



Family Preservation Services: An Essential Partner in the Public Child Welfare System

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In 2003, Governor Jim McGreevey settled a class action lawsuit brought on behalf of the 11,000 plus children under the care and supervision of the Division of Youth and Family Services (DYFS)ⁱ. Since 2004, New Jersey has seen reductions in the number of children removed from their homes and an increase in the number of children exiting care, for a net result of fewer children in out-of-home placementⁱⁱ. Family preservation services (FPS) is one of the key tools that DYFS uses to prevent placement and promote reunification of children. FPS has undergone its own changes in recent years; aligning it with the DYFS case practice model and responding to the practice wisdom of New Jersey's FPS workers and national research. This brief report will discuss the origins and evolution of FPS and the critical role that FPS plays in keeping children safe in their own families.



A Brief History of Family Preservation Services

Removing children from their parents' care can have its own negative impact on the well-being of childrenⁱⁱⁱ. In 1980, the Adoption Assistance and Child Welfare Act (P.L. 96-272) was passed in response to concerns that some children were being removed from their homes unnecessarily^{iv}. This federal law required states to demonstrate that they had made reasonable efforts to safely maintain children in their own homes in order to maximize their receipt of federal foster care funds^v. The Homebuilders model had been developed in the 1970s¹ specifically to address maltreatment in in-tact families and was poised for widespread dissemination when demand increased under the new law^{vi}. Today's FPS program is based on the fundamental components of the Homebuilder's model^{vii}:

- Small caseload. The original model called for no more than 2 families per worker.
- Intensive services. Workers in the original model spent up to 20 hours per week, for no more than 6 weeks with each family.
- Cognitive-behavioral approach. The therapeutic approach was solutions-focused cognitive-behavioral intervention to improve the parent-child interaction in cases of child maltreatment or troubled adolescents.
- In-home treatment. Services were provided in the home where the majority of interaction problems occur.
- Individualized assessment. Families' strengths and needs were assessed and workers had flexibility in case planning.
- Combination of soft and concrete services. Families were assisted in finding and accessing solutions to meet their basic needs, gaining skills in the process, as well as provided assistance with parenting skills.

¹The Homebuilders model was developed by the Behavioral Sciences Institute in Tacoma, WA

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Additionally, the Homebuilders model developed a number of tenets that continue to guide the work of family preservation workers^{viii}:

1. In most cases, it is best for children to grow up with their natural families.
2. One cannot easily determine which types of families are "hopeless", and which will benefit from intervention.
3. It is our job to instill hope.
4. Clients are our colleagues.
5. People are doing the best they can.
6. We can do harm as well as good; we must be careful.

In the late 1980s, the Edna McConnell Clark Foundation led a coalition of national organizations to engage states in implementing intensive family preservation services, using the Homebuilders model as a base^{ix}. New Jersey was one of the first states to engage in this initiative, investing state funds to establish four programs in 1987 and contracting with Homebuilders for training^x. Four counties (Cape May, Cumberland, Essex, and Hudson) were involved in the pilot project in 1987^{xi}. A study of the pilot revealed the types of services that

families received from their FPS worker^{xii}:

Service Category	% of Families
Child management	54.2
Other clinical	53.5
Emotion management	48.8
Advocacy	45.4
Interpersonal skills	36.1
Other services	21.1
Concrete services	8.8

The State added four more programs in Camden, Union, Passaic and Mercer counties in 1988. In 1989, the Clark Foundation gave a two year grant to Rutgers University School of Social Work^{xiii} to develop an intensive training program for FPS workers statewide. Expansion of the program continued and in 1993 federal funds became available for the program, through the Family Preservation and Support Services Program (FPSSP; P.L. 103-66), which provided designated funding to support the national implementation of intensive family preservation services and longer term, less intensive, family support services^{xiv}. By 1995, FPS had expanded to all 21 counties in New Jersey^{xv} and over 30 states^{xvi}. More recently, the

approach to service delivery has included family systems and social network support interventions; in keeping with developments in social service delivery modalities^{xvii}.

