, if necessary.
- Given the lack of good quality research on family preservation services, it is crucial that more research is done to expand the knowledge base about the effectiveness of FPS and to help tailor services for families.

1. Introduction

1.1 Rationale and purpose

The NSW Department of Community Services undertook this literature review to find options for family preservation service models which DoCS can use in its procurement processes. The review's purpose is to analyse and critique the literature on family preservation services to identify strategies that help preserve family units and prevent children and young people entering out-of-home care (OOHC).

The number of children and young people in OOHC in Australia has increased each year since 1996 (Australian Institute of Health and Welfare [AIHW], 2007). At 30 June 2006, there were 25,454 children and young people in OOHC in Australia, an increase of 7 per cent over the past year alone. This is because children are in care for longer periods with reduced numbers exiting from care.

In NSW, the number of children and young people entering care has been decreasing since 1999, while the number in care has been increasing. This is because children are in care for longer periods with reduced numbers exiting from care (Taplin, 2005). The number in care in NSW was 10,041 as at 30 June 2005. This represents an increase of 8.3 per cent since 30 June 2002 (NSW Department of Community Services [DoCS], 2006).

While child protection agencies are mandated to make the child's safety and wellbeing the first priority, removing children and placing them in OOHC is problematic because long-term stable placement is not always achievable and there are negative outcomes associated with a lack of permanence (Walton, 2001). This lack of permanence is an issue in NSW, where 15.6 per cent of all children in care had four or more placements and 69.8 per cent of children who were in care for five or more years had two or more placements (DoCS, 2006). The growing cost of OOHC has put enormous pressure on the limited budgets of public child welfare systems (Lindsey, Martin, & Doh, 2002).

There is evidence that the rate of emotional, social, behavioural and educational problems found in children in substitute care or OOHC is substantially higher than in the general population (Taplin, 2005). For example, Sawyer, Carbone, Searle and Robinson (2007) found that 61 per cent of children and adolescents living in home-based foster care in Adelaide had elevated levels of behavioural problems. In a NSW survey of children aged four to nine years in foster care, over 50 per cent of children had scores above the recommended cut-offs (Tarren-Sweeney & Hazell, 2006).

Early behaviour problems among children placed in foster care have been found to predict delinquency, substance use and sexual behaviour six years later (Taussig, 2002). In addition, behavioural problems have been shown to predict placement breakdown (Newton, Litrownik, & Landsverk, 2000; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2006), and placement breakdown, in turn, has been shown to predict child behavioural problems (Newton et al., 2000; Rubin, O'Reilly, Luan, & Localio, 2007). Thus, behaviour problems are considered to be both a cause and a consequence of placement disruption (Newton et al., 2000). Australian research has also found that mental health or behavioural problems are associated with placement instability and this finding is particularly strong for adolescents (Barber, Delfabbro, & Cooper, 2001).

Family preservation services first appeared in the US in the mid-1970s as an alternative to unnecessary placement of a child in OOHC. These services have now become a regular feature of the child welfare systems in the US and in Australia (Campbell, 2002).

1.2 Definitions

Since the early 1970s, the term 'family preservation' has been used to describe a variety of programs intended to provide services to children and families who are experiencing serious problems which may eventually lead to the placement of children in OOHC (US Department of Health and Human Services [US DHHS], 1995). However, there is no standard definition for the term 'family preservation services'. In the US and Australia, the term is used to refer to a diverse array of programs and services that range from intensive short-term services to long-term, generic family support programs (Ainsworth, 2001).

According to the US National Family Preservation Network (2003), family preservation services are intensive, short-term, in-home crisis intervention services that teach skills and provide supports for families in which a child is at imminent risk of OOHC placement.

Family preservation services are not tangibly different from those provided by the traditional casework approach, but they are provided more intensively and in a time-limited fashion (Lindsey et al., 2002). Out-of-home care placement prevention is a major goal of family preservation services, but the safety of children and improvement in functioning of parents, children and families is of primary importance.

Family preservation services are also known as intensive family preservation services and in the United Kingdom (UK), similar services are termed intensive (family) support services and specialist support. In this review, the term family preservation services (FPS) will be used to denote all types of preservation services.

While FPS are predominantly focused on preventing the entry of children and young people into OOHC, they are also used to assist family reunification (Fraser, Walton, Lewis, Pecora, & Walton, 1996) and to prevent placement breakdown in adoptive families (Berry, Propp, & Martens, 2007).

Family preservation models can also be found in a number of other fields such as the clinical treatment of young offenders using multi-systemic therapies (Henggeler, Melton, & Smith, 1992) and with families at risk of social exclusion (Rodrigo, Correa, Maiquez, Martin, & Rodriguez, 2006).

According to McCroskey (2001), it is unclear how family preservation fits into the continuum of child welfare services and whether it is a service delivery model or a philosophy. Therefore, there is a clear need to achieve better definitional clarity for FPS.

1.3 Methodology

1.3.1 Search strategy

The following library databases were searched to find relevant literature on family preservation services: SocINDEX with full text, Psychology and Behavioural Science Collection, MEDLINE, PsycINFO, PsycARTICLES, PsychBOOKS and PsychEXTRA. Relevant unpublished reports were also obtained by internet searches.

The search terms included 'family preservation', 'family preservation services', 'intensive family preservation', 'intensive family preservation services', 'family support' and 'intensive family support'.

1.3.2 Scope of the review

Studies or literature reviews were included in this review only if they met the following inclusion criteria.

