



Family Preservation Programs

Since the term "family preservation services" was coined in the 1980s, there has been considerable confusion about the essential elements of these services and which types of programs fall into this category. Although family preservation programs share many common characteristics, they vary considerably with respect to auspices (public or private agencies), theoretical orientation, target population, identified problem, and primary location of service. Programs also vary dramatically in terms of intensity, duration, caseloads, and teaming with other professionals or paraprofessionals. Few of these programs have undergone strenuous evaluation, and it is therefore difficult to compare them on the basis of proven results. However, we can provide some points of comparison, along with information that can help public and Tribal child welfare agencies seek out additional material that may be of interest to them. Neither the Children's Bureau nor the National Resource Center for Family-Centered Practice and Permanency Planning endorses any of these programs. We present this information for you to use in developing your own understanding of these services.

The following programs have been recognized as having some success in family preservation or related areas: Please note that this list of programs is not intended to be comprehensive, and evidence-based and evidence-informed family preservations programs are not limited to those models listed here.

Program	Key Program Elements	Evidence of Success
<p>Homebuilders®: This copyrighted program from the Institute for Family Development provides intensive, in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of placement in state-funded care. The Homebuilders program requires adherence (fidelity) to the model.</p> <p>Website: http://www.institutefamily.org/</p>	<ul style="list-style-type: none">• Intervention at the crisis point• Treatment in the natural setting• Accessibility and responsiveness• Intensity• Low caseloads• Research-based interventions• Flexibility	<ul style="list-style-type: none">• Rated a "Promising Practice" in reunification by the California Clearinghouse on Evidence Based Practice http://www.cachildwelfareclearinghouse.org/program/20• Rated a "Model Program" by Strengthening America's Families http://www.strengtheningfamilies.org/html/programs_1999/23_HOMEBUILDERS.html• Rated a "Promising Program" by the National Criminal Justice Reference Service http://www.ncjrs.gov/txtfiles/fs-9408.txt

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<p>Wraparound: This team-based planning process is intended to provide individualized and coordinated family-driven care to meet the complex needs of children who are involved with several child and family-serving systems, are at risk of placement in institutional settings, and who experience emotional, behavioral, or mental health difficulties.</p> <p>The National Wraparound Initiative is engaging experts nationally to define standards and compile specific strategies for conducting high-quality wraparound. http://www.rtc.pdx.edu/nwi/</p>	<ul style="list-style-type: none"> • Youth and family voice • Team-driven • Community-based services • Cultural competence • Individualized and strength-based services • Natural supports • Continuity of care • Collaboration • Flexible resources • Outcome-based services 	<ul style="list-style-type: none"> • Rated a “Promising Practice” in placement stabilization by the California Clearinghouse on Evidence Based Practice http://www.cachildwelfareclearinghouse.org/program/68/ • Rated an “Approved Practice” by the Oregon Addiction and Mental Health Services http://www.oregon.gov/DHS/mentalhealth/ebp/practices.shtml
<p>Project Connect: This program of Children’s Friends & Service works with high-risk families who are affected by parental substance abuse and are involved in the child welfare system. http://www.cfsri.org/familypres.html</p>	<ul style="list-style-type: none"> • Family-centered services • Risk Inventory for Substance Abuse-Affected Families • Home-, office- or community-based sessions • Group parenting sessions • Parent/child groups • Observed visitation • Family-driven case conferencing • Concrete services 	<ul style="list-style-type: none"> • Rated a “Promising Practice” in reunification by the California Clearinghouse on Evidence Based Practice http://www.cachildwelfareclearinghouse.org/program/22/
<p>Shared Family Care: This program involves the placement of a parent (usually the mother) and at least one young child in the home of a community member/mentor who helps them learn skills and obtain resources. Shared Family Care protects children by offering services to parents and children together in a safe and supportive family setting. This helps either to preserve families or to facilitate the transition to other permanent arrangements.</p>	<ul style="list-style-type: none"> • Mentorship • Case management • Training • Housing/benefits services • Relapse prevention • Outreach • Program supervision • Program evaluation 	<ul style="list-style-type: none"> • Rated an “Acceptable/Emerging Practice” in reunification by the California Clearinghouse on Evidence Based Practice http://www.cachildwelfareclearinghouse.org/program/23

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<p>Information available from the National Abandoned Infants Assistance Resource Center at http://aia.berkeley.edu/information_resources/shared_family_care.php</p>		
<p>Healthy Families New York: Based on the national Healthy Families America (HFA) model, this community-based prevention program seeks to improve the health and well-being of children at risk for abuse and neglect by providing intensive home visitation services. The target population is expectant parents and parents with an infant less than three months of age who are considered to be at high risk for child abuse and neglect.</p> <p>http://www.healthyfamiliesnewyork.org/</p>	<ul style="list-style-type: none"> • Home visiting by trained paraprofessionals • Families are served at different service levels that correspond to different frequencies of home visits based on families' needs • Home visiting services may continue until the child reaches the age of five or is enrolled in Head Start or kindergarten. • Content of home visits is individualized and culturally appropriate 	<ul style="list-style-type: none"> • Rated a "Program that Works" by the Promising Practices Network http://www.promisingpractices.net/program.asp?programid=147
<p>Project SafeCare: This program is an in-home parenting model program that provides direct skill training to parents in child behavior management and planned activities training, home safety training, and child health care skills to prevent child maltreatment. Families receive services for approximately 18 weeks, with some exceptions depending on each family's needs. Families are seen once a week for approximately one and a half hours each session.</p> <p>http://www.marcus.org./treatment/safecare_primer.html</p>	<ul style="list-style-type: none"> • Assessment and training in: teaching parent time management; explaining rules to child; reinforcement/rewards; incidental teaching; activity preparation; outcome discussions with child; and explaining expectations to child • Home safety assessment and training; • Infant & child health care training; • Parent and staff training on: modeling; role rehearsal; performance criteria in simulation 	<ul style="list-style-type: none"> • Rated a "Promising Practice" in the areas of parent training and prevention by the California Evidence-Based Clearinghouse for Child Welfare http://www.cachildwelfareclearinghouse.org/program/76/detailed#relevant-research