New Jersey's Public Child Welfare System Undergoes Massive Overhaul

New Jersey's entire child welfare system has undergone dramatic change since 2003. DYFS gained two sister agencies in 2004, the Division of Child Behavioral Health Services (DCBHS) and the Division of Prevention and Community Partnerships (DPCP), greatly expanding the service array available to address family problems. In 2006, these three agencies were moved out of the Department of Human Services into a newly created Department of Children and Families (DCF). In 2007, DYFS adopted a new case practice model to change the way they engage families and increase the family's participation in addressing their needs.

In 2008, the Institute for Families (IFF), at the Rutgers University School of Social Work, collaborated with the Family Service Association of New Jersey to assess the training curriculum for FPS.

²Previously known as the Office of Professional Development and Research at the Rutgers School of Social Work.

IFF² has been responsible for the training of FPS workers since 1989 and also trains the DYFS staff in the new case practice model. Seasoned FPS workers were surveyed to assess what additional skills training they felt were necessary to meet the needs of the families they served. Additionally, child welfare experts at IFF identified emerging trends and current best practice wisdom in the field of family preservation, as well as ensured appropriate alignment with the DYFS case practice model. Experienced curriculum developers at IFF prepared and tested the new materials. The FPS new worker training program has thus been entirely revamped.

Fundamental Components of Family Preservation Services in New Jersey

DYFS contracts with community-based human service providers and is the sole referee for family preservation services. Cases are considered appropriate for referral if at least one child is at risk of removal due to a documented safety/

risk concern or a child is returning from out-of-home placement and the following conditions can be met^{xviii}:

1. The child can safely remain with or return to their family of origin with intensive in-home services.
2. The family agrees to the service and at least one parent is available to participate with the intensive services.
3. Other less intensive services will not be sufficient or are unavailable.

If these criteria are not met, then the FPS is considered not appropriate. FPS workers have the authority to turn-back cases that they feel do not meet those criteria. For example, parents will sometimes agree to services with their caseworker and then fail to follow through once the service is in place. FPS and DYFS have protocols in place to ensure that this kind of slippage is immediately addressed. Families may also reveal more to their FPS worker than they will to a DYFS worker, resulting

in increased safety and risk concerns that may result in a change in assessment regarding the child's maintenance in the home. FPS works hand-in-hand with DYFS to ensure that children's safety is paramount, while providing services to address the family's functioning. However, family preservation workers are employed by the contracted community-based providers and are not employees of DYFS. This distinction may assist them in building a helping alliance with the families. They are available 24 hours a day, 7 days a week to their families, for no more than 8 weeks. In keeping with the original Homebuilders model, FPS workers typically work with 2 to 4 families at a time, for no less than 5 and no more than 20 hours per week of intensive, in-home services. Following an assessment and goal development with families, the workers focus on specific skills in order to empower families to function more effectively, including problem resolution, parent education, child development training, advocacy, family and individual counseling,



communication and negotiation skills, home maintenance skills, job readiness training, concrete assistance, social network support, and referrals to other services the family may need^{xix}.

Regardless of their background prior to joining FPS, all new workers attend the Family Preservation New Worker Training Series at IFF. The goal of new worker training is to promote a particular approach to working with families, including:

- An ecological orientation to problem definition and target of intervention
- Family systems focus, as opposed to child-only focus
- Promoting resiliency and problem solving capacities, as opposed to deficit/problem-only approach

- Focusing on family-identified needs and aspirations rather than just professionally identified needs
- Strengthening the family's social network support

This training introduces FPS workers to a variety of simulated training experiences related to child protection issues and the competencies needed to achieve the goal of safely maintaining children with their families. Training sessions are offered two days a week for two weeks, allowing workers the opportunity to apply what they learned in their work environments. New FPS workers also attend the first module of the DYFS case practice training. Additionally, IFF offers professional development workshops to further develop FPS workers' skills in areas such as motivational interviewing, engaging adolescents, and gang

involvement. And, workshops are offered for advanced FPS workers and supervisors. In all, over 60 workshops are available to FPS workers following their new worker training, including certification in working with substance abuse, mental illness, domestic violence, or parent education.