1. Study design: Studies must have been evaluated quantitatively and have a quasi-experimental or experimental design. Previous literature reviews must include the findings of meta-analysis, narrative reviews and systematic reviews.
2. Outcomes: Studies and reviews must have evaluated the impact of family preservation services on outcomes such as subsequent placement in OOHC, case closure, maltreatment, or child or family functioning.
3. Years searched: Studies and reviews must have been published in 1995 or later.
4. Language: Studies and reviews must have been published in English.

Due to time constraints, it was not possible to conduct a comprehensive review of the literature. Thus, this review predominantly focuses on the findings from previous literature reviews.

It was beyond the scope of this paper to review the literature on services for Indigenous Australian families that could be used within the context of family preservation.

It was also beyond the scope of this paper to review services used in the context of reunification of children who are already in care.

1.3.3 System for reviewing the methodological quality of identified research

The methodological quality of the research found was reviewed according to the Maryland Scientific Methods Scale (Farrington, Gottfredson, Sherman, & Welsh, 2002), which involves five levels of internal validity.

- Level 1 Correlation between an intervention and a measure at one point in time.
- Level 2 Measures of outcome before and after an intervention, with no comparable control condition.
- Level 3 Measures of outcome before and after the intervention in experimental and comparable control situations.
- Level 4 Measures of outcome before and after the intervention in experimental and control conditions, controlling for other variables that may influence the outcome.
- Level 5 Random assignment to intervention and control conditions.

1.3.4 Methodological limitations

In reviewing the evidence supporting the effectiveness of FPS, it is important to highlight the methodological limitations that exist in the research. Research on FPS has mainly involved pre- to post-intervention designs, which do not control for potential confounds such as maturation effects or baseline differences between groups. Very few studies have used Level 5 designs that involve random assignment to intervention or a control/comparison group.

In general, the research done on family preservation services has also had the following methodological limitations:

- a lack of long-term follow-ups to determine whether the effects of FPS are maintained over time
- a lack of information about the ages of the children included, so it is not known whether the findings generalise to children of all ages
- a lack of studies that include culturally and linguistically diverse groups
- a failure to describe the nature of FPS and the concrete and clinical services provided
- a failure to examine the important elements of FPS and what works for whom
- a lack of rigorous research conducted in the Australian context.

2. Evidence of effectiveness of family preservation services

The bulk of research on family preservation services was done before 1995. Littell and Schuerman (1995) conducted a narrative review of studies done before 1995 and found little evidence to show that these services were effective in preventing out-of-home care placement or maltreatment. The majority of studies had significant methodological problems such as small sample sizes and non-experimental designs.

A review in 2004 done by the Washington State Institute for Public Policy found that FPS do not significantly reduce OOHC placements (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004a). However, this review did not include services in Washington, where the statute requires that services adhere to elements of the Homebuilders Model. The Homebuilders Model of FPS has the strongest evidence base.

2.1 The Homebuilders Model

The term ‘family preservation’ was originally applied to the Homebuilders Model, which was developed in 1974 in Tacoma, Washington as a short-term service provided to the entire family in the home (US DHHS, 1995). The major principle of Homebuilders is that if a child can be kept safely at home, it is best for them to remain with their biological family. According to Staudt and Drake (2002) the primary goals of Homebuilders services are to:

- protect children
- maintain and strengthen family bonds
- stabilise the crisis situation
- increase the family’s skills and competencies
- facilitate the family’s use of a variety of formal and informal helping resources (Whittaker & Tracy, 1990).

The model was originally developed for families with older youth who were referred from mental health agencies but is now widely used with children of all ages (US DHHS, 1995). The Homebuilders Model is predominantly based on crisis intervention theory.¹ According to this theory, families experiencing a crisis (about to have a child placed in foster care) will be more open to receiving services and learning new behaviours if the service is provided immediately. Thus, the Homebuilders Model is targeted to families with children who are at imminent risk of placement in out-of-home care.

The key characteristics of the Homebuilders Model include:

- contact with the family within 24 hours of the crisis
- workers’ caseload sizes are small
- service is flexible – workers are available 24 hours a day, seven days a week
- service duration of four to six weeks
- service is intensive – the family receives up to 20 hours of service per week (US DHHS, 1995).

¹ There are other models of FPS such as Home-based Models and Family Treatment Models. According to the US DHHS (2002), Home-based Models focus on the family’s overall behaviour and how family members interact with each other and seek to change the patterns of interaction, both within the family and with their community. Family Treatment Models provide family therapy services that are office-based and less intensive than the crisis intervention model.

In the Homebuilders Model, services are tailored to the needs of an individual family and include both clinical and concrete services. Clinical services address the emotional or cognitive needs of families (e.g. anger management, parent training, marital counselling and conflict resolution) and aim to improve familial relationships and enhance the skills necessary for effective parenting (Ryan & Schuerman, 2004). In contrast, concrete services generally address issues of material need (e.g. assistance with transportation, bills, food, clothing, housing and medical needs). According to Berry (2004), financial stressors are almost always underlying the presenting problem that brought a family to services, so meeting these concrete needs can help to diffuse the economic problems that are a primary contributor to child maltreatment.

Evidence that supports the effectiveness of the Homebuilders Model is reviewed in the sections below.

2.2 Evidence from reviews

A number of literature reviews have tried to synthesise research on FPS to determine whether or not these services impact on three related outcomes: (1) subsequent abuse and neglect, (2) child placement in OOHC, and (3) child and family functioning.

