

THE FEASIBILITY OF INTENSIVE FAMILY PRESERVATION SERVICES IN SOUTH AFRICA

by

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I declare that The Feasibility of Intensive Family Preservation in South Africa is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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SUMMARY

Children are being removed unnecessarily from their families and placed into substitute care because service programmes lack resources to keep families intact.

There are overseas programmes, which provide home services to families, with children at risk of out of home placement.

Although there has been an IFPS project there is no established intensive short-term programme in South Africa that deals with families at the brink of dissolution.

The objective of the research is to investigate whether an Intensive Family Preservation Programme is feasible in South Africa.

The researcher received training in the United States and met with leaders in the field, to discuss the development and implementation of the programme in South Africa.

Surveys obtained the attitudes and opinions of the local social workers and commissioners of Child Welfare in Durban towards the programme.

The results from opinion surveys indicate that an Intensive Family Preservation Programme is feasible in South Africa,.

LIST OF KEY WORDS

1. Intensive family preservation
2. Feasibility
3. Home based services
4. Family based prevention
5. Family based service
6. Attitude
7. Children at risk
8. Out of home placement

CHAPTER 1

GENERAL ORIENTATION

INTRODUCTION

1.1 REALITY OF CHILD REMOVAL FROM FAMILIES

“Children are being removed unnecessarily from their families because human service programmes lack both the resources and technology to strengthen families in crisis”.

(Fraser, Pecora & Haapala 1991: 1).

An Edna Mc Connell Clark foundation report (1994) charged that...

“Children are separated from their families by default. Too few alternatives are available to help families stay together safely. In fact, many children have been placed outside their homes not once, but multiple times”. (Rzepnicki, 1987) according to Shuerman, Rzepnicki and Littell (1994 : 13) multiple placements may occur for many reasons, including changes in circumstances in foster homes and problems foster parents have in caring for sometimes difficult children.

Shelman (1973 : 886-87, 103) states that “Children in temporary substitute care drift without plan into permanent substitute care. This demonstrates the difficulty of returning children from substitute care to parental care. The longer children remain in substitute care – the poorer the chances of leaving this care”.

The state can be a custodian, but not a parent. Wexler (1995: 250-252) states that: “Children are sustained by the illogical affection of their parents – affection and regard that outsiders would not give to children, particularly when they misbehave, or if by various criteria, they are unattractive”.

Even child savers concede that most maltreating parents don't want to harm their children. Very few abuse them for the sadistic joy of it, and a great many children remain attached even to abusive parents. And there is no joyous foster care fantasyland out there awaiting these children. For some children, staying with their families is as important for them as an emotional, psychological issue as it is for parents. If no effort is made to keep the family together, we are depriving some of the children maybe a majority of the children, of a possibility to be in the home, where, if the parents behaviour can be changed, they will be best off in the long run.

Kelly (1995 : 2) states: “It makes sense and is good public policy to keep families together safely whenever it is possible. The human cost of separating families has long term consequences that are difficult to repair. Fostering situations will always be a necessity for some children, but the use of substitute families, even for the shortest time, must be a last resort, not a first option.

With reference to South Africa, The Natal Mercury (Sep. 1996.1) reported: In South Africa 60% of the 30,000 children in residential care facilities were there in terms of the Child Care

Act 74/1983. These children were not in trouble with the law, but had been placed there because they needed care.

1.1.1 FAMILY PRESERVATION

In the past twenty years, a handful of groups have developed a new kind of short-term programme to deal with families at the brink of dissolution. These short term programmes are called in-home or intensive family services, family-based prevention or family preservation (Angelou, 1985 : 8).

The term “family preservation” was coined in the early 1980’s and is used generically to mean keeping families together and specifically to refer to a variety of programmes intended to strengthen families in crisis and reduce the unnecessary removal of children from troubled families. (Edna McConnell Clark Foundation, 1994 : 1).

While family preservation programmes vary in their shape and size, many share the following elements: (Angelou, 1985 : 8-9)

- They accept only families on the verge of having a child placed
- They are crisis orientated, and see each family as soon as possible after referral is made
- Their staff responds to families around the clock, maintaining flexible hours seven days a week.
- Their intake and assessment process carefully ensure that no child is left in danger

- They deal with each family as a unit, rather than focusing on parents or children as problematic individuals
- Workers see families in their own homes, making frequent visits convenient to each family's schedule
- Their approach combines teaching family members skills, helping the family obtain necessary resources and services and counselling based on an understanding of how each family functions as a system
- They deliver services based on need rather than on categories that would ordinarily be assigned to each case
- Each worker carries a small caseload at any given time
- They limit the length of their involvement with each family to a short period
- They provide their staff with ongoing in-service training and often require of new staff members a degree in social work or a deep knowledge of the community
- They follow-up on families to assess their progress and evaluate the programmes success

Within a broad variety of family preservation programmes, **Intensive Family Preservation Services (IFPS)** refer to a specific model based on the best known and most replicated of these programmes namely, Homebuilders, established in 1974 in Tacoma, Washington, USA. Over twenty years, the founders and staff of homebuilders developed, refined, and tested the essential elements of IFPS. They have disseminated this programme in other states. One particularly successful programme is the Families First IFPS in Michigan (USA).

In 1988, the Department of Social Services in Michigan, implemented Families First, the largest state-wide IFPS following the Homebuilders model. Families First programmes are now operating in all 83 counties of the State of Michigan. Families First sites range from urban, inner city locations, to industrial settings, to rural farming areas, to federally recognised Indian Reservations. (Kelly, 1995).

1.1.2 PERSONAL TRAINING IN THE UNITED STATES

Due to the newness of the programme for the South African context, the researcher embarked on a trip to the United States made possible by a donation of R20,000.00 from the Round Table, Port of Natal "76". The researcher had the opportunity to receive knowledge and training and experience in the Families First model in Lansing, Michigan, the Homebuilders model in Seattle, Washington and Salt Lake, Utah. The researcher accompanied private agency field staff providing services to families, observed case consultation meetings held by service delivery persons and consulted with authors, programme managers, specialists, trainers and administrative staff about the development and implementation of an Intensive Family Preservation Programme in South Africa.

1.2 DEFINITION OF THE PROBLEM AREA WITH PARAMETERS

During 1996 investigations were conducted at Pinetown Highway Child and Family Welfare Society, Christian Social Services and the Pinetown and Durban Magistrates Court – both available for children's court enquiries – to determine the social workers and Child Welfare Commissioners attitudes and opinions towards IFPS in South Africa.

The investigations arose from the researchers concern of the high incidence of children who

have been removed from their homes and placed into state funded care and the low number of children returned to their families.

As at 10 June 1996, approximately 762 children from Pinetown Highway Child and Family Welfare Society were placed into foster care, children's homes and industrial schools. The Annual General Meeting (AGM) report (1996 : 6) states that in the year under review, 240 children (related and unrelated) were placed in alternative care and 42 children were placed in children's homes and child care schools. There were a total of 282 children in state funded care. Approximately 22 children (less than 2%) were returned to their homes during the period January 1995 – March 1996.

Between April 1996 and April 1997 – approximately 81 children were removed from home by the social workers employed at Christian Social Services and placed into state funded care. Only 26 were returned home.

Social workers and commissioners of child welfare were targeted to assess their attitudes and opinions towards the values and beliefs and the service delivery components of IFPS by means of surveys.

1.3 VALUE OF THE RESEARCH

The value of the research is firstly to define concepts and develop questions for further research on the feasibility of IFPS in the South African context. Secondly to establish the strengths and weaknesses of developing and implementing IFPS in South Africa and take

these into consideration in modifying the programme to suit the South African context.

1.4 OBJECTIVES OF THE RESEARCH

- To provide a literature survey on Family Preservation Services that covers the definition of IFPS, history, philosophy, goals, target population, criteria for selection and service delivery components.
- To establish a profile of the respondents completing the surveys in terms of job description, ethnic group and years of experience.
- To establish the social workers and child welfare commissioner's attitudes and opinions regarding the value and beliefs and the service delivery components of IFPS by means of surveys thereby indicating its feasibility.
- To highlight the strengths and problems that can promote or undermine the development of FPS in a South African Welfare agency and thereby indicating its feasibility.
- To make recommendations for an IFPS programme in South Africa.

1.5 THE RESEARCH DESIGN

The research design is exploratory. Collins (in Black & Champion, 1976 : 79) states that exploratory research acquaints the researcher with the characteristics of the research target.

This design has been selected because:

- There is little knowledge about IFPS in South Africa.
- There are no available IFPS programmes in South Africa.
- A small sample was selected for the study.

1.6 SELECTION OF THE SAMPLE

The population from which subjects came were employees at Pinetown Highway Child and Family Welfare Society, the Pinetown and Durban Magistrates Court and the Christian Social Services who attended a presentation on IFPS at meetings held respectively on 10 June 1996, 12 September 1997, 26 September 1997 and 29 October 1997.

The sample consisted of the following people:

- Twenty four social workers employed at Pinetown Child Welfare
- Five social workers employed at Christian Social Services
- Three commissioners of Child Welfare employed at the Pinetown Magistrates Court
- One commissioner of Child Welfare employed at the Durban Magistrates Court

As the sample consisted of professional workers who have knowledge, training and experience in the field of Child Welfare, thus related to the research problem – this could be called purposive sampling.

1.7 METHOD OF DATA COLLECTION

The survey was the method for collecting data information.

Oppenheim (1979 : 1) defines the survey: “as a form of planned collection of data for the purpose of ... a guide to action or for the purpose of analysing the relationship between certain variables”.

The researcher used descriptive, enumerative surveys, the purpose of which was to count the number of members of the representative sample who had a certain characteristic i.e. the incidence and distribution of attitudes towards IFPS.

Two surveys using the Likert attitude scales were selected; the chief function being to divide people roughly into a number of broad groups with regard to a particular attitude (Oppenheim, 1979 : 121). An additional section allowed for open ended comments about the programme being relevant in a South African context – in particular the perceived strengths and problems in developing and implementing the programme.

Likert's primary concern was with unidimensionality, making sure that all the items would measure the same thing. Subjects placed themselves on an attitude continuum for each statement running from “strongly agree” to “agree,” “uncertain,” “disagree” and “strongly disagree”. These five positions were given simple weights of five, four, three, two and one for scoring purposes. Respondents were not merely asked whether they agree or disagree with each statement, but to check one of the five positions.

The Likert Scale has a number of advantages in that it is relatively easy to construct, it provides more precise information about the respondent's degree of agreement or disagreement and it includes items whose manifest content is not obviously related to the attitude in question so that the more subtle and deeper ramifications of an attitude can be explored. These "long shots" enable us to make use of the links that an attitude may have with neighbouring areas and so uncover the strands and interconnections of its various components.

1.8 THE VALIDITY AND RELIABILITY OF THE MEASURING INSTRUMENT

1.8.1 RELIABILITY

Reliability refers to consistency – to obtaining the same results again. (Oppenheim, 1979 : 69).

According to Oppenheim, (1979 : 121,140) the greater length and diversity of attitude scales make them more reliable than single questions. The Likert Scales used by the researcher is considered reliable because they tend to perform well when it comes to a rough ordering of people with regard to a particular attitude as well as the greater range of answers permitted to respondents i.e. respondents answered ten statements or more in the survey as opposed to answering a single statement.

1.8.2 VALIDITY

Validity is the extent to which an instrument measure what it purports to measure (Kiresuk & Lund, 1976 : 349). Validity constitutes face, predictive and content validity.

1.8.2.1 Face validity

Kiresuk & Lund cites Manger et al 1975 – who describes face validity as:

“The intuitive appeal of a measuring device... (the extent to which it look like it should measure what its developers claim”.

The surveys used by the researcher has appealing face validity because the respondents were clear about the purpose of the research i.e. to measure their attitude towards the IFPS programme and understood the meaning of the statements.

According to Oppenheim, (1979 : 77) some investigators have urged that the most valid response is likely to be the respondent’s snap answer, his first immediate reaction to the question, giving what is uppermost in his mind rather than a carefully considered statement. They claim that, as in association tests, the first quick response is less open to defensive bias and face saving.

The majority of the respondents (90%) completed the surveys after the presentation on IFPS – thus their first, quick response – without colleague consultation, can be considered less open to defensive bias and face saving.

1.8.2.2. Predictive validity

According to Grinnell (1988 : 116) predictive validity denotes an instrument's ability to predict future performance or status from present performance or status. It entails comparative measurement at two different (present and future) points in time.

The surveys were administered to different groups of people at different times – with similar results, thus indicating comparative measurement at two different points in time – confirming that the instrument as predictive validity.

1.8.2.3 Content validity

This refers to the representativeness of the behaviour sampled by a measuring device, the extent to which an instrument samples... all relevant aspects of the domain of behaviours, which are to be assessed. (Kiresuk & Lund, 1976 : 349).

The respondents answered the survey statements independently and queried statements they were uncertain of.

The surveys reflect the various aspects of the IFPS philosophy and service delivery component thus having content validity.

1.9 LIMITATIONS OF THE RESEARCH

Firstly the research is limited in that there are no local family preservation programmes from which to draw knowledge and research base.

Secondly, the selection sample is small, thus findings cannot be generalised to other child welfare organisations and magistrate courts.

1.10 CONCLUSION

Due to the high incidence of children being removed unnecessarily from their families, the researcher embarked on a trip to the United States – to learn about intensive family preservation programmes designed to strengthen families and reduce the unnecessary removal of children.

The researcher then undertook an investigation to determine Social Workers and Child Welfare Commissioners' attitudes and opinions towards IFPS in South Africa by means of surveys indicating its feasibility.

CHAPTER 2

LITERATURE SURVEY ON FAMILY PRESERVATION AND INTENSIVE FAMILY PRESERVATION

INTRODUCTION

The social workers and commissioners of child welfare's attitudes and opinions towards IFPS and the strengths and weaknesses of the programme is to be reviewed against the Literature Survey of IFPS which includes the definition of IFPS, history philosophy, goals, target population, criteria for selection, stages of intervention and issues in starting an in-service family preservation programme. This chapter on Literature Survey forms the basis of the research methodology discussed in the following chapter.