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	and actual interactions; monitoring of staff for model fidelity; and booster training if performance falls below criteria	
<p>Functional Family Therapy: FFT is a family prevention and intervention program for adolescents with conduct disorder or oppositional defiant disorder. It is appropriate to youth ages 10-18, and their families, whose problems range from acting out to conduct disorder to alcohol/substance abuse. Often these families tend to have limited resources, histories of failure, a range of diagnoses and exposure to multiple systems. FFT can be provided in a variety of contexts, including schools, child welfare, probation, parole/aftercare, mental health, and as an alternative to incarceration or out-of-home placement.</p> <p>http://www.fftinc.com/</p>	<ul style="list-style-type: none"> • Clearly identified phases which organize intervention in a coherent manner • Each phase includes specific goals, assessment foci, specific techniques of intervention, and therapist skills necessary for success • Conducted both in clinic settings as an outpatient therapy and as a home based model. 	<ul style="list-style-type: none"> • Named a Blueprints Model program by the Center for the Study and Prevention of Violence http://www.colorado.edu/cspv/blueprints/model/programs/FFT.html • Rated “exemplary” Family Strengthening Program by the Office of Juvenile Justice & Delinquency Prevention http://www.strengtheningfamilies.org/html/programs_1999/01_FFT.html

There are many other models of family preservation services. These include:

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<p>Project STAR: Initially funded as a project to find adoptive homes for children with disabilities, the program now defines itself as Permanency Planning Advocates of Western Pennsylvania. Services include: planning and coordination of family support services; advocacy for the family with human services agencies; direct provision of goods or services; and information, encouragement, and emotional support to families. Additional information available at: http://www.amazingkids.org/</p>	<ul style="list-style-type: none"> • Provides resources to help children remain safely with their birth families. • Offers tools to assess factors that may cause a child to be removed from the birth home, including drug and alcohol addiction and housing concerns. • Connects families to assistance in their

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<p>http://thechp.syr.edu/project.htm</p>	<p>communities, including parent education, counseling and a range of services to address their unique needs.</p> <ul style="list-style-type: none"> • Often works with medically-fragile children and their families. • Provides access to supplies and equipment and offers additional support when necessary.
<p>Project First Step - Doula Care: This program promotes the health and safety of children who are at high risk of abuse, neglect, and/or placement outside of the family due to parental disability or environmental challenges. The program also: helps prevent children from being born disabled; assists mothers in bonding with their children so that they are prepared to care for them; and prevents intervention and costly assistance from social agencies. Project First Step is a replication project of Pittsburgh's Project Star. It is a program of Erie Homes for Children and Adults, Inc. http://www.ehca.org/our_programs/ Nominated for 2002 Drucker Innovation Award: http://www.leadertoleader.org/knowledgecenter/innovation.aspx?CompleteProgramID=258</p>	<ul style="list-style-type: none"> • “Doula” is a trained volunteer • Provides assistance from first assessment up to three months beyond the birth or beyond • Develops a plan of action and birth plan with parents, based on a comprehensive assessment. • Develops strategies to target the mother's wishes for a healthy birth and the family's needs by enlisting providers and services that meet them. • Evaluates the mother's ability to meet the needs of the child and assists the mother in meeting them through a specific prenatal plan, attending the mother during labor and delivery, and offering parent training that addresses the well-being of the child. • Helps parents become independent in accessing formal and informal resources in their community specific to their needs.
<p>Crisis Nursery Care: Federal legislation defines crisis nursery care as temporary care for children who are at risk of abuse and neglect or who have experienced abuse or neglect. Most crisis nursery programs offer child care free of charge for a maximum of 30 days in any year. This care is usually available 24 hours a day. Most programs accept children at any time, day or night, in order to relieve a potential or existing emergency in the family. Care</p>	<p>May include:</p> <ul style="list-style-type: none"> • family counseling • individual counseling • service coordination (case management) • parenting classes

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<p>may be provided in crisis nursery, day care facility, crisis shelter, foster care, or in-home. May also be an alternative for families experiencing chronic and ongoing family crisis.</p> <p>http://www.archrespite.org/archfs01.htm</p> <p>http://www.archrespite.org/archfs26.htm</p> <p>http://www.archrespite.org/docs/FRIENDSfactsheet14-Respite.pdf</p>	<ul style="list-style-type: none"> • access to medical services • home management training • employment training • help lines • substance abuse prevention counseling • developmental assessments

For information on additional research on family preservation models, see:

- *Evaluation of Family Preservation and Reunification Services*
Westat, Chapin Hall Center for Children, James Bell Associates
<http://aspe.hhs.gov/hsp/evalfampres94/>
- *Effectiveness of Family Preservation Services*
Child Welfare Information Gateway
<http://www.childwelfare.gov/supporting/preservation/effectiveness.cfm>
- *What Works: Research on Family Preservation Services*
Child Welfare League of America.
<http://www.cwla.org/programs/familypractice/fampresworks.htm>
- *Intensive Family Preservation Services: Program Fidelity Influences Effectiveness—Revised*
Washington State Institute for Public Policy
<http://www.wsipp.wa.gov/pub.asp?docid=06-02-3901>