Recently, the Washington State Institute for Public Policy did a meta-analytic review of the impact of FPS according to whether or not the programs adhered closely to the Homebuilders Model (Miller, 2006a). The studies were either randomised controlled trials (RCTs) or well-controlled quasi-experimental studies. The review included four evaluations which had closely followed the Homebuilders Model and ten that had not. Programs classified as adhering closely to the Homebuilders Model, had to include most of the criteria from a list of 16 components. The components that are essential to the Homebuilders Model are included in Table 1. These components are also requirements for intensive family preservation services outlined in Washington State Law.²

Overall, Miller's review (2006a) found that when the results from all 14 studies were combined, there was no significant effect of FPS on OOHC placements. However, when examining the Homebuilders and non-Homebuilders evaluations separately, the four Homebuilders studies were found to significantly reduce both the need for children to enter care and subsequent episodes of maltreatment. There was an estimated 31 per cent reduction in children entering OOHC placements for these programs. The author concluded that non-Homebuilders programs produced no significant effects on outcome.

² For more information about FPS as specified by Washington State Law see the following website: <http://apps.leg.wa.gov/RCW/default.aspx?cite=74.14C.010>

Table 1 The 16 components essential to the Homebuilders Model (Miller (2006a))³

<ol style="list-style-type: none"> 1. Imminent risk of placement 2. 24 hours a day, seven days a week availability for intake 3. Immediate response to referral Services are available to the family within 24 hours of referral unless an exception is noted in the file. 4. Service in a natural environment Service providers deliver the service in the family's home, and other environments of the family, such as their neighbourhoods or schools. 5. Intensity of service Therapists typically see 18 families a year, serving two to three families at a time. 6. Brevity of service Duration of service is limited to a maximum of six weeks, with an option for service extension. 7. 24 hours a day, seven days a week availability for clients 8. Two to three families per therapist 9. Single therapist with a back-up team The services to the family are provided by a single service provider. Therapists must operate in teams of four to six with a supervisor. 10. Organisational support (flexible time and training) Therapists have received at least 40 hours of training from recognised intensive in-home service experts. 11. 24-hour consultation Therapists have 24 hours a day, 7 days a week access to their supervisor. 12. Accountability (outcomes tracked) Engagement and goal attainment outcomes are tracked during the case and in follow-up interviews/questionnaires with the family to ascertain placement prevention outcomes. 13. Flexibility and responsiveness of services There is flexibility in session lengths and appointment times, including weekends and evenings. The actual services are tailored to the family's needs and goals. 14. Interactive assessment and goal setting 15. Services involve a teaching/skills-based approach 16. Provision of concrete and advocacy services.

6 ³ The criteria in this table were provided by Marna Miller and Charlotte Booth via email on 3 April 2007.

There were four key elements that appeared to distinguish Homebuilders from non-Homebuilders services:

- the imminent risk of placement
- small therapist caseloads
- intensity of service
- around-the-clock availability to families.

This study also found that the Homebuilders Model was cost-effective. An estimate of costs of the services and benefits due to reduced out-of-home care placements and lowered incidence of abuse and neglect produced a net benefit for Homebuilders of US\$4,247 per child and a benefit-cost ratio of US\$2.59 in benefits per dollar of cost (Miller, 2006b).

However, there are three main limitations to Miller's (2006a) review. First, unlike most studies in peer-reviewed journals, it did not provide details about the methods, such as inclusion and exclusion criteria and the characteristics of included and excluded studies.⁴ Second, three of the four studies were not published in peer-reviewed journals, so the methodological quality was not independently reviewed. Third, the one study that was published in a peer-reviewed journal relates to use of the Homebuilders Model for family reunification, rather than family preservation (Fraser et al., 1996). However, when omitting this study from the meta-analysis, the results remain significant for OOHC placement (M. Miller, personal communication,⁵ 7 March 2006). Thus, these limitations can potentially undermine the review's conclusions.

Barlow, Simkiss and Stewart-Brown (2006) systematically looked at previous reviews on interventions to prevent or improve situations of child physical abuse and neglect. They found four reviews that focused on the effects of FPS on OOHC and/or other measures of family functioning,⁶ but these did not take into account whether they adhered to the Homebuilders Model. Two of the reviews showed no evidence to support the use of FPS in reducing out-of-home care placements (Dagenais, Begin, Bouchard, & Fortin, 2004; Heneghan, Horowitz, & Leventhal, 1996), while three reviews reported significant improvements in aspects of child and family functioning such as quality of the family environment and child behaviour (Dagenais et al., 2004; MacLeod & Nelson, 2000). Based on these findings, Barlow et al. (2006) concluded that there was reasonable evidence to support the effectiveness of FPS in improving parent and family outcomes that may be associated with abuse and neglect.

Lindsey, Martin and Doh (2002) conducted a narrative review of FPS to prevent out-of-home care. They identified 36 studies of varying quality (only four used an experimental design) and concluded that FPS had little impact on preventing OOHC or protecting the safety of children. They hypothesised that the failure of FPS to show positive effects was linked to the inability of the services to target children at imminent risk of placement, its brief intervention period, its 'one size fits all' approach and the failure to address the severe problem of poverty.

⁴ However, it should be noted that this information was included in a technical appendix for an earlier study by Aos, Lieb, Mayfield, Miller, and Pennucci (2004b).

⁵ The author of this review contacted Marna Miller via email to clarify this issue.

⁶ Three reviews only included research done before 1995, while one included research done prior to 1998.

2.3 Evidence from single studies

One of the most well-evaluated studies of family preservation services was done across four states in the USA (US DHHS, 2002: Level 5). Families were randomly assigned to receive either FPS or regular child protection services. There were 756 families in the FPS group and 535 in the control group. Three of the sites employed the Homebuilders Model and the fourth site employed a broader, home-based FPS model.