2.1 DEFINITION OF INTENSIVE FAMILY PRESERVATION

Family Preservation literally includes anything done by a human service agency to help a family. The term is also identified with a group of services defined as crisis intervention model or intensive family centred crisis services. (Cole & Duva, 1990 : 1).

Family Preservation is also sometimes referred to as home based services, family based services and family centred services. (Bath & Haapala, 1994 : 387).

A distinction must be made between Home-Based, Family Centred Services and Intensive Family Preservation Services. These three types of programmes are often similar and

overlapping, but there are differences between them that are muddled in reviewing the field and related literature.

Berry (1994 : 7-10) states that **Home-Based Services (HBS)** emphasise serving the child in the home because clients are believed to be better served in the environment in which their problems are occurring. Berry (in Campher, 1983) reviewed the various types of home based social services to children, and classified them as general case management, the comprehensive social worker, the in-house team, and the inter-agency team. General case management focuses on the client's contextual needs in order to strengthen family resources and prevent the need for placement. The comprehensive social worker emphasises strengthening family functioning through family counselling and facilitates resource development. The in-house team consists of two to three social workers that can develop resources and provide intensive counselling simultaneously. The inter-agency team has three roles: case manager, clinical family therapist and family aide. Home based programmes run the gamut from broad educational and informative programmes aimed at early interventions with infants and their mothers, to case management models in child welfare services to structural family therapy models incorporating home visits and in-home assessments.

Family Centred Services (FCS) are usually home based, but with the added component of involving the entire family in treatment. Family Centred Services will be more likely to focus on family communication patterns and interaction in abusive families. Services to

these families who show signs of risk but are not in immediate danger are not as intensive as Intensive Family Preservation Services.

Intensive Family Preservation Services (IFPS) are home-based and family centred programmes specifically aimed at families whose children are at risk of placement into state funded care and in need of crisis intervention.

IFPS goes by many names, but all have several common themes and purposes. Programmes agree that the home is the best and primary site of service, and the whole family is the client. These programmes are also based on the proposition that services include whatever it takes to improve family relations and keep the family together. This commitment required round-the-clock availability of workers, a wide range of skills and resources and ability to work within the family's ecological system, including the community. (IFPS programmes are short term [four to six weeks] with workers serving only a few families at a time.

IFP Services involve different foci, with some proponents advocating a structural family therapy approach, others a social learning theory approach and ecological approach.

Family Preservation (FPS) is distinguished from Intensive Family Preservation Services (IFPS) in that the latter refers to "services that are family focused, intensive, short term therapeutic services designed to prevent the removal of children from their homes or placement into foster care, group care or institutions..." (Wells & Whittington, 1993 : 55).

This definition serves the basis for researchers thesis on IFPS.

Intensive Family Preservation Services (IFPS) as the basis for this particular research project is used to provide intensive counselling, education and supportive services to families in serious crisis, with the goal of protecting the child, strengthening and preserving the family and preventing what would be an unnecessary out of home placement of children, or promoting the return home of children temporarily in out of home care. (Guidelines for Intensive Family Preservation, 1993 : 10 - Attachment B). The Child Welfare League of America (CWLA, 1973 : 46) in its standards for service to strengthen and preserve families with children, referred to this model of IFPS as “Intensive Family Centred Crisis Services.”

2.2 HISTORY OF FAMILY PRESERVATION

The first family based or home based service programme in the United States consisted of the "friendly visitors" of the charity organisation societies who worked with immigrant and low-income families in their homes to promote self sufficiency and assimilation into American society in the late 1800 and 1900's. In 1909, the first White House Conference on Children lent support to the principles that children should not be removed from their home due to poverty alone.

Family based services began in 1949 with the St. Paul (Minnesota) Family Centred Project. This project was a joint effort of five voluntary agencies – each of which designated workers to carry reduced caseloads consisting exclusively of multi-problem families. Home visits were used widely and the provision and co-ordination of comprehensive services formed the foundation of interventive strategy.

According to Frankel (1988 : 141), the project demonstrated the practicality of a comprehensive casework approach and stressed the role of a primary worker who could become intimately acquainted with the needs of the entire family and the community. The project increased optimism about home based preventive intervention.

Frankel (1988 : 140) maintains that in the 1960 and 1970's concern about the inappropriate use and negative effects of foster care crystallised and placement prevention became a major focus for the field of child welfare. Although the case against foster care may have been overstated, it was a major contribution to the shift toward attempting to maintain children in their new homes. A number of child welfare agencies were also successful in preventing child placement through family-focused counselling or through the use of a variety of "emergency services" such as crisis counsellors, emergency shelters or foster homes, and emergency caretakers. These programmes recognised the importance of crisis intervention and time-limited supportive service for families as means for preventing long term foster care placements.

A more time limited and intensive **Home Based Services (HBS)**, the Homebuilders programme was developed in 1974 at the Catholic Community Services in Tacoma, Washington.

Homebuilders' therapists receive referrals from the state child welfare agency for those cases where previous counselling or other services have been provided but the children are in "imminent danger of placement". This programme model is characterised by low worker

caseloads, high intensity (provision of an average of 37 client contact hours in 30 days) and provision of a variety of clinical and concrete services. It is perhaps one of the best examples of an IFPS programme.

The passage of Public Law (P.L.) 96-272, and the Adoption Assistance and Child Welfare Act of 1980, signifies at the federal level a focus on families. The Adoption Assistance and Child Welfare Act of 1980 is child welfare legislation. The aim of Congress in adopting this legislation was to shift the emphasis of Federal programmes and funds towards prevention and reunification services for families where abuse and neglect occur. The Public Law (P.L.) 96-272 – Act is to ensure that no child will be placed in foster care, except in emergency situations, unless services aimed at preventing the need for placement have been provided or refused by the family. These Acts have been the primary legislative force in the development and spread of family based programmes in 1980.

The federal legislation is important in requiring all states to enable that “reasonable efforts” are made to prevent out of home placement, to reunite families where placement has been necessary and to provide permanent homes for children for whom reunification with their own families has not been possible.

Today the Homebuilders programme is now implemented in 35 States and operates in seven other countries including Australia, New Zealand, Canada, Sweden, Rumania, Denmark and The Netherlands.

2.3 PHILOSOPHY OF INTENSIVE FAMILY PRESERVATION

The IFP philosophy includes a set of values and beliefs. The primary value underlying the philosophy of IFP is the importance of the family. (Kinney, Haapala, Booth & Leavitt, 1988 : 37-68). All other values support this fundamental belief that it is best for children to grow up within their families.

The following values and beliefs underlie the services provided to families:

2.3.1 SAFETY IS THE HIGHEST PRIORITY

IFPS is designed to support the family unit and protect the wellbeing of children. If a child remained in danger despite intensive services, the referring worker would be alerted immediately. (Michigan Department Social Services, 1995 : 1). Safety has been defined as the present well being of a child who has been assessed to be at risk of maltreatment, (De Ponfilis, 1988 : 2).

Kelly (1995 : 1) states that: "My experience in child welfare, especially in the development of Family Preservation Services in Michigan, convinces me that the best child protection is within the family. When crises occur and families are experiencing extreme stress, we need to find safe alternatives that allow the crisis to be dealt with, the behaviours to change and parents to learn how to appropriately and safely care for their children. Removing the risks instead of removing the child is our imperative responsibility".

2.3.2 IT IS BEST FOR CHILDREN TO BE RAISED IN THEIR OWN FAMILIES WHENEVER POSSIBLE

Kinney, Haapala, Booth and Leavitt (1991 : 16) state that there are many benefits for the child, the family and the community when families remain in tact and problems are solved within the context of the family, rather than through placement. In almost all of the families Homebuilders have seen they cannot help but notice incredibly strong intertwined emotions that cannot be severed without great pain.

Even where these emotions are mixed and interactions are sometimes painful, there are usually parallel feelings of connectedness, concern, yearning, hope and love that can blossom as family members learn new ways of coping with their problems and differences.

2.3.3 PARENTS SHOULD BE SUPPORTED IN THEIR EFFORTS TO CARE FOR THEIR CHILDREN

Services should be used to provide parents with information and skill necessary to help them become better parents. Parents need to learn to handle their own problems rather than continually rely on the State. (Kinney, Haapala, Booth & Leavitt, 1991 : 16).

2.3.4 PEOPLE HAVE THE ABILITY TO CHANGE

Everyone can learn. Behaviour is learned in social and environmental contexts. It can also be **relearned** and taught (Bandura, 1977).

Leavitt (1995 : 2) posits that social learning theory assumes that behaviour is affected by its relationship to the environment. By assessing and changing the antecedents and consequences of behaviour through rewards, penalties and direct teaching, it is possible to change and improve behaviour.

2.3.5 A CRISIS IS AN OPPORTUNITY TO CHANGE

A crisis is defined as a hazardous event that cannot be resolved with customary resources or a problem solving approach. This crisis state is the state of disequilibrium that exists while the person is attempting to resolve the situation. (Caplan, 1964).

According to Leavitt (1995 : 2) crisis theory assumes that the crisis provides an opportunity for change – that services offered during this state of disequilibrium are better able to help the individual or family make positive changes and successfully negotiating a crisis makes a person stronger.

2.3.6 FAMILY MEMBERS ARE DOING THE BEST THEY CAN

“Within the limits of their skill levels, their intelligence, their histories, their environments, their income, their energy level, the skills of those around them, their health and their knowledge of their options, everyone is doing as well as they can”. (Kinney, Haapala, Booth, 1991 : 59).

Also Tracy, Haapala, Kinney, Pecora (1991 : 21) believe that people usually hurt each other out of lack of information regarding skills such as anger management and wrong information such as that severe punishment is necessary in parenting.

2.3.7 WE CANNOT PREDICT WHICH SITUATIONS ARE HOPELESS

Sometimes referrals will involve discouraging case histories documented failure of many previous services i.e. parenting classes, family therapy and psychiatrists. Tracy et al (1991 : 19) believes, except where potential for violence leaves family members at too much risk, that all families deserve a chance to learn to resolve their problems together.

2.3.8 THERAPISTS CAN MAKE LIFE WORSE FOR FAMILIES

Practitioners do not know everything. They can detonate clients, exacerbating their problems. Workers can tell if they are being helpful in that the family's situation is better than when they first began. For example, a practitioner can teach a woman to be assertive instead of submissive to her husband, which could result in him beating her up. (Kinney, Haapala & Booth, 1991 : 67). It is important for practitioners to match appropriate interventions to the problems and needs of families and to monitor responses so that the methods can be helpful.

2.3.9 CLIENTS ARE OUR COLLEAGUES/PARTNERS

Everyone needs help sometime. If we believe that clients have valuable information and viewpoints and treat them as colleagues, they sense our respect.

Kinney et al (1991 : 61) described clients as experts on themselves. They have the information about everything that happened, everything that was tried, everything that worked and did not work. Often they also know a lot about certain things that did not work then and would not work now. The relationship is not a friendship, in that helping giving is non-reciprocal. We will not be telling them our problems. However, there can be reciprocity in respect and liking for each other.

2.3.10 THE PRACTITIONER'S JOB IS TO MOTIVATE CLIENTS AND GUARD AGAINST REMAKING FAMILIES

Most clients seen prior to IFPS have been through numerous programmes and had a succession of workers, with very little success. The Homebuilders practitioner helps clients see that there are many alternatives left before problems are hopeless. They can instil hope by minimising barriers to change, make it easy for them to see us, talk to us, like us and understand what we are trying to do. It is important to define realistic goals and continually work on creativity, enthusiasm and optimism.

Practitioners need to be cautious about making another family into an ideal of a family.

2.3.11 IT IS HELPFUL FOR PRACTITIONERS TO THINK OF THEMSELVES AS “PERSONAL SCIENTISTS”

According to Whittaker, Kinney, Tracy, Booth (1990 : 148-149) a “personal scientist” is an individual who can engage in both practice and research simultaneously and in an integrated fashion. Personal scientists break down goals into smaller, more manageable goals so that they can accomplish desired changes incrementally. They are flexible both with logistical concerns such as scheduling visits to families and determining the length of sessions and with treatment concerns such as a type of service delivered including concrete services and the exploration of new treatment techniques or adaptations of old ones.

A characteristic of personal scientists is a willingness to adopt a trial and error approach. They must be willing to take risks by trying new ways of solving problems when their usual methods do not appear to be working or are taking too long to have the desired effects.

In terms of the information used to determine if their interventions are having the desired effects, a personal scientist must have a broad view of what constitutes data. The practitioner, the client or significant other, might gather information. Any information that seems relevant to the general tasks of assessment, monitoring treatment implementation and monitoring treatment effects is a possible source of data. The information must be carefully specified and then systematically collected and analysed. In turn, this data provides information for core decision making as personal scientists proceed in their efforts to attain goals.

2.4 GOALS OF INTENSIVE FAMILY PRESERVATION

The overall goal of IFPS is to preserve the family, while ensuring the safety of children and helping the family learn new skills to stay together successfully. The family is considered the optimal environment for children's growth and development. (Berry, 1994 : 25).

According to (Tracy, Haapala, Kinney, Pecora, 1991 : 1) the specific goals of IFPS include:

1. to protect children
2. to maintain and strengthen family bonds
3. to stabilise the crisis situation
4. to increase the family's skills and competencies
5. to facilitate the family's use of a variety of formal and informal helping resources
6. to prevent the unnecessary out of home placement of children

2.5 TARGET POPULATION

IFPS has been demonstrated to be effective with families of varying income levels, racial or ethnic backgrounds, living environments and presenting problems. The Homebuilders IFP target population includes:

- New born infants to teenagers
- Children who are victims of physical, emotional and sexual abuse and neglect
- Severely emotionally disturbed children
- Children/youth with behavioural and school problems
- Children/youth who are developmentally delayed
- Children/youth who are involved with drugs and alcohol

- Special needs adopted children and foster children
 - Parents involved may be developmentally delayed, experiencing mental health problems, involved with drugs or alcohol, unemployed, involved with the criminal justice system and have social, medical and health problems.
- According to the Michigan Department Social Services (1995 : 1), the Families First Programme of IFPS receive referrals through the Department of Social Services staff from Children's Protective Services, Delinquency Services and Foster Care Units. In some countries services may be accessed through the Community Mental Health Centre and Juvenile Court, Tribal Social Services organisations, Domestic Violence Shelters and Department Social Services staff.