Determining the Effectiveness Family Preservation Services

Descriptive and non-experimental studies indicate that this approach is successful in keeping children safely in the home, however experimental studies indicate mixed results^{xx}. These experimental studies typically randomly assign cases identified as appropriate for the FPS service to either receive FPS or receive services as usual. Those that do not receive FPS will still require another appropriate service, and so in some studies FPS has been found to be more effective than the alternatives and in other studies it has been found to be no more or less effective than those other services.

The second issue with the research is that it varies in regards to how long post-treatment completion data is collected, which indicates that there is no agreed upon standard for treatment efficacy. Additionally, families with issues significant enough to warrant child removal likely require more than a 6-8 week intervention; require concurrent or subsequent services to address other concerns. Research that does not take into account the full complement of services provided to a family, the match between problem and service, and the efficacy of those other services, holds FPS solely responsible for intervention outcomes.

For example a randomized control trial of FPS in New Jersey found that families that received FPS had lower rates of child removal up to nine months following services, than families who received "traditional community services". Within one year, FPS was no more or less successful than traditional services. Other services that may have



been provided concurrently or subsequently for either group were not assessed^{xxi}.

Furthermore, while the approach was developed to address acute family functioning problems, FPS workers may find themselves also trying to address chronic problems related to single parenting, housing instability, mental illness, and substance abuse, which are not amenable to a short-term service^{xxii}. Lastly, FPS is a practice model, but workers employ any number of specific activities with families to address their problems^{xxiii}. FPS is one of the services that assist DYFS workers in keeping the child with their family, but it is not a panacea for all family problems. The State has determined that FPS is an appropriate "front-end" service to prevent placement for the short-term^{xxiv}.

Family Preservation Access and Utilization

Data is compiled annually on the services provided by FPS in New Jersey. During Fiscal Year 2009 (July 1, 2008-June 30, 2009) 1,100 families were referred for services^{xxv}. Of these, 133 referrals were turned back by FPS, 71% of these due to the family refusing services. Child abuse and neglect problems constituted 30% of the referrals, parenting issues 21%, reunification 15%, substance abuse 13%, and the remainder was various issues related mostly to child related problems and domestic violence. The specific interventions provided by FPS staff included:

Service Categories	% of Families
Anger management	6%
Communication skills	13%
Compliance of child	7%
Concrete services	11%
Dealing with alcohol/drug use	4%
Depression management	3%
Health/medical care	4%
Household management	7%
Incomplete intervention	2%
Other	1%
Parenting skills	19%
Self-esteem	4%
Stress management	10%
Structuring daily routines	7%
Time management	2%

Of the 963 families that received services, 790 completed the full intervention (minimum 28 days), 16 received a partial intervention (family goals in less than 28 days), and 157 had an interrupted intervention (FPS services ended prior to 28 days without family goals attained). At the end of the full intervention, 89% (1858/2076) of children remained in their homes. After one year post-services, 91% of children who were in their homes when FPS terminated, remained in their homes. Lastly, a parent satisfaction survey indicated that overall families were well satisfied that 1) the home visits were conducted at times that were convenient, 2) the worker was available 24 hours a day/7 days a week, 3) the worker addressed issues related to family's needs, 4) the families experienced improvements in the issues they had before FPS intervention, and 5) they felt satisfied with the services they received^{xxvi}.

Conclusion

Family preservation services has served as a model approach to preventing placement and promoting reunification of children with their families in New Jersey since 1987. In 2003, New Jersey's entire public child welfare system began dramatic restructuring and transformation of its services and approach to addressing family problems. FPS training has been updated by the Institute for Families, in keeping with these changes. While research indicates mixed results, FPS has shown to be effective at keeping children safe in the home during periods of acute family problems, giving the agency a chance to engage families in longer-term change. Annual data collected routinely by FPS in New Jersey indicates the range of services provided by FPS workers and generally positive outcomes of the intervention after one year post-services. However, FPS is not a panacea for all family problems. More research is needed on this program to guide DYFS and FPS workers on the appropriate targeting of the intervention to the needs and attributes of families.

Family Preservation Services has shown to be effective at keeping children safe in the home during periods of acute family problems.

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