This study found that there were no statistically significant differences in the outcomes for the FPS and comparison group with regard to subsequent placement in out-of-home care, maltreatment or family functioning. However, most of the families served were not at imminent risk for placement as shown by the low placement rates in the control group. It would therefore have been virtually impossible for the programs to show if they were effective in preventing imminent placement. It is important to note that this study was included in the meta-analysis by Miller (2006a) and considered to be an evaluation that did not show fidelity to the Homebuilders Model.

Blythe and Jayaratne (2002: Level 5) conducted an RCT which randomly assigned families to FPS or traditional child welfare services, including foster care. The FPS was based on the Homebuilders Model (and was included as a Homebuilders program in the review by Miller, 2006a). There appeared to be benefits for families who received FPS. At a six-month follow-up, 88 per cent of children in the FPS were living at home compared with only 17 per cent of the non-FPS children. By 12 months, 93 per cent of children in the FPS were living at home compared with 43 per cent of non-FPS children. However, since the comparison group included foster care, this does not appear to be an appropriate comparison group for examining the impact of FPS on preventing out-of-home care placements.

Walton (2001: Level 5) looked at whether providing child protective service (CPS) investigations simultaneously with FPS involvement from the time of referral would improve outcomes between those who received the combined services and those who did not. In a small RCT, families were randomly assigned to CPS only or the CPS-FPS group, which used the Homebuilders Model. This study found that there were no significant differences between the groups in terms of children who remained in their homes until a follow-up seven months later. However, the CPS-FPS group had their children home for a greater percentage of time, used a broader array of services and were more satisfied with the services they received when compared with the CPS-only group.

Chaffin, Bonner and Hill (2001: Level 4) conducted a quasi-experimental study of family preservation services and family support services (FPFS) to examine the impact on risk of future abuse and neglect. Family support services (FFS) included respite care for parents, provision of concrete services, mentoring programs, parenting programs and home-visiting programs. In total, 1601 families participated in 74 separate community-based FPFS programs across 28 sites in the USA.

Overall, this study found that 195 (12.2 per cent) of the FPFS program participants had an episode of abuse or neglect (predominantly neglect) across 1.6 years (median follow-up period), although this rate exceeded 25 per cent for the high-risk families. When comparing outcomes across the different services, families who received FPS had higher levels of maltreatment than those who received FFS (mentoring programs and concrete services only). This finding was also the case for the high-risk families, and led the authors to conclude that FPS may not be an effective model for some high-risk populations. However, the criteria for entry into FPS were not specified, so it was not clear whether these services met the Homebuilders Model.

The majority of families were referred to FPS by child protection agencies or the court, whereas this was the case for only a minority of families attending the other services. In addition, 23 per cent of families who received FPS already had their children removed, suggesting that for some families, it operated as a reunification rather than a preservation service.

Kirk and Griffith (2004: Level 1) carried out a retrospective archival study of high-risk children in child protection to look at the effectiveness of FPS to prevent out-of-home care placements. While there was a significant difference at six months in placement rates for those who did and did not receive FPS, this difference was not sustained at a 12-month follow-up. However, for families who had a history of placement, there was a significant difference in placement rates between those who did and did not receive FPS (19 vs 44 per cent) at a 12-month follow-up. Similarly, for families who received one or more prior substantiated reports, there was also a significant difference in placement rates for those who did and did not receive FPS (29 vs 37 per cent). Thus, this study found evidence that while the overall effects of FPS appear to diminish over time, it does appear to be effective for the highest risk families. The authors suggest that services should be allowed flexibility to extend beyond the initial period or that booster sessions could be provided to help sustain positive outcomes.

Kirk and Griffith (2006: Level 2) also reported the findings of North Carolina's Family Preservation Services Program, which adheres to the Homebuilders Model of FPS and also provides follow-up services to families.⁷ In 2006, the OOHC placement prevention rate was 94 per cent (a rate that has been stable over the past five years). Ratings of family functioning at intake and closure showed the capacity of FPS to improve parental skills, safety, interaction patterns and child wellbeing, and these improvements were associated with preventing out-of-home care. The improvements in family functioning at closure also appeared to be maintained at the 3-month and 6-month follow-ups. FPS also appeared to be cost-effective and yielded a favourable cost/benefit ratio.

The majority of studies of FPS have been done in the US with families of young children, but one UK study looked at the effectiveness of specialist support teams to prevent adolescents at risk of placement from going into out-of-home care (Biehal, 2005: Level 2). Specialist support teams in the UK are similar to FPS in the US, in that they offer intensive, short-term services which aim to prevent placement in OOHC. The quasi-experimental study compared the outcomes for 209 young people referred to specialist support teams or 'service as usual' which is delivered by local social work teams. Many of the young people had serious emotional and behavioural difficulties and lengthy histories of abuse, neglect or past placement. Overall, young people in the comparison group were twice as likely to be placed in care during the six-month follow-up when compared with those referred to the specialist team. However, there were no group differences in child and family functioning.

2.4 Family preservation research in the Australian context

There is a lack of rigorous quantitative research on FPS in the Australian context. While no Australian studies were found that met the inclusion criteria for this review, there were two descriptive studies by Campbell (1998; 2004) that are worth mentioning. Campbell (1998) described the start of a pilot program of the Homebuilders Model in Victoria, called Families First, with 32 families and 59 children. Overall, 70 per cent of children were still at home three months after closure. However, Campbell reported a number of problems with running the service. Child protection staff were unwilling to refer families to FPS (especially when infants were involved), a high number of families were referred when there was no program vacancy and differences in industrial conditions between Australia and the US meant that maintaining 24-hour access for families was difficult.