2.6 CRITERIA FOR SELECTION OF FAMILIES TO IFPS

During the screening process of determining the family's appropriateness for IFPS, the following eligibility criteria should be used:

- One or more children have been determined to be at imminent risk of out of home placement for more than 14 days. Berry (1994 : 34-35) specifies risk as those families in which the referral came from the Department of Social Services and the family had more than one child and the family was of minority ethnicity

Risk has been further specified as pertaining to families with any of the following characteristics:

- A child currently in placement, with a prior history of placement and a history of abuse or neglect

Or if more than one of the following are true:

- Multi-problem family
- A multi-racial family
- Possible abuse
- An absent parent
- A parent with problems with substance abuse
- Psychiatric history
- Developmental disability or severe physical illness
- Reasonable safety for all family members is possible while the intensive services are being provided. Abuse/neglect, drug and alcohol problems, suicide threat and mental illness should not be of such magnitude that reasonable safety could not be expected
- Less intensive services are determined to be inappropriate for the family (outpatient therapeutic services, family therapy). The referent needs to certify that the family needs more services than can be provided by a traditional protective services worker
- At least one parent in the family must be willing to participate in the programme
- If the child is out of the home prior to the referral, he/she must be returned within seven days. (Standard Operating Procedures for IFP, 1993: 20).

2.7 SERVICE DELIVERY COMPONENTS

The beliefs, attitudes and values heretofore explained have influenced the important components of the IFPS service delivery model. It is believed that their interaction makes the approach more powerful than if any of the components were to be used separately.

The following tabled summary of the Service Delivery Components has been associated with treatment success for the prevention of child placement.

TABLE 2.1 : PROGRAMME CHARACTERISTICS OF IFPS (taken from Forsythe, 1992 : 41).

1	Children are at imminent risk of unnecessary removal from their families.
2.	Services are delivered in the client's home.
3.	The response is immediate, usually within 24 hours.
4.	The service is very intensive, 5-20 hours per week.
5.	Caseloads are small, usually only two families at a time.
6.	The service is short term, four to six weeks.
7.	There is highly flexible scheduling – with 24 hours, seven days a week availability.
8.	A blend of “hard” and “soft” services is offered.
9.	The approach is “systematic” with an emphasis on interaction among family members and within the community.
10.	Objectives are “limited” to teach the family the skills to stay together safely.

The programme characteristics as indicated in the above table differs from “traditional” child welfare services. The following table illustrates the characteristics of the model that distinguish it from most other efforts to intervene in similar circumstances. Many preventative services have vague or very complicated extensive “goals” for the family. Family Preservation Services are distinguished by the simplicity and limited nature of their goals.

TABLE 2.2 : PROGRAMME CONTRASTS (taken from Forsythe, 1992 : 42).

TRADITIONAL SERVICES	FAMILY PRESERVATION SERVICES
➤ Services in the office	➤ Services in client's homes
➤ Waiting list	➤ Immediate response – within 24 hours
➤ 50 Minute session	➤ As long as session is needed
➤ Weekly or less	➤ Frequent, often daily
➤ Available in business hours	➤ Seven days a week, 24 hours a day
➤ Accept certain kinds of cases	➤ Accept almost all cases
➤ Worker defines solutions	➤ Family selects solutions
➤ Open-ended	➤ Predetermined length of service
➤ Large caseload, 12-50 families	➤ Small caseloads, 2-3 families
➤ Long term	➤ Short term, 4-6 weeks
➤ Focus on individual	➤ Focus on family
➤ Concentrate on immediate symptom	➤ Concentrate on underlying skills and interactions
➤ Soft service only	➤ Blend of hard and soft services
➤ No special use of crisis	➤ Use of crisis as teachable moments
➤ Solve problem for client	➤ Help client solve own problems

The challenge is to work with families for whom traditional services have been unsuccessful – to reach people previously written-off as unworkable. It is here that family preservation makes some of its greatest contributions. It is an altogether different way of working with families.

To continue this chapter, the researcher will briefly discuss the identifying characteristics of IFPS.

2.7.1 LIMITED TO CHILDREN AT IMMINENT RISK OF UNNECESSARY PLACEMENT

Imminent is operationally defined as out of home placement to occur within 72 hours of referral, without intervention. (Evaluation of Michigan Families First Programme Summary Report, 1995 : 4).

Placement refers to the official, long term placement of a child into state funded care.

“Risk” is defined as determination that a child is likely to be maltreated in the future. (De Ponfilis, 1988 : 2). In assessing the risk of placement, staff should consider factors related to the child and the parents; their functioning within the context of community norms and the availability of social supports and community resources. Among the criteria to be considered are the following:

- A representative of an agency legally authorised to make placements is considering or has filed a petition for the removal of the child from the home.
- A representative of an agency serving the child and or family, has recommended that the child should be removed from home.
- An agency designated screening committee has determined that the child should be placed within seven days if intensive family preservation crisis services are not provided.
- There is a likelihood of immediate and or severe harm to the child if intensive family centred crisis services are not provided. (Guidelines for IFPS, 1993: 13 – Attachment B).

Also to be considered are the negative consequences of removal. These include:

- Families and children who often experience negative emotional consequences when children are placed outside their homes, communities which experience a number of negative long-term social and financial consequences associated with placing children outside of their homes and once a child has been placed outside of his/her

family home, it can be very difficult for him/her to return home again. If the child does return home, it is more likely that he/she will then be placed again, makes it less likely in the long run that a child will be raised in their family home.

2.7.2 SERVICES ARE DELIVERED IN THE FAMILY'S HOME AND COMMUNITY

Serving in the client's home and other settings has several advantages:

- A complete and accurate assessment of the family situation and for first hand observation of the family's situation, life style, routine, problems and progress on goals. Environmental conditions and constraints and the natural kinds of disruptions and interferences that occur can also be assessed.

It allows for monitoring of client safety and response to any threats to client safety and families can learn new skills at home.

2.7.3 HIGH FLEXIBLE SCHEDULING – 7 DAYS A WEEK, 24 HOURS

ACCESSIBILITY

The worker's schedule adheres to family's needs rather than traditional 8:00 a.m. to 5:00 p.m. Monday to Friday workweek. Practitioners routinely work some evenings and weekends. They are also available on holidays if family emergencies arise. Workers give families their home phone numbers and the number of their supervisor. Practitioner availability means they are there when families need them and they closely monitor

potentially dangerous situations when things are most volatile. All family members are more likely to participate if it is convenient for them. (Kinney et al, 1991 : 24).

Fundamentals of Family Preservation Practice, Part I (1994 : 1) – goes on to mention that being available for extended periods allows the IFPS practitioner the freedom to continue sessions for as long as is necessary to accomplish the session's goals or respond to client's needs.

It is beneficial for IFPS practitioners to be present at times the family identifies as problematic so that the practitioner can observe antecedents and consequences of behaviours and teach and model effective alternatives.

2.7.4 INTENSIVE INTERVENTION

Practitioners are intensively involved with their families for long periods of time, an average of five to twenty hours per week in direct contact with families. Frequent contact with a family for hours at a time increases the opportunity to assess strengths, problems, progress towards goals and promote a safe environment for children and parents. The continuous, intensive involvement with families facilitates gathering more complete, qualitatively different information and helps the practitioner to transcend the traditional worker-client relationship.

The relationship becomes more equal, and deeper, closer to that of a supportive friend.

According to Kinney et al (1991 : 3) with frequent contact and massed time, more work and

better quality work can be accomplished than with conventional methods, because little time has to be spent on reviewing the problems each visit. Problems and solutions can be discussed exhaustively. Quick successes can be followed with additional success experiences, and initial failures can be corrected quickly to find more successful interventions.

2.7.5 GOAL ORIENTATED WITH LIMITED OBJECTIVES

Goals are limited to preventing placement for children and are developed with the family to address problems that led to the crisis. Between two and four specific and measurable objectives are established. The dominant strategy used to accomplish the objectives is to teach families basic skills that help them to continue living together. (Unrau, 1995 : 27).

2.7.6 SMALL CASELOADS

Small caseloads ensure worker availability and accessibility. Limiting the IFPS caseload to two families increases the chances that IFPS practitioners will be flexible enough to provide an intensive and responsive service. The practitioner sees an average of 19-20 families per year.

Unrau in (Forsythe, 1992 : 44) observes that it is comparable if not superior to working with 20-30 cases simultaneously for a year, all of which are open, an average of 15-30 months, with a far lower success rate.

2.7.7 TIME LIMITED AND BRIEF (4-6 WEEKS)

The short-term nature of services should be used to focus time, energy and resources on priority concerns that place the family at greatest risk of dissolution.

The crisis should be viewed as an opportunity for leverage and for the family members to evaluate their situation and determine how they must change in order to resolve the crisis and remain intact.

Services should be massed to provide the family with all the resources necessary to help the family manage the crisis. The workers should be able to teach the family the skills they need to handle a crisis that may recur in the future.

2.7.8 "HARD" AND "SOFT" SERVICES ARE DELIVERED BY A SINGLE WORKER

"Hard services" are sometimes referred to as concrete services. The practitioner offers material help i.e. transportation, taking clients to appointments, babysitting and paying monies for rent, food, telephone services and any other basic needs. Services are necessary to remove practical barriers such as lack of housing. These are regarded as instrumental objectives and set according to the individual needs of each family and focused on removing practical obstacles interfering with clinical gains. (Unrau, 1995 : 20).

"Soft services" are sometimes referred to as the therapeutic or counselling services. The practitioner responds to the immediate needs of families through a purposeful integration of various theoretical approaches.

Walton (1991 : 148) views IFPS as a “Service delivery process wherein the family is treated as a whole (family systems theory) within a supportive network (ecological systems theory) which includes a positive client, caseworker relationship (client centred theory). Given those supportive underpinnings, families can change and become more fully functioning as their primary needs are addressed (Maslow’s hierarchy of needs theory) and they are taught skills (social learning theory).

2.7.9 FLEXIBLE FUNDING

“Flexi monies” are sometimes referred to as discretionary monies. The amount available for practitioners to use within families varies from state to state – and forms part of the concrete services in meeting “basic survival needs, such as securing a rent deposit, emergency food supplies, appliances, transportation, clothing, medical care and other basic needs. After meeting basic needs, families are then free to focus on improving personal/interpersonal skills.” (Read, K. 1995 : 2).

The funding set aside varies from state to state, for example, in Utah \$450.00 is set aside for meeting a family’s basic needs, while in Washington \$25.00 is used for concrete needs. The variance depends on federal funding to the states for family preservation.

2.7.10 ECOLOGICAL APPROACH

Ecological models are more concerned with environmental influences on family functioning. According to Berry (1994 : 88,30) programmes with an ecological basis strive to link families with other family members, community resources and networks. The resources that

these programmes provide include money, help with housing and food, education about child rearing, job skills, modelling of house cleaning and shopping skills, transportation and improvement of family communication patterns. These resources run the gamut from the basics such as food and shelter to more intangible and elusive resources such as fostering love and affection between family members.

The practitioner works with the family and the community. According to Unrau (1995 : 13) a major contribution of ecological theory is to treat child maltreatment not in isolation, but in the context of the child and family's living milieu. By co-ordinating interventions at various levels of the family's ecological environment such as work, school, church etc. is thought to be more successful. An ecological orientation encourages assessment of the client's skills for coping with the environment and proposes interventions to reduce the misfit between the environment's offerings and the client's capacities and needs. Garbarino (1982) reiterates that ecologically based interventions have the highest level of concern with addressing environmental impingements on a family or child's functioning.

2.7.11 SKILLS BASED INTERVENTION

The practitioners have a wide range of teaching "tools" they can use and tailor to the family's and individual's learning styles, educational abilities and interests. These include specially designed skills based videotapes, workbooks, audiotapes, handouts or exercises and a variety of relevant books and articles.

According to Leavitt (1995 : 5-6) the teaching strategies involve demonstration/modelling, descriptions of the skills and behaviours, role plays and behavioural rehearsals of the new skills. The kinds of skills taught depend on the objective set and can include the following:

- Specific parenting skills (example, behavioural change strategies, contracting and negotiating, developing house rules and infant care)
- Mood management skills (example, anger management, depression management and use of crisis cards)
- Social skills (example, assertive skills, resisting peer pressure and making friends)
- Household management skills (example, budgeting meal preparation and keeping children clean)
- Educational/vocational skills (example, getting to work/school on time, finding a job and doing homework)
- Accessing social and community supports (example, locating resources, advocating on behalf of clients and teaching reciprocity skills)

2.7.12 STRENGTHS FOCUSED

The worker needs to search for what is going right in the family and help members become aware of them.

Kinney et al (1991 : 82) suggests asking questions such as:

- Do they joke with each other?

- Do they show any affection ever?
- Do they even for a minute listen to one another?
- Have they in times past done a few things together?
- Do they share common interests?
- Do they care what others opinions are?

2.7.13 EVALUATION

The researcher will be outlining some evaluation instrument of the programme as well as overall outcome results to indicate the effectiveness of the IFPS programme.

- Homebuilders clients are monitored on the Washington State Department of Social and Health Services Management System (WDSS) three months after termination, to see if the children who have remained with their families have entered State funded placement.

Families First Expanded Evaluation (1995 : 3) states the WDSS computer program is specifically developed for Families First Evaluation to monitor the number of children who have entered state funded placement – at six month intervals over a period of several years to provide long term data to determine the effectiveness of the programme.

- FAMILY SATISFACTION SURVEY

The Families First practitioners use this survey to evaluate the family's experiences with the programme.

Families are asked what type of skills were taught and what activities were done during the intervention that was helpful to them.

The worker completes a Families First Client Satisfaction Survey with the family during the final visit. The survey is an eleven item questionnaire used to gather information on a variety of family issues – to determine how they felt they were treated; whether the practitioners did what they said they would do; and whether the interventions were helpful. Miller G. (1995 : 12, 23) discuss the six-month period of evaluation – from November 1990 to May 1991. A total of 336 questionnaires were collected and analysed. A few examples of responses to the Family Satisfaction Survey include:

- 87% of state-wide respondents reported that all of their children were living at home at the time of the survey, 8% had no children living at home, and 5% had some children living at home.
- 91% of families felt their children's living situation was best for the family and 94% felt it was best for the children.