Campbell (2004) also surveyed 21 intensive family services programs to get a 'snapshot' of program models, operational issues and policy matters in Australia. This survey found that services continue to meet FPS requirements of intensity, in-home provision, tight targeting and rapid response. Adjustments included longer duration of services as required, pathways into less intensive and long-term support, some group work and some in-office counselling.

⁷ Family preservation services in North Carolina are required to track families for six months after receiving FPS. Workers contact families on a monthly basis and do comprehensive assessments of families during the follow-ups at three and six months. The purpose of the follow-up contacts is to make sure that families are getting the services that they were supposed to after FPS, and to see if additional in-home services are needed (Kirk and Griffith, 2006).

2.5 Summary

There is mixed evidence to support the effectiveness of FPS for three related outcomes: placement in out-of-home care; subsequent abuse and neglect; and child and family functioning. In terms of evidence regarding placement in OOHC and subsequent abuse and neglect, two reviews found that FPS had little impact on OOHC placement (Barlow et al., 2006; Lindsey et al., 2002), while a third found that FPS that adhered to the Homebuilders Model had a significant impact on prevention of subsequent maltreatment and OOHC (Miller, 2006a).

The findings from single studies were equally mixed, with some showing positive effects of FPS on OOHC (Biehal, 2005; Blythe & Jayaratne, 2002; Kirk & Griffith, 2004), no effects on OOHC or maltreatment (US DHHS, 2002), and increased maltreatment for families receiving FPS versus family support (Chaffin et al., 2001).

Studies have generally focused on prevention of out-of-home care and there is a lack of research on the impact of FPS on general child and family functioning. While Barlow et al.'s (2006) paper identified two reviews that found positive effects on child and family functioning, the studies included in these reviews had significant methodological problems and many were published before 1995 (outside of the inclusion criteria for this review). In addition, a recent study by Biehal (2005) found no effect of FPS on child and family functioning. Given the lack of recent research on the impact of FPS on child and family outcomes, it is clear that more research is needed.

Overall, there is a lack of good quality research on the effectiveness of FPS, with many studies showing significant limitations. While the evidence from one review appears to support the effectiveness and cost-effectiveness of the Homebuilders Model, there are also methodological limitations to this study. This highlights the importance of doing further research on both FPS and the Homebuilders Model. In addition, most of the research was done in the USA, with a lack of quantitative research on FPS in Australia, so it is important to conduct similar studies in the Australian context.

3. Which families benefit from family preservation services and what are the important characteristics of these services?

Research on family preservation services has generally focused on the overall effectiveness of the programs. Few attempts have been made to explore the effects for various subgroups of families or examine the important characteristics of the programs themselves. Family preservation workers provide a broad range of clinical services but little is known about the nature of these services and what works best for whom. It is possible that certain programs and services are more or less effective with certain families, or for certain types of problems (Ryan & Schuerman, 2004). This section will consider three questions: (1) Which families benefit from family preservation services? (2) What are the important characteristics of family preservation services? and (3) What works for whom?

3.1 Which families benefit from family preservation services?

There is considerable diversity in the families who are referred to family preservation programs. Families with children, who are at imminent risk of placement in out-of-home care, often have multiple and chronic vulnerabilities, such as substance abuse, child behavioural problems, mental illness, dysfunctional parenting, housing difficulties, relationship problems or physical health problems. However, despite this heterogeneity, the majority of families referred to family preservation services have been the subject of one or more substantiated allegations of physical abuse or neglect (few cases of sexual abuse are referred) and many families are economically disadvantaged (Littell & Schuerman, 2002).

Research on the effectiveness of FPS for different subgroups has tended to focus on socio-demographic characteristics of families or type of problems experienced. There is a lack of research that has examined types of maltreatment, chronicity and severity of maltreatment and service history (Littell & Schuerman, 2002). In terms of socio-demographic characteristics, one study found that single parent families were less likely to have a successful program outcome than non-single parent families (Bagdasaryan, 2005: Level 1). Two studies found no differences in outcomes of family preservation according to ethnicity (Bagdasaryan, 2005; Bitonti, 2002: Level 1), while one study found that African American and Latino parents reported more positive outcomes for children than Caucasian parents (Ayon & Lee, 2005: Level 1).

Research on characteristics of families, who may or may not benefit from FPS, has found a range of specific family vulnerabilities that are related to subsequent placement in OOHC or maltreatment. For example, Bitonti (2002) found that families were more likely to have a child placed in OOHC if they had lower motivation at intake, a greater number of child behavioural problems, a parental health condition (often substance abuse) and more unresolved problems at closure. Ryan and Schuerman (2004: Level 1) found that a history of maltreatment was predictive of subsequent maltreatment. Berry, Cash and Brook (2000: Level 1) found that families' inability to provide consistent discipline at case closure was a significant predictor of OOHC at the one-year follow-up.

Littell and Tajima (2000: Level 1) examined the factors associated with families' participation in FPS (collaboration in treatment planning and compliance with program expectations). This study found that the following family factors were associated with lower levels of collaboration and compliance: parental substance abuse, chronic child neglect, parental mental health problems and severe childcare skill deficits. In addition, workers' perceptions of their clients and of their own working conditions also appeared to influence client participation in FPS.

Littell and Schuerman (2002: Level 1) looked at family characteristics associated with outcomes of FPS according to four problem types: crack cocaine problems, housing problems, mental health problems and childcare deficits. This study found that compared to other problems, families with cocaine problems had higher levels of subsequent maltreatment, OOHC placement and lower levels of case closure at one year after completion of FPS. The following additional outcomes were observed:

- for families with cocaine problems, prior placement of a child was the only variable related to subsequent placement
- for families with housing problems, alcohol problems were related to subsequent placement and the number of prior reports of neglect were related to subsequent maltreatment
- for families with mental health problems, prior reports of neglect were related to subsequent placement
- for families with significant childcare skill deficits, prior reports of neglect were related to subsequent maltreatment.