- 82% reported behavioural changes in family interactions as a result of Families First intervention while examples focused on improved communication, appropriate discipline and better care of children.

The results of the Family Satisfaction Survey revealed that the interaction of concrete and clinical services seemed to be a winning combination. The only consistent complaint about Families First from the families served was that the intervention was not long enough.

- **SATISFACTION OF REFERRAL SOURCES**

After each case is serviced, the practitioner mails the Referring Worker Satisfaction Survey to the referring worker to elicit feedback on the services provided to the client family. The survey intends to elicit specific feedback on communication efforts between the practitioner and the referring worker and with contractual stipulations regarding written reports, in person termination meetings between workers and practitioner's availability to the family.

Miller (1995 : 23) cites the results of the referring worker survey conducted during the six-month period from November 1990 to May 1991. Of 323 referring workers, 100% indicated they would use the Families First Programme again.

- STAFF SURVEY

Both Homebuilders and Families First practitioners use surveys to query workers about the time spent in direct contact with families, the type of service they provided and evaluate what is working, what is not, and what needs to be done next.

Miller (1995 : 23)... responses to 1991 and 1994 Family First Staff Surveys revealed a high degree of fidelity to the Families First model from programme managers, supervisors and workers across the states.

- COST EFFECTIVENESS

The cost of Homebuilders in Washington State during 1989 averaged \$2,700 per child in need of placement. Helping families learn effective skills for coping with problems costs significantly less than out of home placement.

See Table 2.3 taken from Kinney et al (1991 :187)

TABLE 2.3 – WASHINGTON STATE COST PER PLACEMENT

TYPE OF PLACEMENT	AVE. COST PER MONTH IN US	AVE. LENGTH OF STAY	AVE. COST IN US
Foster care	403	19.4	7,813
Group care	1,721	13.0	22,373
Residential treatment	2,206	13.0	8,678
Acute psychiatric hospitalisation	11,250	4.0	45,000
Long term psychiatric hospitalisation	7,350	14.0	102,900

The cost to the State of Washington to fund the Homebuilders Programme is easily recouped by implementing IFPS. A three therapist unit costing \$145,800 per year could be funded through reallocation of funds “saved” by preventing only nineteen foster care placements, seven group home placements, five residential treatment placements, four acute psychiatric hospitalisations, and two long term psychiatric placements. Three Homebuilders' therapists can generally avoid placement of at least 60 children per year. (Kinney et al 1991 : 187).

Kinney et al (1991 : 187) indicated the cost effectiveness of the Homebuilders model:

Homebuilders costs \$162,000 for 60 children per year, whereas foster care -- the least expensive type of state funded placement costs \$468,980 per year.

On a given day in 1993, approximately 600,000 children in the United States were living apart from their parents. The majority of children, 464,000 were in the foster care system. Together federal and state government spent an estimated \$14,3 Billion on foster care alone in one year. In Michigan, during 1993, it cost \$4,500 per family per year for IFPS compared to \$12,000 per child for foster care.

According to Miller (1995 : 24) when compared to foster care services, the Families First Programme is less costly. Cost savings resulted from the number of children who were averted from entering foster care due to the services their families received from the Families First Programme. Based upon the number of children at risk of imminent placement across the state, six years of cost savings attributable to Families First ranged from a high estimate of \$219,3 Million to a conservative \$185,0 Million to a more conservative \$25,0 Million.

The total cost savings for the two years ranged from a high estimate of \$253,0 Million to the conservative figure of \$210,0 Million. Thus the Families First Programme has saved the State of Michigan many millions of dollars by reducing the need for Foster Care Services.

According to the Inter – Ministerial Committee on Young People at Risk (1998 : 30) : during 1996/97 an intensive family preservation project for children and families was conducted in an African community in Inanda, south of Durban. The total expense was R766,940.63 over 18 months. A total of 26 children who otherwise would have been sent to institutions remained in their homes due to family preservation services provided. On the average, institutionalised children spend at least 24 months in an institution. Therefore this would have cost the state R1, 248,000.00 thus it appears intensive family preservation can also be cost effective in South Africa.

- **OUTCOME RESULTS**

The results of the various evaluation methods of IFPS, such as the Homebuilders and Families First Programme as discussed, substantiate a well defined model of service delivery, which is not only highly effective at both protecting children and preserving families, but also cost effective in saving the national government millions of dollars by reducing the need for foster care services. Therefore it appears that it would be important for the South African Government to support pilot studies to determine whether an IFPS programme would be as effective in South Africa both in preserving families and cost effective in saving millions of Rands as is the case in the United States.

2.8 STAGES OF INTERVENTION

According to Cole & Duva (1990 : 22-38), IFPS is composed of a Beginning, a Middle and an Ending Phase which are not sequential, but often simultaneous or synergistic.

2.8.1 THE BEGINNING PHASE

During the Beginning Phase the practitioner screens the referring worker's information to determine whether IFPS is potentially appropriate. This is then followed by making contact with the family within 24 hours to schedule a home visit.

During the home visit the practitioner:

- Assesses the child's safety

The practitioner assesses whether the child can remain safely in the home by using various assessment tools. A range of factors are examined and usually weighted in some way to indicate low, medium or high risk. They include the child's age, severity and frequency of abuse or neglect, stresses, care givers co-operation, and care givers intellectual and emotional abilities and the family support system. Other factors contributing to the risk assessment include the immediacy of the risk of maltreatment, its controllability and its likely recurrence.

Blythe, Jiordano, Kelly (1991 : 12) note that because safety is the highest priority the workers assess with the family any safety issues which may be of concern to the parents, the children or the child welfare referring worker during this initial meeting. The

therapist helps the family develop a plan to ensure the safety of the children. This plan may include enlisting the support and active help of reliable family members or neighbours.

- Assesses basic needs

The practitioner identifies concrete needs that threaten the family's survival.

Discretionary funds are available to meet emergency needs when no other resources can be used. This demonstrates to the family, the practitioner's desire to help and the capability to make a positive difference in the family's life.

- Carries out a general assessment

The practitioner focuses on problem areas as well as the family's strengths and competencies for achieving goals. The family's contacts with outside systems and supports are also of interest to the practitioner as well as whether the family knows about and is able to gain access to formal community services such as health services, education, job training and employment services is important information.

- Arranges specialised assessment

Some family preservation programmes also incorporate specialised types of assessments to ensure that possible physical causes of problem behaviours are identified.

Assessments may include neurological, physical, nutritional, blood chemistry and psychological assessments with a focus on ability to learn.

2.8.2 THE MIDDLE PHASE

The Middle Phase focuses on the following issues:

- Setting goals and priorities

The practitioner respects the family's right to set its own goals and priorities but also to help the family understand the concern of the government agency and satisfying its concerns.

- Helping the family to organise for change

The next step is to help the family organise itself to ensure that the plans for achieving the major goals are carried out. Each family member must understand any tasks he or she has agreed to do and the time frame for completion. Families are helped to identify and gain access to both informal and formal supports, to have a range of options for seeking assistance in the future, if needed.

- Organising service providers

It may be necessary to organise and collaborate service providers that are involved with the family i.e. school guidance department, public health, mental health and substance abuse treatment.

Collaboration can best be determined, when it is decided which services are most closely related to the priority goals in the plans, how services can be scheduled for the family's

convenience, how information will be transmitted, how services will be monitored and evaluated and which agency will take the role of case manager.

- Linkages/Advocacy

One of the most important functions of the practitioner is to help families identify and mobilise formal, informal resources and teach them to advocate for themselves.

- Counselling/Therapy

The practitioner may at times work with the entire family, including extended family members and family friends, or with subgroups of the family or with individual members. No “right way” or particular therapeutic model has been shown to work best in family preservation service, practitioners may draw upon structural, cognitive, behavioural or other approaches. (Cole & Duva, 1990 : 35).

- Concrete Services

Programmes usually set aside funds for emergencies and for purchasing essential goods for the family. Linkages are also made with community organisations that provide concrete assistance to families such as furniture, clothing or food.

- Education/Skill Building

Practitioners help families acquire knowledge and skills needed for daily living, coping with crises and achieving its goals. Families learn communication skills, discipline without violence, household management and assertiveness.

2.8.3 THE ENDING PHASE

During this last phase the family completes the transition from dependence on family preservation services to independence. The family members now have a broader set of skills that will help them to cope with problems or crises in the future. They know more about what community and informal resources are available and how to reach them. They are more able to express feelings and deal with conflicts among themselves. Parents are more in charge and are better able to nurture the children, as well as set limits.

As the end of the service draws near, the family may panic and show some regression. The practitioner works through fears with the family members, helping them see that they have many more skills and options for handling problems than they did before.

Several sessions with the family should be devoted to talking about the imminent termination. The practitioner is responsible for seeing that the family is linked with appropriate follow-up services before termination.

2.9 THE PROGRAMME IN THREE AMERICAN STATES : A PERSONAL ENCOUNTER

During April and May 1996, the researcher visited the USA with the aim of obtaining personal knowledge and training in IFPS in Michigan, Utah and Washington. She also had discussions with the relevant directors, family preservation specialists, programme managers and authors to find out how the programme operated in their respective states.

2.9.1 MICHIGAN

Michigan is a state composed of 83 counties and has a population of approximately nine million people. IFPS had its beginnings in 1987 when Susan Kelly and Ken Visser, two main proponents of Family Preservation in Michigan, visited child welfare agencies in the States asking workers what kinds of situations they were running into and what kinds of resources they had to prevent out of home placement. They also went to several states to look at various models of Family Preservation.

They had discussions with the Edna McConnell Clark Foundation, a research organisation which recommended the Homebuilders IFPS programme as they had the best track record on outcomes on Family Preservation.

They then decided to adopt this approach in Michigan and during 1987 gave 75 talks to various legislatures, administrators, judges and other stakeholders to gain their support.

A National Steering Committee was formed to oversee the development of Family Preservation, comprised of department heads from Juvenile Justice, Foster Care, Adoption

and Child Protection Services. The approach was to be outcome conscious and cost efficient.

In 1988, Michigan coined the name Families First Programme – an IFPS programme that started off in 16 counties served by 16 teams, comprising of three to five members in each team. They targeted areas where there were over 100 children in foster care. Five million state dollars were reallocated from foster care to deliver the services.

In 1996 there were 83 teams in all 83 counties including urban and rural areas. There are approximately 350-400 staff working in the programme and \$13.5 Million state dollars were allocated to this programme.

The Families First Programme or IFPS Programme is provided through contract with the State primarily by private, non-profit, family and child welfare organisations. Families First staff are separate units within these agencies and are only assigned to this programme. The objectives of the Families First programme are:

- To reduce new admissions to foster care
- To reduce out of home care for abused and neglected children
- To reduce out of home care for delinquents
- To reduce institutional placements

These objectives appear to have been achieved and are reflected in the statistics on the outcome of the Families First Programme from 1988 – 9 April 1996.

TABLE 2.4 – OUTCOME OF FAMILIES FIRST PROGRAMME 1988 – 1996

Number of families served	17,989
Number of children served	42,239
At three months follow-up	94,4% families remained in tact
At six months follow-up	87,4% families remained in tact
At twelve months follow-up	83,9% families remained in tact

(Families First Programme Historical Summary 1996 : 3)

According to table 2.4 -- the Families First Programme has been successful in keeping the majority of families in tact.

In discussing the way forward for a South African model of IFPS, Susan Kelly, Director for the Division of Family Preservation Services recommended that the IFPS programme start as big as Michigan's pilot studies did with ten workers seeing 200 families entering IFPS during the course of a year. In this way achieving statistical significance, generating valid conclusions and proving the cost effectiveness of the programme. Susan Kelly also offered to send trainers to South Africa to train new workers in the Families First Programme.

2.9.2 UTAH

There are 29 counties in UTAH of which three are currently practising IFPS. It had its beginnings in 1983 when the federal government allowed the hire of one worker and two trackers who provided transportation and monitored outcomes of the service to prevent unnecessary removal of children, according to Callister, Mitchell & Tolley (1986 : 23) in

1978, there were 1,289 children in foster care in Utah. In 1985 this number declined to 950 children.

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96 – 272) is regarded as one of the most significant enactment's in child welfare history. The Act required the states to make “reasonable efforts” to prevent foster care placements and to expedite discharge from placement. In effect P.L. 96 – 272 mandated the spirit of family preservation.

As soon as a child enters foster care, the Act required the child welfare agency to develop a plan for the child's permanent care, a process known as “permanency planning” – means that all efforts are directed at returning children to their original homes as soon as possible.

The Act is a blueprint for a new combined effort on the part of the judicial, executive and legislative branches to preserve families. The Act requires judges to determine whether reasonable efforts have been made to enable children to remain safely at home before they are place in foster care.

The reasonable efforts requirement provides attorney for children and parents with a strong tool for enforcing their client's rights to services. It offers agency attorneys a way to determine that the agency is fulfilling its responsibilities.

State agencies are required to establish and maintain adequate programmes of preventative and reunification services to qualify for increased funding for child welfare services.

Establishing the required preventative and reunification services programmes and making the appropriate reasonable efforts in each case, are the responsibility of the state child welfare agency.

The act also had a crucial impact on how child welfare workers in Utah view troubled families. Planning for children has been promoted aggressively throughout the state and has significantly influenced the attitude of staff maintaining children their own homes or finding more appropriate permanent placements outside the home.

In 1985, the Department of Social Services funded Family Preservation Projects in Weber County and West Salt Lake County, two of the largest service areas in Utah. The decision to fund the Family Preservation projects was based on the belief that children and adolescents should remain with their families whenever possible, and on the expectation that foster care expenditures might be reduced. Callister, Mitchell & Tolley (1986) maintain that Utah's policies toward strengthening families and preventing out of home care where appropriate, are similar to those of other programmes throughout the country. The project's philosophy stresses the following principles:

- Society should be willing to invest as much in a child's own family to prevent placement as it pays for out of home care
- The family is the most powerful and primary social welfare institution and cannot be replaced

- Parents are in charge of their families. Family preservation staff are there to assist them in this role
- Services, for the most part, should be provided in the home
- Staff should be available to assigned families 24 hours a day, seven days a week, for up to 90 days, to help the family remain together

The project's primary objectives are to prevent the unnecessary removal of children and youth who are in imminent danger of an out of home placement and to empower the family with more effective coping skills and awareness of community family support resources.