The findings of this study appear to suggest that it is the combination of family vulnerabilities that may predict outcomes in FPS. Prior reports of neglect appear to be an important factor when combined with other vulnerabilities.

Not all research has found that family vulnerabilities are associated with poor outcomes in FPS. Bagdasaryan (2005) found that families with a placement history were no more likely to have an unsuccessful outcome when compared to families without such a history. The US DHHS (1995: Level 5) found that family problems such as substance use, financial difficulties and depression did not impact on subsequent placement. Kirk and Griffith (2004: Level 1) found that high-risk families were more likely to benefit from FPS than low-risk families.

Berry, Cash and Brook (2000: Level 1) found that families' gains during FPS were significantly associated with placement outcomes. Those who kept their children in the home by the one-year follow-up made larger improvements during the intervention, than families who had a child placed in OOHC, because of the following variables:

- environment (e.g. privacy for the children, meal preparation and mealtime togetherness and access to public transportation)
- social support (e.g. contact with friends and acceptance of support)
- parenting (e.g. consistent discipline, age-appropriate supervision of children, age-appropriate expectations and emotional support of family members)
- child wellbeing (e.g. emotional stability, communication with parents).

Many studies have not provided the mean age or age range of children for which family preservation services are considered suitable. However, a few studies have included children and young people aged between one and 17 years (Fraser et al., 1996; Kirk & Griffith, 2006).

The Homebuilders Model was originally developed for adolescents referred from mental health agencies and one study of FPS specifically for adolescents in the UK found a positive effect on prevention of OOHC (Biehal, 2005). Based on the available evidence, it would appear that FPS are appropriate for both children and young people, although the services provided within FPS are likely to differ according to the child's developmental stage.

3.2 What are the important characteristics of family preservation services?

Only a few studies have examined the important characteristics of family preservation services. Berry, Cash and Brook (2000) found that the key factors associated with placement at the one-year follow-up were the family's inability to access services at case closure and a shorter duration of services. Families who remained together got twice as many days of services than those whose children were placed in OOHC. Bagdasaryan (2005) also found that the longer the duration of the service, the greater the likelihood of a successful outcome. However, Littell and Schuerman (2002) found that program factors such as duration, intensity and type of services did not affect subsequent placement, maltreatment or case closure for any of the subgroups studied. In contrast, Cash and Berry (2003: Level 1) found that greater contact time during FPS was related to greater problems in child and parent wellbeing.

MacLeod and Nelson's (2000) review of FPS found that services with high levels of participant involvement, a strengths-based approach and a component of social support, had greater effects in promoting wellness and preventing maltreatment than programs without those elements.

3.3 What works for whom?

Few studies have tried to answer the question of what works for whom? Ryan and Schuerman (2004: Level 1) looked at whether specific services were effective for a particular problem subgroup: families with economic difficulty. This study found that providing clothing, furniture, supplies and housing assistance led to a reduced risk of subsequent maltreatment, highlighting the importance of providing concrete services that are targeted to families' needs.

3.4 Summary

The lack of research on family factors that influence the outcomes of family preservation services makes it difficult to know whether they are effective for the full range of family problems faced by child protection services. There is some evidence that families with substance use, mental illness and prior reports of neglect may be less likely to participate in FPS. These families receive fewer benefits from these services, although not all research supports this conclusion and there are significant methodological problems with previous research. However, given that families who receive FPS are likely to have multiple and chronic problems, the finding that vulnerable families may be less likely to benefit from these services warrants further examination.

A lack of research means the important characteristics of FPS are also unknown, although there is limited evidence that a longer duration of services may be linked with positive outcomes. Overall, there is almost no research on what works for whom in FPS. According to Littell and Schuerman (2002, p. 694):

While there is probably not a perfect one-to-one match between problems and services, it should be possible to identify menus of appropriate interventions for certain subgroups of cases and develop empirically based guidelines to help workers make choices from these menus. To do this, we need much more sensitive data on family problems, service delivery processes, and outcomes.

4. Assessment tools in family preservation services

A comprehensive family assessment is required to decide whether a family is appropriate for family preservation services. Comprehensive family assessment is defined as the process of identifying, gathering and weighing information to understand the significant factors affecting a child's safety, permanency and wellbeing (US DHHS, 2006).

There are key points at which assessments can be done, beginning with the initial contact with the family and continuing through several decision-making stages, such as decisions about placement (see White & Walsh, 2006, for a review of risk assessment in child welfare). While assessment is a 'process', rather than the completion of a specific tool, assessment tools can be helpful in enhancing clinical judgement and decision making (Johnson et al., 2006; US DHHS, 2006).

A recent review of family assessment in child welfare found three instruments specifically developed for child welfare practice (Johnson et al., 2006). These measures included the North Carolina Family Assessment Scale (NCFAS) and two modified versions of this measure. The NCFAS was developed in the mid-1990s for use by FPS practitioners to assess family functioning at intake and again at case closure to assist workers in case planning and to measure outcomes from the FPS (Kirk, Kim, & Griffith, 2005). It is a practice-based instrument that provides ratings of family functioning on five domains:

- environment
- parental capabilities
- family interactions
- family safety
- child wellbeing.

There are two validation studies of this measure, which show that the scale has good internal consistency, construct validity, can detect changes in functioning over time and appears to have some degree of predictive validity (Kirk et al., 2005; Reed-Ashcraft, Kirk, & Fraser, 2001).

A study on predictive validity was done with families who took part in a Homebuilders FPS. Findings showed that ratings at closure were associated with placement within one year, although ratings at intake were not associated with later placement (Kirk et al., 2005). These findings suggest that the NCFAS may be helpful to identify families who have not made changes following FPS and where placement may be the appropriate case decision. However, further research is needed on the NCFAS and other appropriate assessment tools, especially within the Australian context.

5. Important issues needing further research

Given the lack of high quality research on family preservation services, there are numerous gaps in research that need further investigation. Important issues include the criterion of imminent risk; a focus on out-of-home care rather than child and family outcomes; duration and intensity of services; focus on crisis prevention; and interagency practice.

5.1 Criterion of imminent risk

The Homebuilders Model is seen as one of the most effective family preservation services models. One of the key criteria for referral to Homebuilders is the 'imminent risk' of placement in out-of-home care. There are difficulties in defining and working with the notion of 'imminent risk' and some research shows that many families who are actually referred to FPS are not at 'imminent risk'.

For example, a US Department of Health and Human Services study (2004) required families to be at 'imminent risk' of placement to enrol in the study, but there were low rates of subsequent placement in OOHC in the control group. This may be due to difficulties in working with 'imminent risk' criteria and/or to workers' reluctance to refer families at 'imminent risk' to FPS.

Numerous researchers have observed that FPS workers are reluctant to refer families who are at 'imminent risk' to FPS. For example, Hayward and Cameron (2002) and Campbell (2002) found that family preservation workers resisted referring families to FPS if their assessments showed a child may need to be placed in OOHC. Bitonti (2002, p. 667) states that '...workers may not be willing to accept the risks of additional harm to children left in the home, a decision for which they would assume professional liability'.

In response to the difficulties with the 'imminent risk' criteria, Campbell (2002) proposed three circumstances in which FPS would be appropriate:

- placement prevention – where children at risk of placement and FPS will avert placement (as specified by Homebuilders)
- managed services interlude – where families with chronic needs who are well known to service providers may benefit from a new approach
- augmentation of the protective services assessment – where child protection cases need a more thorough assessment and family preservation workers can provide this via the amount of time they spend with families.

However, it should be noted that presently the research evidence only supports implementing the imminent risk criteria from the Homebuilders Model. Clearly, more research is needed to make the 'imminent risk' term workable and to explore whether there are other circumstances in which families may be referred to FPS to promote family preservation.

5.2 Focus on preventing out-of-home care rather than improving child and family outcomes

Research on family preservation services has been criticised for using the 'crude' indicator of child OOHC placement as the sole indicator of case outcomes and program success (Cash & Berry, 2003). Researchers and practitioners have argued that the most important outcomes for families should be improvements in child wellbeing and family functioning rather than placement prevention. Since placement is subject to changes in the policies and practices of the child welfare system, focusing on placement prevention should not be the primary goal of FPS. While there is some evidence that FPS do improve child and family functioning (Barlow et al., 2006), further methodologically sound research is needed to find out the full effects of FPS on the wellbeing of children and families.

5.3 Duration and intensity of services

Two of the key criteria of FPS are its intensity and its time-limited nature. However, many of the problems faced by families with children in imminent need of placement are chronic and long-term and unlikely to be resolved by short-term intensive interventions (Lindsey et al., 2002).

There is some evidence in the research to suggest that duration of the FPS is related to outcomes for families. Two studies found that the longer duration of FPS was associated with preservation of the family (Berry, Cash and Brook, 2000; Bagdasaryan, 2005). Kirk and Griffith (2004) found that effects of FPS appeared to diminish by 12 months and suggest that there should be flexibility to extend the service or offer booster sessions to sustain positive outcomes.

Specific concerns have been raised about the extent to which families with serious substance abuse problems or mental health problems can benefit from short-term, crisis-oriented interventions (Littell & Schuerman, 2002). While there may be value in providing services to these families, FPS alone are unlikely to be sufficient. However, at a minimum, FPS can be used to assess families' needs and develop plans for longer-term intervention. While it is recognised that family preservation workers need to tailor services to address families' needs, there is currently little empirical evidence to inform these decisions.

5.4 Focus on crisis intervention

Many components of family preservation services are adopted from crisis theory and crisis intervention models. These components include a response within 24 hours of referral and short-term intensive services. Staudt and Drake (2002) looked at the extent to which the principles of crisis theory are consistent with the goals of FPS. These authors highlight that it is not clear in the literature which crisis FPS are responding to: the crisis caused by the threat of OOHC or the actual event that led to the threat of OOHC. While a crisis-oriented model may be appropriate for some families, the assumption that most families are in crisis (and therefore experiencing a time-limited problem) may have led to a service that does not meet the needs of families in the child welfare system with chronic problems.

5.5 Interagency practice

Campbell (2002) noted that evaluations of family preservation services have not given enough attention to how interagency collaboration can help or hinder service delivery or outcomes. She describes the interagency issues that arose in a pilot family preservation service in Victoria and observes that for FPS to be effective, they must be embedded in effective service systems.

In an innovative study, Walton (2001) combined child protective services (CPS) investigations simultaneously with FPS involvement to examine whether the combined service was superior to CPS alone. This study found evidence of enhanced outcomes for families who received the combined services. Clearly, further research is needed about the options for, and benefits of, interagency collaboration.