During 1985 Family Preservation Services were provided to 192 children and youths involving a total of 140 families. By the end of 1985, 168 children and youths were no longer receiving project services. Each family received an average of 34 hours of direct services and an additional 19 hours of indirect services (e.g. collateral and consultation). The average caseload was six cases per worker and the average length of service was 60 days.

The majority of clients served by the project are multi-problem families who tend to be chronic consumers of public, social and mental health services and repeatedly come to the attention of child protective service agencies and juvenile courts.

Some 75% have had prior contact with social service agencies, and 33% of the target children have previously been in some type of substitute care. Of 192 children and youths receiving services, 55% were male and 74% were over ten years old.

In 1985, only a quarter of children placed were under the age of ten, 53% were between the ages of eleven and fifteen.

The most common family structure was a single parent family (36%), followed by two natural parent families (30%). Blended families accounted for 28% and adoptive families for 5%. Thirty four percent of the families had a gross annual income of less than \$10,000 and 21% of families received AFDC – Aid for Families with Dependent Children (includes housing allowance, funds for personal needs, utilities and medical transportation).

Nineteen percent had an increase of over \$20,000 more than half of the families. Fifty five percent had three or four children and almost one quarter (23%) had large families of five or more children.

In 84% of families, there was a parent with at least a high school diploma. In 9% of families, there was a parent with a college degree.

Factors that contributed to the child being in imminent danger of removal from the home, was running and ungovernable behaviour, runaway and child substance abuse.

Results

The family preservation project was able to maintain 85% of children served in their own homes. An additional 5% were living with relatives and friends.

Kirk Read, Home Based Programme Specialist for the Department of Human Services, recommended that IFPS in South Africa begin in a similar way to Utah's efforts – by assessing key administrative and legislative and social workers attitudes to IFPS values and beliefs – as well as the Service Delivery Components. Once a pocket of support is established for the programme to carry out a pilot study with a few social workers and allow the programme to take on a life of its own through the conversion of others.

2.9.3 WASHINGTON

Washington State's Homebuilders Programme is the oldest and one of the best documented Family Preservation Programmes in the country. Homebuilders began in Tacoma, Washington in 1974 as a Federal National Institute of Mental Health (NIMH) demonstration project and are now funded by Washington State in twelve counties throughout the States. The initial programme development was conducted by staff of Catholic Community Services in Tacoma, building on the work of applied behaviour analysts and the social skills training approach used in the Adult Development Programme, for mentally ill adults at the University of Washington. (Leavitt, 1995 : 1). In 1982, many of the Homebuilders staff from Catholic Community Services formed a new agency, Behavioural Sciences Institute,

dedicated to the continued development, implementation, evaluation and dissemination of Homebuilders Services.

There are eleven teams and approximately 42 workers operating in the Washington State. An amount of \$7.8 Million state dollars have been set-aside for the programme per year. Annually, \$4,500 is set aside per family. This includes the social worker's salary, rent, lights, administration and flexi-funding of \$25 per family to meet basic needs.

Since 1982 Homebuilders has been implemented with a wide range of client populations. It targets families identified for abuse or neglect, children experiencing mental health difficulties, children involved in the juvenile justice system and children and adolescents experiencing family conflict and behaviour problems. The statistics on placement information at the time of termination of IFPS services to the families from 2 August 1994 to 31 July 1995 reveal that:

Of 892 potential removals and 577 families – 85% of children remained in their parents home. The Homebuilders programme is now implemented in 35 States and operates in seven other countries including Australia, New Zealand, Canada, Sweden, Rumania, Denmark and The Netherlands.

In the three States the researcher visited, as well as other States, the Behavioural Science Institute has worked with organisations across the United States, in Canada, The Netherlands

and Australia to help develop and adapt the Homebuilders Programme to the particular population, location and environment.

While the researcher was in Washington, she met with Peter Pecora, lecturer at the University of Washington and co-author of a number of books on family based services. His suggestion for implementing IFPS in South Africa is to conduct a pilot study of children who had been placed in foster care and needed reunification – using the IFPS model. He was of the opinion that this would be the easiest and least controversial means of initiating a new cost-effective programme.

However, Charlotte Booth, Executive Director of Homebuilders, is of the opinion that it would be better to start a pilot study including children prior to placement into state funded care. She also indicated that the Homebuilders model appears to be less successful in keeping families together the longer the child is left in foster care.

2.10 SOUTH AFRICA

Kruger (1997 : 297) states that recent social welfare policy, especially regarding child and youth care, confirms the importance of primary preventative strategies aimed at preserving and building the capacity of the family. Despite preventative services, the circumstances of the family deteriorate to the extent that it becomes imperative to remove a child from parental care. Secondary preventative services are recommended in order to preserve the family unit. Kruger's (1996 : 9) secondary prevention refers to intensive family preservation services aimed at the prevention of removal of children from their parent's care.

Kruger's research concentrates on the analysis and evaluation of secondary preventative services as performed by social workers at family welfare organisations in the Western Cape Province. Kruger indicates that the majority of organisations lack effective programmes directed at the empowerment and capacity building of parents. This justified the development of new social technology such as intensive family preservation services, which include the importance of rapid intake procedures. Thorough assessment ensures validated intervention, low caseloads, utilisation of crisis intervention, emphasis of the family unit, the utilisation of home care services, the availability of resources support systems and clearly measurable short term objectives.

Kruger (1996 : 178) indicates that IFPS as it operates in the United States is not applicable because of South Africa's population distribution, the difference in resources and available personnel in urban and rural areas and the limited number of social workers in the field who have postgraduate training. However, due to the vast differences in the provision of social services between rural and urban areas, Kruger has proposed guidelines for the rendering of intensive family preservation services to address the pragmatic issues.

Kruger (1996 : 198) proposes that in urban areas a social worker needs to work with related disciplines to provide a service that has the family as its focal point, not to see the family alone and to incorporate the service of community agents.

Kruger (1996 : 194-197) recommends in the rural areas that the following elements need to be included in the intervention process:

- All referrals of child neglect are followed up as soon as possible
- Thorough, precise assessment is a priority for responsible intervention
- Goal formulations determine the outcome of intervention
- Home visits in cases where a child is in a risk situation is emphasised
- Written contracts are a prerequisite in secondary preventative services
- Concrete services are an important aspect of secondary preventative services giving hope, security and a foundation to develop working relationships
- The programme and intervention strategies are evaluated

IFPS is a non-traditional type of service delivered to high risk families aimed at preventing unnecessary removal of children into state funded care.

Washington State's Homebuilders Programme is the oldest and one of the best documented Family Preservation Programmes in the country. It began in 1974 and is now operating in 35 States and seven countries. It has been adopted to the particular population, location and environment.

The Families First Programme is one of the adopted Homebuilder's Programmes. The programme operates in 83 countries including rural and urban areas. Since 1988, up until 9 April 1996, 17,989 families and 42,239 children had been served. At twelve months follow-up after service has terminated, 83,970 families remain intact.

The researcher's trip to the United States was a valuable opportunity to receive knowledge and training in IFPS as well as to discuss with authorities issues that need to be considered in developing an IFPS programme in South Africa.

2.11 CONCLUSION

The researcher returned home with a hope for a solution to reduce the need for many unnecessary out of home placements in South Africa, and a belief that the best way to deal with child abuse and neglect, is by strengthening and preserving families wherever possible, and teaching them new skills to stay together safely.

Kruger proposes guidelines for the rendering of intensive family preservation services for urban and rural areas in South Africa which will complement the social worker policy which has the family as its focal point.

CHAPTER 3

OBJECTIONS TO THE FAMILIES FIRST INTENSIVE FAMILY PRESERVATION PROGRAMME

INTRODUCTION

There are problems with the Michigan State Child Protection system. A Senate Democratic Task Force on protecting Michigan's children was requested to investigate the State's Child Protection System and to determine why Michigan's children continue to be left in abusive situations. The following testimonials were received from the Department of Social Services, Families First and Child Protective Services worker, foster-care parents, organisations and family members.

3.1 FINANCIAL PRESSURE

There is financial pressure on the Department of Social Services, (DSS) workers and court officials to reduce the number of substantiated abuse cases and the number of children petitioned for removal from the home. This situation is compounded by the privatisation of the Families First Programme. Families First, competing for contracts is under added pressure to place monetary considerations before child protection.

Some counties could lose up to \$100,000 in funding for failing to reach their Families First goal.

3.2 THE MISAPPLICATION OF FAMILIES FIRST PROGRAMME

- The misapplication of the Families First Programme poses a serious threat to child safety. Families First is intended to provide four to six weeks of basic parenting skills training to assist households through temporary hardship, more often than not, the programme is being applied to cases of chronic physical and sexual abuse. These abusive situations cannot be addressed by the short-term care provided by Families First. Often children have been repeatedly abused before they are removed from the home.

3.3 THE EVALUATION OF FAMILIES FIRST PROGRAMME IS BIASED

- The task force found the evaluation of Families First Programme by University Associates of Lansing contracted by the Department of Social Services, is biased and flawed. The study is based on information provided by the Department of Social Service and there is no external validation because the Department of Social Services staff was allowed to select and judge their own work.

In the light of the aforementioned problems, the task force made the following recommendations:

- Families First extend its 4-6 weeks involvement in abuse and neglect cases. This period is too short to adequately address the problems faced by families

- Families First should not be privatised, that is, it should remain under the control of the government. This arrangement has resulted in Families First agencies placing cost concerns before child welfare
- Families First be made a state and private partnership in order to increase the Department of Social Service accountability
- Local office should not be financially rewarded for keeping their foster care placements down
- That the evaluation be based on substantive data obtained from families, agencies and other sources as well as data collected by DSS

The objections raised by the Senate Democratic Task Force appear in only one document. This document seemed to indicate that the Families First IFPS was not to be used in cases where there are chronic or generational problems such as substance abuse, mental illness or incest.

Hartman (1993 : 571) says that Family Preservation is not an answer to all our problems. It can neither function without resources nor stand alone without being surrounded by a continuum of child welfare services.

If used in the correct manner, Families First is a good model. Families First is beneficial in situations where families are in acute crisis and need help stabilising.

Family Preservation Services are designated to strengthen and preserve families where there has been an identified pattern of inappropriate parenting, neglect or abuse.

Hartman (1993 : 511) : states that Family Preservation does what it promises. It operationalises the principle, enunciated in P.L. 96-272 – that “reasonable efforts must be made to avoid unnecessary placements of children in out of home care. It does preserve families. Reports of programmes from the South Bronx to Washington State indicate that from 74% to more than 90% of the families served in Family Preservation programmes were still intact after termination. (Cole & Duva, 1990 : Kinney et al 1991).

The implications of the objections raised to the Families First Intensive Preservation Programme for South Africa entails that interested and committed parties need to work together to improve policies and practices to ensure protection of children. Intensive Family Preservation is part of a continuum of Child Welfare services that should include preventative and supportive work before a situation deteriorates to the crisis stage.

3.4 EVALUATION OF THE FAMILIES FIRST PROGRAMME

The Families First Programme is focused on in Chapter Three because it is the largest statewide IFPS following the Homebuilders in the United States. It operates in all 83 counties of the State of Michigan. The programme covers a wide geographical area in that it operates in urban, inner city locations, to industrial settings, rural farming areas and federally recognised Indian Reservations. Although there were objections the outcome of Families First Programme over a period of eight years indicates at twelve months follow up, 83,9% of

the families remained intact, (Families First Programme Historical Summary 1996 : 3) thus proving that the programme does preserve the majority of families.

3.5 CONCLUSION

As there have been objections to an IFPS Programme in the United States - there may be similar objections in South Africa. Therefore it may be necessary that it also be given a chance over a period of five to eight years to prove what it sets out to do – to preserve families and reduce the number of children being removed from home.

CHAPTER 4

CHILD AND FAMILY SERVICES IN SOUTH AFRICA

INTRODUCTION

The purpose of Chapter four is to describe the Child Welfare movement in South Africa with reference to the roles of the state Department of Health and Welfare* and welfare organisations in KwaZulu-Natal.

At the time this research was started the current welfare policy (Department of Welfare, 1996) as developed by the new government was still in process and was only accepted as the official policy in 1997 with a Draft Document having been circulated in 1996.

After the acceptance of the welfare policy by parliament, the entire welfare community still had to comprehend what the implications were as far as welfare service delivery was concerned. In addition the financing policy for welfare services still had to be worked out. It is envisaged that welfare organisations will only start to develop welfare programmes in line with these policy directives and financing/subsidy criteria in 1999. However, the fact that the new welfare policy gives high priority to children and families and family preservation, is looked upon favourably.

* Prior to 1994 the present Department of Welfare and Population Development was known as the Department of Health and Welfare.

In the meantime, welfare services are delivered in line with policy and policy directives as formulated by the previous government. Any analysis of family welfare in South Africa prior to 1999 will have to lean on the policies of the previous government as all welfare services are rendered according to those policy directives.

4.1 SOME HISTORICAL FACTS

According to the National Council for Child Welfare 1995 : (1-5) - the first efforts to safeguard the lives of children began in approximately 1906, when Doctor A. Jasper Anderson, a medical officer of health published statistics on the high infant mortality rate amongst children under the age of one year and the (baby farming) of illegitimate children. His work led to two major developments; first, the Life Protection Act passed by the Cape Parliament in 1907 and second, the establishment of the Child Life Protection Society in 1908. These steps undertaken to protect children spread through the Republic of South Africa and the formation of Child Welfare organisations.

By 1917, ten Child Welfare Societies had been launched throughout South Africa. The growth in the number of Child Welfare Societies gave rise to the need to co-ordinate their activities. This led to the establishment of the South African National Council for Child Welfare on 15 May 1924 in Cape Town. It is now called the South African National Council for Child and Family Welfare whose objective is to protect the interests and promote the wellbeing of children within the context of the family and community and safeguard the rights of children.

The South African National Council serves to improve the standards of the social work profession, assist in the formation of new child welfare societies, provide consultants, guidelines and advise on matters relating to administration, management and funding. It also conducts research and approaches authorities to introduce or amend legislation and to apply for financial aid via the state departments.

According to Mrs. Desai, director of KwaZulu-Natal Regional Office of National Council for Child Welfare, there are 52 affiliated child welfare societies and 30 developing societies within the region. The societies are broken down into large, medium, small and developing societies. A large society has more than six social workers, has senior staff, supervisors and receive consultancy services. A medium society has between one and five social workers while a small society receive the services of an area manager but do not employ social workers.

There are five places of safety and 26 children's homes in KwaZulu-Natal. As at December 1995, approximately 1803 children in KwaZulu-Natal were placed in institutions of which Pinetown Highway Child and Family Welfare Society placed 100.

The Child Care Act 74/1983 lays down statutory controls on the activities of the social worker in relation to children. The present Act focuses on parents who are unfit or unable to have custody of their children. This said Act is being amended to focus on the child in need of care.

According to a Department of Health and Welfare document (1982), the state, the Department of Health and Welfare, welfare organisations and the Commissioner of Child Welfare have different roles and functions in the management of the safety of children.

4.2 THE ROLES OF THE STATE, THE DEPARTMENT OF HEALTH AND WELFARE AND WELFARE ORGANISATIONS

The following is a free translation of the roles of the State, the Department of Health and Welfare, Welfare Organisations and the Commissioner of Child Welfare – according to the document Department of Health and Welfare (1982). This document was written in Afrikaans and appears as Appendix III.

TRANSLATION

The Department of Health and Welfare (1990 : 6) states that when the state intervenes with the natural bonds between parents and children, even if it is a temporary intervention, the state must take responsibility for –

- *The wellbeing of the child while he/she is separated from his/her parents*
- *Services with a purpose of elimination if possible, and within a time period compatible with the welfare of the child, of causes or conditions that lead to the breaking of natural ties*
- *The reuniting of the child with the biological parents if it is safe to do so, or*

- *The provision of reliable and permanent substitute care for the child within a period that is in keeping with the wellbeing with the child*

THE DEPARTMENT OF HEALTH AND WELFARE

The Department of Health and Welfare (1990 :15):

The Department has the responsibility of ensuring that children under an order of court are looked after and treated in accordance with the law. The Department is responsible for a clear, scientific direction aimed at the wellbeing of the child.

THE WELFARE ORGANISATIONS

The Department of Health and Welfare (1990 : 16):

Child and family organisations handle a large percentage of foster care cases although the Department remains responsible for the welfare of the children and even undertake foster care services, the task of taking care of the interests of the children and their parents is left mainly to the welfare organisations. It is therefore important that each organisation is familiar with the principles of permanent planning and must ensure that their policies take this into account.

THE COMMISSIONER OF CHILD WELFARE

A Commissioner of child welfare plays an important part in carrying out permanent planning seeing that the decisions concerning the placement and adoption of children are made by him/her. In order to best serve the interests of the child, the commissioner must also be familiar with permanent planning and the principles of it. It is the welfare organisation's responsibility to see that the Commissioner is informed about the important stand points in social work. By supplying the court with well motivated reports reflecting the principles of permanent planning social workers can ensure that the Commissioner can function optimally.

While the State, Department of Health and Welfare and Child Welfare agencies appear to be in agreement – most removal of children from the family is the last resort – a co-operative effort and blueprint to prevent the unnecessary removal of children from their families needs to be developed on the part of the judicial, executive and legislative branches both at National and Provincial levels.

4.3 CONCLUSION

In South Africa, the state, the Department of Health and Welfare organisations and the Commissioners of Child Welfare have different roles and functions in the management of the safety of children. It will be required that all sectors involved in the welfare of children and youth co-operate to develop and implement an IFPS Programme in South Africa.

CHAPTER 5

INTENSIVE FAMILY PRESERVATION IN SOUTH AFRICA

INTRODUCTION

During the period August 1996 to December 1997 an innovative IFPS project for children and families was conducted in an African only community of Inanda, south of Durban.

The Inter-Ministerial Committee on Young People at Risk Report on Pilot Projects (1998 : 30) states that the aim was to prevent the removal of 20 children from their homes ages ranging from 0-10 years. The project proved cost effective against what would have been spent over 24 months if the children that were worked with were removed from their homes. The programme successfully managed to prevent removal of 15 children to institutions. Although an Inanda project was carried out as an experimental issue an established IFPS programme is not yet part of a continuum of services at child welfare societies.

5.1 Inanda Project

The Inter-Ministerial Committee on Young People at Risk Report on Pilot Projects (1998 : 26) indicates that Inanda has an estimated population of 174,000 each household consisting of an average of six people. Between 28% and 54% of the population is less than twenty years of age.

This area comprises 23 local communities all but three of which are informal settlements. Approximately 50% of the potentially economically active residents are unemployed. Estimates also suggest that 83% of the population earn a monthly income in the range of R25.00 to R100.00.

There are inadequate social welfare services with the states own Department of Welfare primarily responsible for service delivery.

5.2 PROJECT DESCRIPTION

The Family Preservation Pilot project was based on a “collaborative model” of family strengthening and family support services for the protection and development of children and young people up to the age of 18.

The project implemented had four interrelated components:-

- Intensive family support services
- Family unification services
- Youth support services
- Community conferencing

The intensive family support component had as its aim the provision of 24-hour intensive support to families experiencing a crises. In order to prevent out of home placement for children and young persons at risk services were planned for a maximum of 30 families in an

eighteen-month period, and later reviewed to twenty. A team of family preservation workers consisted of two social workers (sessional) from Inanda, two qualified children and youth care workers and two community facilitators implemented this component.

The team was trained in family preservation strategies using the Family Preservation Training package from the University of New Mexico which was adapted by the training team and participants to suit the conditions prevailing in South Africa and Inanda in particular.

Amongst the techniques of this model are:

- Orientation to family preservation
- Engaging families
- Assessing and utilising family strengths
- Developing quality plans with families
- Teaching families new skills and developing cultural competencies for family preservation workers

5.3 EACH FAMILY SELECTED HAD TO MEET THE FOLLOWING CRITERIA:

- Be resident in the Inanda area
- Been referred to or be on the case load of the Department of Welfare Social Work Service office situated in Inanda

- Be in a situation of crisis, where under the current statutory guidelines, exist the possibility of removal of one or more children from the family to alternative care by means of statutory processes
- Where, a panel of at least three field workers (social workers and/or child care workers) have assessed the situation and agreed that the family is as described above

5.4 THE CHARACTERISTICS OF THE CHILDREN AND FAMILIES THAT RECEIVED SERVICES FROM THE PROJECT:

- Children who were running away from their homes
- Children who were playing truant from school
- Children under the age of ten who had been sexually abused and were sexually active
- Children who had been abandoned by parents
- Children of parents who had drinking problems
- Families who were abusing or neglecting children

5.5 PROGRAMME ACTIVITIES

A multi-disciplinary team made up of two social workers, two child care workers and three facilitators selected from the local community were working of the project. The activities of the IFPS team included:

- Family group conferences in clients homes
- Rendering traditional social welfare services such as counselling

- Rendering concrete services such as child care, cleaning and cooking
- Conducting educational workshops so as to build capacity among families

5.6 OUTCOME OF INTENSIVE FAMILY PRESERVATION

Out of the twenty cases dealt with by the team, a total of fifteen have terminated. All fifteen cases were regarded as successful in attaining the programme's objectives - to prevent the removal of children to institutions.

5.7 COST BENEFIT ANALYSIS

The Inter-Ministerial Committee on Young People at Risk (1990 : 30) reports the family preservation project has been cost effective. Since its inception the project staff has worked with a total of 228 children and their families. The total expense was R766,940.63 over a period of eighteen months. This included the cost of salaries, transport, office expenses and professional services such as financial management. This figure, however, excludes training expenses for the training for the project staff (R89, 531,12) – the research costs (R60,000.00) and the minister's meeting (R14, 940,00). On the other hand, the cost of institutionalising a child in a state institution is R2,000,00 per month.

During the project period, 1996/97 a total of 26 children who otherwise would have been sent to institutions, remained in their homes due to family preservation services. It would have cost the state R52,000,00 per month to keep 26 children in institutions. On the average, these children usually spend at least 24 months in institutions. Therefore institutionalisation

would have cost the state R1, 248,000,00 over a period of 24 months. Thus it could be that family preservation in South Africa is cost effective.

5.8 THE CHALLENGES FACING THE FAMILY PRESERVATION PROGRAMME

Poverty is one of the variables that impact on the Family Preservation project at Inanda. Availability of funding and other resources were crucial to the success of the Family Preservation project.

The project staff stated the need for social relief and employment programmes so as to address the current high levels of poverty in the area. During the home visits the staff were often overwhelmed by the lack of access to basic resources such as food, clothing and shelter. Oftentimes they would end up buying food for the needy clients.

It would be unrealistic to expect the family preservation programme to serve as a panacea for poverty. **The objective of family preservation is not poverty alleviation.** However, the project does have an indirect effect, though limited, on poverty as it enhances family functioning thereby providing children with a solid foundation which is crucial for future development. This is in line with theories on juvenile delinquency that regard low socio-economic status and poor parental child rearing as some of the major risk factors. It is in this context that Family Preservation Programmes undertaken in countries such as USA incorporate the control of the poverty variable, which often threatens the preservation of families. Such a variable was controlled through obtaining some funding for social assistance.

While the project indicated that family preservation is cost effective, it cannot be effectively implemented without the required basic resources such as staff, transportation and social relief. It is recommended that the resource requirements for the model be addressed.

5.9 CONCLUSION

An innovative IFPS project for children and families was conducted in Inanda – an African community south of Durban. The programme successfully managed to prevent the removal of fifteen children to institutions, out of a total of twenty children. The project also proved to be cost effective. Although there has been an IFPS project there is no established intensive short term programme in South Africa that deals with families at the brink of dissolution.

CHAPTER 6

ISSUES IN STARTING AN INTENSIVE FAMILY PRESERVATION PROGRAMME

INTRODUCTION

Chapter Six evolves from the literature the researcher has studied, the discussions she had with leaders in the field while in the United States and in her own empirical research findings.

This chapter serves as a summary of critical issues facing the development and implementation of IFPS i.e. assessing current service delivery, financing, canvassing, co-operation, staff selection, service delivery model, evaluation methods, steering committee and time constraints.

6.1 ASSESSMENT OF CURRENT SERVICE DELIVERY

The adequacy of the current child welfare service delivery system and identifying gaps in available services to families at risk of dissolution needs to be determined. Social workers in child welfare agencies in South Africa have high caseloads and it would be difficult to implement small caseloads as stipulated by the IFPS programme.

6.2 FINANCING

Existing and potential funding sources that would initially assist with a pilot study needs to be identified. It is possible to access funding for a short term pilot project but accessing long term funding by the government will be difficult owing to the fact that current trends are to cut welfare subsidies and provide basic services.

6.3 CANVASSING

The interest or attitude of current service providers, legislation administration in the Department of Welfare and Commissioners of Child Welfare to participate in the IFPS effort needs to be identified. According to this research study, social workers and commissioners of child welfare as identified in this project, have an interest and a positive attitude to IFPS.

6.4 CO-OPERATION

The co-operation and support of agency, community and state level systems (i.e. major stakeholders) needs to be gained by involving all pertinent agencies and inter and intra-agency staff from the beginning of the planning process and by developing a co-operative spirit among the participants.

6.5 STAFF SELECTION

Staff need to be selected whose values and belief are consistent with the programme and who are prepared to receive ongoing training by experts in the field.

6.6 SERVICE DELIVERY MODEL

A well-defined model of service delivery that is consistent and cohesive that can be replicated across multiple sites needs to be provided. IFPS is a well-defined model that needs to be adapted to our South African situation.

6.7 EVALUATION METHODS

Evaluation methods need to be established that would ascertain to what extent the programme is effective in preventing out of home placement. The Homebuilder's model and Families First evaluation methods can be adapted for our South African situation.

6.8 STEERING COMMITTEE

A steering committee composed of department heads from Child Welfare, Mental Health, Children's Court and Provincial Welfare Legislatures is required to oversee the development of IFPS.

6.9 TIME CONSTRAINTS

Time is required to recruit participants for the programme, to acquire the necessary funding, to develop and test data collection instruments, to revise the study based on unexpected obstacles encountered in trying to implement the programme. One of the time constraints that can be the most frustrating involves the advance authorisation from agency administrators and practitioners. Political squabbles in an agency can delay obtaining approval for a study simply because the battling forces will suspect almost anything that their adversaries support.

The above variables need to be taken into consideration when determining the feasibility of IFPS in South Africa.

Rubin, A. and Babbie, E. (1993: 102) refers to common issues in determining the feasibility of a study such as its scope, the time it will require, its fiscal costs, ethical considerations, and the co-operation it will require from others.

The issues discussed in this chapter are again re-emphasised in chapter seven – Research Results.

CHAPTER 7

RESEARCH METHODOLOGY

INTRODUCTION

This chapter focuses on defining feasibility and methods of data collection.

7.1 FEASIBILITY

Feasibility study is defined by Collins (1994 : 564) as a study designed to determine the practicality of a system or plan.

Tripodi (1983 : 49) refers to feasibility as it applies to the costs of measurement including time and finances, the extent to which an evaluator or an evaluation team can afford these costs and the potential availability of data necessary for measurement.

The feasibility of IFPS in South Africa was to be determined by means of surveys. The attitudes of social workers employed at two child welfare agencies, namely Pinetown Highway Child and Family Welfare Society and Christian Social Services, and Child Welfare Commissioners employed at the Durban and Pinetown Magistrates Court, towards the philosophy and service components of IFPS, as well as other opinions of developing and implementing the programmes in South Africa were evaluated.

The social workers and commissioners of Child Welfare work towards protecting children's rights, preserving family life and uplifting communities.

The sample population was familiarised with the IFPS programme through attending presentations that included the following information:

- The definition of IFPS
- The goals of IFPS
- The target population
- The philosophy of IFPS
- The service delivery components
- Evaluation methods
- Where IFPS fits on the continuum of services

7.2 SURVEYS

Two surveys were used for this purpose. One survey indicated the workers attitudes towards the values and beliefs of IFPS and the other survey indicated the workers attitudes towards the service delivery components of IFPS.