6. Implications for policy and procurement of family preservation services

Based on the research analysed in this literature review, there are a number of implications for policy and procurement of family preservation services. These implications include:

FPS should adhere to the Homebuilders Model

Family preservation services should adhere to the Homebuilders Model of FPS, as one review found that programs with a high level of fidelity to Homebuilders are effective in preventing subsequent out-of-home care placement and maltreatment. Programs should aim to follow the criteria outlined in Table 1. The most important criteria appear to be:

- small caseloads for workers
- the intensity of the service
- 24-hour availability to families
- imminent risk of placement.

The one Homebuilders criterion that may need changing relates to short-term duration of these services. The literature reviewed had some evidence that longer service duration was linked to improved outcomes for families. This finding suggests that flexible program durations are important and that longer programs may be essential for some families to achieve improvements in functioning

FPS should target families at imminent risk of placement

Despite the concerns about caseworkers not adhering to the criteria of imminent risk of placement, and the difficulties inherent in working with this term, FPS should target families whose children are at imminent risk for placement. The available evidence suggests that this criterion is essential for the Homebuilders Model, as families facing imminent removal of a child are likely to be most receptive and responsive to these services.

To address the problems of working with 'imminent risk', services should provide clear definitions of what it is. For example, services may limit the program to the families of children for whom court proceedings have commenced.⁸

To address workers' concerns about use of FPS with high-risk families, it would be important to identify appropriate tools that let them closely monitor families. This will help them work out whether there is no change or deterioration over time, which may warrant placement in out-of-home care.

FPS should target families with all vulnerabilities, except sexual abuse

There is a lack of available research about which families may benefit from family preservation services. Some research suggests that families with vulnerabilities such as substance use, prior history of neglect and mental illness may not benefit from FPS, although not all research supports this conclusion. However, it is these vulnerabilities that are likely to result in families with children being at imminent risk of placement in out-of-home care.

Given the lack of research on what works for whom, it is recommended that families should not be excluded from FPS due to the presence of specific vulnerabilities. The one exception is for sexual abuse, for which these services are not appropriate and have not been used.

⁸ According to Washington State Law, 'imminent' means a decision has been made by the department that, without intensive family preservation services, a petition requesting the removal of a child from the family home will be immediately filed according to the legislation. For more information, see: <http://apps.leg.wa.gov/RCW/default.aspx?cite=74.14C.010>

When providing FPS to families with substance abuse, a prior history of abuse or neglect or mental illness, it is essential to closely monitor families throughout the course of intervention to decide whether there are improvements in family functioning, no change in functioning or if there is deterioration that may require placement in OOHC.

It would appear that FPS are suitable for both children and young people, although the services provided are likely to differ according to the child's developmental stage.

FPS workers should use appropriate assessment tools

Family preservation workers should aim to use an established assessment instrument to find out the level and nature of family functioning after referral. They will then need to tailor the FPS to the assessed needs of families and monitor their progress over time. With further piloting, the North Carolina Family Assessment Scale may show promise as a measure for tracking families' progress and to find out which families are still experiencing problems after taking part in FPS.

FPS workers should be trained in comprehensive assessment of mental health and substance use problems

As families who are likely to use family preservation services will have multiple vulnerabilities, such as mental health problems and substance use, it is important that workers are trained to assess them. The brief time frame of FPS means it is unlikely that chronic difficulties can be addressed during this time. At a minimum, FPS can be used to assess families' needs and assist in developing plans for longer-term intervention.

Family preservation workers can play an important role in developing clients' awareness of the effects of substance use or mental health problems on their parenting capabilities. This may increase their clients' motivation to seek treatment for these problems (Littell & Schuerman, 2002).

FPS should offer a combination of concrete and clinical services

Family preservation services should offer a combination of concrete and clinical services that meet the assessed needs of families. There is evidence that providing concrete services, in particular, is important for families in FPS. Concrete services can include assistance with housing, transportation, bills and clothing. Clinical services include parent training, anger management, problem-solving and conflict resolution. It is also important that FPS include referral to other services, if necessary, such as those for substance abuse, mental health and domestic violence.

More research into the effectiveness of FPS is needed

There is little research on the effectiveness of family preservation services and much of this is of poor quality. In addition, the most influential research originates from the US and there is a lack of rigorous research within the Australian context, where services provided may differ. It is therefore imperative that further research be done to find out the effectiveness of FPS and to answer the question about what works for whom?

7. Conclusions

The purpose of this review was to analyse and critique the literature on family preservation services (FPS) to identify strategies that help to preserve family units and prevent children and young people entering into out-of-home care.

Overall, there is a lack of good quality research on the effectiveness of FPS, with the bulk of the research done before 1995 and many studies showing significant methodological problems. There is also little research on FPS carried out in the Australian context.

There is some evidence in the research that FPS based on the Homebuilders Model are effective in preventing out-of-home care and further episodes of maltreatment, and are cost-effective. The evidence suggests that FPS also appear to improve child and family functioning.

Research on FPS has generally focused on the overall effectiveness of the programs and few attempts made to explore the family or program factors that influence outcomes. The research reviewed in this paper showed some evidence that specific family vulnerabilities, such as substance use, mental illness and history of neglect, may be linked with poor outcomes of FPS, although not all research supports this conclusion. There is also limited evidence that suggests longer service duration results in improved outcomes. However, almost no research has questioned what works for whom?

There are a number of key implications for policy and the procurement of FPS based on the literature reviewed. These implications include:

- FPS should adhere to the Homebuilders Model
- FPS should target families at imminent risk of placement
- FPS should target families with all vulnerabilities except sexual abuse
- FPS workers should use appropriate assessment tools
- FPS workers should be trained in comprehensive assessment of mental health and substance use problems
- FPS should offer a combination of concrete and clinical services
- FPS should build in a research component, where feasible.

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