An additional section allowed for open ended comments about the programme being relevant in a South African context, in particular the perceived strengths and problems in developing and implementing the programme.

According to Grinnell (1988 : 303) a survey is a data gathering method used primarily when we wish to gather data from a population too large to be directly interviewed or observed. The type of survey selected is a descriptive, cross sectional design, which focuses on the incident and distribution of the opinions, and characteristics of a small but representative sample of people (Arkava & Lane 1983 : 167) at one point in time. (Grinnell, 1988 : 305). Babbie (1990 : 51) maintains that surveys are frequently conducted for the purposes of making descriptive assertions about some population i.e. discovering the distribution of certain traits or attributes. The sample survey provides a vehicle for discovering such distributions. The distribution of traits among a carefully selected sample of respondents from among the larger population, can be measured and a comparable description of the larger population can be inferred from the sample.

Sample surveys can provide very accurate estimates about the population they portray, however, the researcher must be prepared to tolerate a certain ambiguity since determination of the degree of accuracy of sample findings is seldom possible. The sampling method selected is a non-probability purposive sampling method.

It is non-probable in that precise representativeness is not necessary and limited to those characteristics that are relevant to the substantive interests of the study and purposive in that the sample is selected on the basis of her knowledge of the population, its elements and the research aims. (Babbie, 1990 : 51).

Grinnell (1988 : 307) mentions four principal data gathering techniques that survey researchers can use:

1. self-administered questionnaires
2. group-administered questionnaires
3. telephone interviews, and
4. face-to-face interviews

Babbie (1990 : 127) adds that a typical survey uncovers as many statements as questions.

The researcher was interested in determining the extent to which respondents had a particular attitude and was able to summarise the attitude in a fairly brief statement and ask respondents whether they agreed or disagreed with it.

The researcher was interested in conducting a feasibility study on IFPS in South Africa. A non-probability purposive sample survey was selected as the method for collecting data on respondent's attitudes towards the values and beliefs as well as the service delivery components of the programme.

Nachmias, D & Nachmias, C (1987) refers to attitude as the sum total of a person's inclinations, prejudices, ideas, fears and convictions about a certain topic.

An attitude can lead to a tendency to act or react in a certain manner when confronted with certain stimuli.

A positive attitude towards the philosophy to Service Delivery Programme lays the foundation for carrying out a pilot study and the motivation and commitment to starting up a programme. The sample of respondents came to have knowledge of IFPS through presentations that were given at staff meetings.

The presentations took between one and a half to two hours and consisted of discussing the following aspects of IFPS with the aid of overhead transparencies:

- definition of IFPS
- goals of IFPS
- target population
- criteria for selection of families to IFPS
- values and beliefs of IFPS
- service delivery components of IFPS
- the IFPS programme in Michigan, Utah and Washington

Discussions also evolved around the differences and similarities of IFPS and their own work in child welfare. The strengths and weaknesses of the programme were discussed.

Respondents were given the opportunity to ask questions relating to any aspects of IFPS and clarifying any aspects of the surveys.

Up until the time of the presentations, the respondents had very little prior knowledge and experience/exposure to IFPS.

7.3 CONCLUSION

The feasibility of IFPS in South Africa was determined by means of non-probability purposive sample surveys and open-ended comments about the programme being relevant in South Africa. Two surveys were used. One survey indicated the social workers and commissioners of child welfare attitudes towards the values and beliefs of IFPS and the other survey indicated their attitude towards the service delivery components of IFPS.

The survey using the Likert Scale provided more precise information about the respondent's degree of agreement or disagreement and included items that would enable the deeper ramifications of an attitude to be explored. The respondents also highlighted the perceived strengths and problems in implementing the programme which indicated the feasibility and non-feasibility components of IFPS in South Africa.

CHAPTER 8

RESEARCH RESULTS

THE RESEARCH RESULTS

The research results include the following:

- Two surveys – one on the values and belief of IFPS and the other on the service delivery components of IFPS (see Appendix I and II).
- The demographic details of the respondents, as presented in Table 8.1
- The respondent's scores on the values and beliefs survey as presented in Appendix III
- The standard deviation of the scores as presented in Appendix IV and Appendix VII
- The respondents scores on the service delivery survey as presented in Appendix V
- Two tables – one on the perceived strengths of the programme as presented in Table 8.2 and the other on the perceived problems in developing and implementing the programme in South Africa as presented in Table 8.3

The 33 respondents who completed the surveys are heterogeneous in that they are social workers and commissioners of child welfare who have different roles and tasks in the lives of children who are in need of care.

The social workers task is to investigate child abuse, neglect, abandonment and compile reports for children's court enquiries. This will determine whether a child has a parent or guardian who is unfit or unable to have a child in his/her custody, and make recommendations regarding the child's placement.

The commissioners are legal people whose primary task is to assess whether the report of the social worker is in line with the law and then make a decision either in agreement of the social workers recommendation or decide on another alternative due to further new evidence or close the enquiry.

It is important to note that in developing IFPS the programme is in line with legal issues and the law can accommodate such a programme as an alternative to out of home placement. In terms of section 15 (1) (b) of the Child Care Act, 74/1983 a children's court may decide the child concerned be ordered to remain in the custody of his parent under the supervision of a social worker.

The sample of respondents is also heterogeneous with regard to ethnic group and years of experience. The advantage of having a heterogeneous group is that the responses are likely to be varied and the less likelihood of prejudice and stereotyped answers to survey statements, thus increasing the validity of the measuring instrument. The validity is also increased as questions are posed to people who make decisions in the lives of children who are in need of care.

8.1 PROFILE OF RESPONDENTS

The profile of respondents is indicated in Table 8.1. The profile includes the job description of respondents, the ethnic group and the years of experience.

TABLE 8.1 – PROFILE OF RESPONDENTS

1. JOB DESCRIPTION	N=33		%
Social Workers	29		87.8
Commissioners of Child Welfare	4		12.12
2. ETHNIC GROUP	N=33		%
White	15		45.45
Indian	11		33.33
Black	7		21.12
3. YEARS OF EXPERIENCE	N=33		%
Pinetown Child Welfare	Christian Social Services	Commissioner of Child Welfare	
30 – 35	1		3.03
24 – 29	1		3.03
18 – 23	2	1	12.12
12 – 17	2	1	9.09
6 – 11	7	1	30.30
0 - 5	11	1	42.42

The sample consists of 29 social workers (i.e. 87.8%) – thus the outcome of the survey will largely reflect their attitudes and opinions to IFPS. Although only four commissioners completed the surveys, the quality of their opinions should not be ignored as their judicial knowledge and expertise is vital to the feasibility of the programme. The respondents

include all ethnic groups – thus their attitudes reflect the IFPS programme feasibility across various cultural groups.

The respondents years of experience mainly fall between 0-5 years and 6-11 years (72%), thus the majority of respondents are new in the field. This can be seen as positive in that there is little prejudice or stereotyping new ideas and programmes and openness to change.

8.2 THE VALUES AND BELIEFS SURVEY AND SERVICE DELIVERY COMPONENTS SURVEY

The survey as indicated in Appendix III indicates the respondent's attitudes towards the philosophy of IFPS. It is important to survey the beliefs, attitudes and values as they influence the components of the IFPS delivery model.

The survey as indicated in Appendix V indicates the respondent's attitudes towards the service delivery components of IFPS. All the components are related to each other as well as to the programme philosophy.

The interaction between philosophy and service delivery makes the approach more powerful than if any of the components were to be used separately.

The survey as indicated in Appendix IV indicates the respondent's attitudes towards the values and beliefs of IFPS as outlined in Appendix I.

The following items score high (includes a score of 132 points and higher) on the survey:

Item 2 - It is best for children to be raised in their own families whenever possible. This implies that the respondents are of the opinion that children usually benefit most from being with their families and that removal of children is the last resort.

Item 10 – The therapist's job is to motivate, empower and instil hope in clients. This implies that respondents feel it is their responsibility to instil a belief that the family situation can improve and that barriers to change can be overcome.

Item 3 – Parents should be supported in their efforts to care for their children. This implies that workers should do everything in their power to sustain the parents and help them overcome the problems that threaten to separate them.

Item 1 – Safety is our highest priority. This implies that the safety of children is one of the workers greatest concerns in dealing with the family and ensuring that children are not at risk of being re-abused.

Item 11 – We must guard against the tendency to remake families (clients into our own ideal image of a family or parent.

Item 4 – People have the ability to change.

Item 5 – A crisis is an opportunity for change.

The following items scored low (includes a score of 115 points and less) on the survey:

Item 6 – Family members are doing the best they can do at the time. This implies that the respondents do not see family members as doing the best they can to manage their lives better.

Item 8 – Therapists can make life worse for families. This implies that the respondents do not perceive they can do harm and change people for the worse.

Item 9 – Clients are our colleagues or partners. Respondents are more comfortable with the traditional therapist/client relationship and may perceive themselves as healthy people who manage on their own and another group who are sick and cannot manage on their own.

From the survey of IFPS Philosophy, the items that scored high on the survey are seen as feasible and likely to be incorporated in a South African IFPS model. Those items that scored low on the survey are likely to be omitted or not perceived feasible for a South African model of IFPS.

The Standard Deviation of the Scores on the Values and Beliefs

The raw scores, averages and standard deviations on the Values and Belief Survey (Appendix I) are presented in the following table. The Standard Deviation scores are presented in rank order from highest to lowest and do not correspond to the raw scores and averages.

The standard deviation refers to the extent to which the scores vary from the mean. The standard deviation of the sample with regards to the values and beliefs survey is small. The scores are close together, with strong clusters of 0.5; 0.7 and 1.0. As it stands now, this means that there is little variation in the respondent's attitudes to the values and belief of IFPS. This may be attributed to the fact that the respondents were together in the same venue and that their perceptions of the philosophy of IFPS were similar.

The standard deviation of 8.3 seems to indicate a tendency of the respondents to have variety of opinions in the values and beliefs of a model of IFPS.

The survey as indicated in Appendix VI indicates the respondent's attitudes towards the Service Delivery components of IFPS.

The following items score high (includes a score of 133 points and higher) on the survey:

Item 12 – Strengths focused. This implies that the respondents are of the opinion that focusing on family's strengths is a primary method of coping with problems rather than preoccupation with negative aspects.

Item 11 – Skills based interventions. This implies that the respondents are of the opinion that families ought to be taught skills to overcome their problems and will assist them to stay together safely.

Item 10 – Ecological approach, (work within the family and community interaction). This implies respondent's perception of an ecological approach as positive in that it links families with community resources and networks.

Item 13 – Evaluation 3, 6, 12 months follow up. Respondents perceive evaluation as an important aspect to determine whether the IFPS programme is effective in preventing the unnecessary placement of children into alternative care.

Item 2 – Services delivered in the family's home and community has positive implications to working with clients in their natural environment where workers can see what is really going on.

Item 5 – Goal oriented with limited objectives.

The following items scored low (includes a score of 128 points and less) on the survey:

Item 3 – Highly flexible scheduling – seven days a week, 24 hours accessibility – the implications structured, scheduled working hours is preferable to flexible working hours.

Item 8 – “Hard” and “Soft” services delivered by a single worker. Implications – the respondent’s attitude is that it is not feasible for counsellors to deliver both therapeutic and concrete services.

From the survey of IFPS Service Delivery Components, the items that scored high on the survey are seen as feasible and likely to be incorporated in South Africa.

IFPS Service Delivery Model and those items that scored low on the survey are likely to be omitted as they are not seen as feasible in the programme. This has implications for a less powerful model of intervention.

Five social workers from Christian Social Services indicated their willingness to develop an IFPS programme and to negotiate with the Department of Welfare and submit a proposal to the state for implementing IFPS as part of child welfare services.

The Standard Deviation of the Scores on the Service Delivery Components

The raw scores, averages and standard deviations on the service delivery components are presented in the following table. The standard deviation scores are presented in rank order from highest to lowest scores and do not correspond with the raw stores and averages.

The standard deviation refers to the extent to which the scores vary from the mean. The standard deviation of the sample with regards to the service delivery components is small. The scores are very close together with strong clusters of 1.1 and 1.2. As it stands now, this means that there is little variation in the respondents' attitudes to the service delivery components. This may once again be attributed to the fact that the respondents were together when the presentation was given. Issues regarding the components were clarified and their perceptions of the service delivery components were similar.

There is a drop in deviation from scores on the Values and Beliefs Survey to the Service Delivery Components of IFPS. There seems to be a tendency for respondents to agree on the actual Service Delivery than on the values of the model. This perhaps could be attributed to the fact that the respondents are not conscious of the connection that attitudes are dispositions toward overt action and that they are verbal substitutes for overt action.

8.3 PERCEIVED STRENGTHS AND PROBLEMS OF IFPS IN SOUTH AFRICA

Besides the respondents indicating their attitudes towards the values and beliefs and Service Delivery Components of IFPS, they were also invited to write down their perceptions of the strengths and weaknesses of developing and implementing the programme in South Africa.

These have been highlighted under Tables 8.2 and 8.3. The perceived strengths are seen as feasible components of an IFPS model and need to be incorporated in developing a South African IFPS model. The perceived problems are seen as non-feasible components and need to be addressed either by modifying, excluding or incorporating other items in the programme.

The respondents opinions about the strengths of IFPS has been formulated in the form of the following table:

TABLE 8.2 – PERCEIVED STRENGTHS IN IMPLEMENTING IFPS IN SOUTH AFRICA

PROGRAMME DESCRIPTION
<ul style="list-style-type: none"> • It is a skills based intervention in the home • It offers clinical and concrete services • It is strengths focused • The convention on the Rights of the Child emphasises two aspects, viz. the care and protection of children – our constitution also elevates these two issues. Both accordingly should enjoy our highest priority • There can be no doubt that any service which has as its goal, the unification of the family, should be encouraged • The active prevention of the disintegration of the family and the active preservation of the family is so fundamental that it is our survival as a society • The convention of the Rights of Child [a United Nations document] has identified the significance of the family internationally • Alternative care, although inevitable in many instances where children have no parents or families, even as a constitutional right, should be reserved only for those instances where all else has failed. The role of the Children's Courts could be more meaningfully concentrated on monitoring the preservation process in the long run • Far more personnel, appropriately qualified, to be engaged in a prevention and preservation programme • A Commissioner of Child Welfare could recommend the programme after adjourning an enquiry, for the purpose of obtaining information in order to make a final finding. Once a child is brought to Court, removal is not always necessary, the parents can be place of safety. Even though the Court is required to make a finding, if the programme has been successful this would influence the finding. An alternative could be to make the implementation of the programme a condition when children are placed with parents in terms of Section 15(1)(a) Child Care Act 74/83
PROGRAMME EVALUATION
<ul style="list-style-type: none"> • More families remain intact • It is a good alternative to the high level of removals • The programme is beneficial to other families and not only to those where children are being removed • Statutory intervention will become the exception rather than the rule. The savings from a financial point of view will be enormous • Baie idealisties, maar sal dit altyd uitvoerbaar wees, veral met ons baie geval
THEORETICAL FRAMEWORK
<ul style="list-style-type: none"> • Removals have grave consequences not only for children but their care-givers – the damage is irreparable • It has an ecological approach

The perceived strengths of IFPS as presented in Table 8.2 are seen as feasible components of an IFPS programme in South Africa and need to be tested in a pilot study.

The perceived problems in implementing IFPS in South Africa have been documented in Table 8.3. Each of the perceived problems can also be rephrased as questions – to be answered in a pilot study, i.e.:

- How many cases are identified for intervention?
- Is the programme in South Africa cost effective?
- How do we ensure the programme is culturally sensitive?

Thus there are more perceived problems than strengths in the programme. It is also important to note that the respondents are not trained in any other programme and they have already prejudiced IFPS without testing its effectiveness.

TABLE 8.3 – PERCEIVED PROBLEMS IN IMPLEMENTING IFPS IN SOUTH AFRICA

PROGRAMME DESCRIPTION
<ul style="list-style-type: none"> • To determine the number of cases for intervention • Clarify the provision of clinical and concrete services • There appears to be too much stress in providing both concrete and counselling services by one worker who also has to give attention to his/her own family
PROGRAMME ADMINISTRATION
<ul style="list-style-type: none"> • Identifying and assessing a funding source • Flexi-funding needs to be handled with a great amount of discernment as it would lead to dependency • Administering an approach with groups of families (6-8) with similar problems
PROGRAMME EVALUATION
<ul style="list-style-type: none"> • To determine the cost effectiveness of the programme • To determine the extent to which the programme is beneficial to the clients • To determine the effectiveness of an ecological approach in empowering the community • To determine the optimal times of evaluation • To determine the impact of hard and soft services on a very deprived community • There are many institutions, societies and organisations that are involved in some form of programme to contribute towards the desired objective. However, it is simply not proving to be enough
POLICY ISSUES
<ul style="list-style-type: none"> • Definition of family and what needs to be preserved • Imbalance in service delivery needs to be addressed • A restructuring of Welfare Services is needed to realise the programme • Criteria for selection of family as all clients are at risk in these communities • Safety issues for the worker in violent areas • The programme needs to address third world families and issues for poverty i.e. unemployment, housing, food and money • Services need to be culturally sensitive • Availability of resources to address basic needs • The social workers would need to be trained. Their salaries increased perhaps with a perk of a car and cellular phone to make them more readily accessible and available. The problem here is government intervention and funding. Such a system would need to be recognised by the government in order for the social worker to benefit etc.
PRACTICE ISSUES
<ul style="list-style-type: none"> • Most welfare clients require material aid which disadvantages the therapeutic relationship • Case loads need to be realistic <ul style="list-style-type: none"> - 2-4 cases are not realistic and unlikely to make much impact - too few families/children would benefit - at present, welfare caseloads are too high - unfair for some workers to have a few cases while others have many - the agency would need to be motivated - there is a need for time, manpower and funding • Clients are unlikely to see themselves as colleagues/partners • The description of “colleagues” and “partners” is perhaps not altogether fitting. The therapist is not a member of the family. The potential for the therapist to become a “crutch” without which the family cannot survive is real, hence, terminology which would suggest close co-operation without integration is expedient e.g. “associates” • Accessibility of the programme to black South African families • Too many consumers • There is likely to be resistance, especially in African communities who would feel an intensive interaction is intrusive and encroaching on the family’s independence. (The worker is likely to be perceived as an informant) • Behaviour changes may only last whilst the worker is in the home and not when he/she is absent • Problem of 24 hour accessibility to clients in rural settings without telephones • A worker needs time for self. Semi-flexible is an alternative to a fixed schedule • Therapists can make life worse for families when there are too many therapists involved – this can create dependency and the client’s needs to please therapists • In South Africa, socially deprived families have need of more than parenting skills and the care and protection spoken of previously. Their poverty and lack of visible means of support will exacerbate attempts to preserve the family unit

Table 8.3 points out the perceived problems that appear to contribute towards the non-feasibility of IFPS in South Africa.

The perceived problems in implementing IFPS in South Africa as highlighted by the respondents in Table 8.3 dovetail with the issues in starting an Intensive Family Preservation programme as discussed in chapter six. The issues, which dovetail the issues, include:

- Identifying and accessing a funding source
- Defining a model of service delivery which would be suitable to the South African situation, i.e. a third world population
- To evaluate the extent to which the programme is cost effective in preventing out of home placement and to determine an optimal time for evaluation
- To motivate and develop a co-operative spirit amongst agencies, the community and state level systems to develop IFPS.
- Social workers need to be trained and modelled. Decisions will need to be made with regard to case loads size. Staff will need to be selected whose values and beliefs are consistent with the IFPS philosophy
- There are time constraints as workers have high caseloads and work five days a week. Hours of work and case loads will need to be readjusted for implementation of IFPS

This data has relevance for policy development in South African welfare and in particular in the development of a national family preservation programme.

8.4 CONCLUSION

The research indicates the values and beliefs, the service delivery components and the perceived strengths that would be feasible in a South African IFPS model. The research also indicates the potential problems that need to be addressed in a pilot study.

CHAPTER 9

CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION

Chapter Nine focuses on the conclusions and the recommendations arising from the research as well as the secondary results which reflect the researcher's discoveries whilst exploring her theme regarding the feasibility of IFPS in South Africa.

9.1 OBJECTIVES

The researcher's objectives for the research were achieved.

OBJECTIVE 1

To provide a literature survey on Family Preservation Services that covers the definition of IFPS, history, philosophy, goals, target population, criteria for selection and service delivery components.

The literature study forms the background to understanding IFPS and in particular the variables involved in developing and establishing it in South Africa.

OBJECTIVE 2

To establish a profile of the respondents completing the surveys in terms of job descriptions, ethnic groups and years of experience.

The respondents consisted of 29 social workers, 4 Commissioner's of Child Welfare – who have knowledge, training and experience in Child Welfare and are thus able to express an informed opinion about IFPS and to make recommendations about its feasibility in South Africa.

The respondents are a non-racial group – thus there is an absence of racial prejudice or bias towards the programme. The expressed opinions about the programme enhance its relevancy to a particular cultural group.

The average years of experience is:

The respondents years of experience mainly fall between 0-5 years and 6-11 years, thus the majority of respondents are new in the field. This can be seen as positive in that there is little prejudice or stereotyping new ideas and programmes and openness to change.

OBJECTIVE 3

To establish the social workers and child welfare commissioner's attitudes and opinions regarding the values and beliefs and the service delivery components of IFPS by means of surveys.

Two surveys were used – based on the Likert Scale. The standard deviation of the Values and Beliefs Survey indicated that the respondents have similar opinions towards IFPS. The standard deviation of the Service Delivery Components also has homogenous opinions towards IFPS. Thus there is more congruency that the values and beliefs and the Service Delivery Components would be feasible in South Africa.

OBJECTIVE 4

To highlight the strengths and problems that can promote or undermine the development of IFPS in a South African Welfare Agency.

The strengths were tabled in Table 8.2 highlighting the perceived practical issues that could be incorporated to the IFPS model, and the problems were tabled in 8.3, which could be seen as issues not feasible in IFPS in South Africa.

OBJECTIVE 5

To make recommendations for an IFPS programme in South Africa.

9.2 RECOMMENDATIONS

The recommendations arising from the research are as follows:

- 9.2.1 The research to investigate whether an intensive family preservation programme is feasible in South Africa be extended to other Child Welfare societies and Commissioners of Child

Welfare in the province, and the country. Other social workers and commissioners may also have favourable and positive attitudes and opinions towards IFPS, which is valuable as a step in the implementation of an IFPS programme.

- 9.2.2 To develop a Family Preservation Philosophy based on the local workers agreement of the values and beliefs of IFPS through the means of surveys.
- 9.2.3 To develop a Family Preservation model based on the local workers agreement of the service delivery components of IFPS.
- 9.2.4 To test the IFPS model for effectiveness in preventing the unnecessary removal of children and keeping families in tact. Pilot projects be carried out at child welfare society and local departments of welfare and approach the model in a systematic way.
- 9.2.5 A Family Preservation programme be part of the continuum of services at Child Welfare Societies.

9.3 SECONDARY RESULTS

IFPS – a new approach of dealing with children at risk is favourably received as indicated by the results of the surveys.

The perceived problems of IFPS as shown in Table 8.3 appear to be of such a magnitude that it seems as if the feasibility of the programme in South Africa is impossible. However, the perceived problems may not necessarily be reality based, for example, one of the perceived problems is that the programme needs to address third world black families. The Inanda IFPS project addressed third world black families and successfully managed to prevent the

removal of fifteen black children to institutions. Thus the programme needs to be tested before the perceived problems are accepted as established facts.

The social workers and commissioners of child welfare would like to have a positive strengths approach to dealing with families as compared with the general norm of removal as a means to solving problems of neglect and abuse.

There appears to be resistance to an American based programme because the thinking is that South African conditions are so different to the United States. Yet, many problems are the same all over the world, including children who are victims of physical, emotional and sexual abuse, children who are neglected and abandoned and children with behavioural and school problems. Coupled with these problems are parents who abuse alcohol and drugs, who are unemployed and who experience poverty and may suffer with psychological and behavioural problems.

Therefore it is vital that we consider the American based Families First IFPS programme because it is a proven cost effective model for keeping families together.

Workers in the field of child welfare could have stereotyped thinking with regard to the procedures of handling families in crisis and may not be convinced that there is a better approach to protecting the family unit.

APPENDIX I

INTENSIVE FAMILY PRESERVATION VALUES AND BELIEFS SELF ASSESSMENT

<i>Rate the following items according to this scale : 5=Strongly Agree 4=Agree 3=Neutral 2=Disagree 1=Strongly Disagree</i>						
1.	Safety is our highest priority.	5	4	3	2	1
2.	It is best for children to be raised in their own families whenever possible.	5	4	3	2	1
3.	Parents should be supported in their efforts to care for their children.	5	4	3	2	1
4.	People have the ability to change.	5	4	3	2	1
5.	A crisis is an opportunity for change.	5	4	3	2	1
6.	Family members are doing the best they can do at the time.	5	4	3	2	1
7.	We cannot predict which situations are most amenable to change.	5	4	3	2	1
8.	Therapists can make life worse for families.	5	4	3	2	1
9.	Clients are our colleagues or partners.	5	4	3	2	1
10.	The therapists' job is to motivate, empower and instil hope in clients.	5	4	3	2	1
11.	We must guard against the tendency to remake families (clients into our own ideal image of a family or parent).	5	4	3	2	1
12.	It is helpful for us to think of ourselves as "personal scientists".	5	4	3	2	1

APPENDIX II

INTENSIVE FAMILY PRESERVATION SERVICE DELIVERY/PROGRAMME CHARACTERISTIC ASSESSMENT

<i>Rate the following items according to this scale : 5=Strongly Agree 4=Agree 3=Neutral 2=Disagree 1=Strongly Disagree</i>						
1.	Limited to children at imminent risk of unnecessary placement.	5	4	3	2	1
2.	Services are delivered in the family's home and community.	5	4	3	2	1
3.	Highly flexible scheduling – seven days a week, 24 hours accessibility	5	4	3	2	1
4.	Intensive intervention (average 8-10 hours per week).	5	4	3	2	1
5.	Goal orientated – with limited objectives.	5	4	3	2	1
6.	Small caseloads (2-4).	5	4	3	2	1
7.	Times limited and brief (4-6 weeks).	5	4	3	2	1
8.	“Hard” and “soft” services delivered by a single worker.	5	4	3	2	1
9.	Flexi funding for meeting basic needs.	5	4	3	2	1
10.	Ecological approach (work with the family and community interaction).	5	4	3	2	1
11.	Skills based interventions.	5	4	3	2	1
12.	Strengths focused.	5	4	3	2	1
13.	Evaluation – 3, 6, & 12 months follow-up.	5	4	3	2	1

COMMENTS

- About the Service – with relevance to South Africa.

Die Staat

Department van Gesondheidsdienste en Welsyn (1990:6) sê wanneer die Staat sy mag gebruik om in te gryp en die natuurlike bande tussen ouer en kind, al is dit op 'n tydelike basis, te onderbreek of te verbreek, moet die Staat verantwoordelikheid aanvaar vir –

- ❖ die welsyn van die kind terwyl hy van sy biologiese ouers geskei is;
- ❖ dienste met die oog op die uitskakeling, indien moontlik en binne 'n tydsperk verenigbaar met die welsyn van die kind, van die oorsake of toestande wat aanleiding gee tot die verbreking van die natuurlike bande;
- ❖ die herstel van die kind in die bewaring van sy biologiese ouers sodra die veilig is vir so in stap; of
- ❖ die voorsiening van geskikte en permanente substituutsorg vir die kind waar sodanige herstel nie binne 'n tydsperk verenigbaar met die welsyn van die kind moontlik is nie.

DIE DEPARTMENT GESONDHEIDSDIENSTE EN WELSYN

Die Department van Gesondheidsdienste en Welsyn (1990:15):-

Die Department het die verantwoordelikheid om toe te sien dat alle kinders met wie daar volgens 'n bevel ingevolge is, goeie sorg en behandeling ontvang sodat daar aan die bedoeling van die wet uitvoering gegee word. Die Department is verantwoordelik vir 'n duidelike, wetenskaplik gefundeerde beleid wat gerig is op die beste belang van die kind.

DIE WELSYNSINSTANSIES

Die Department van Gesondheidsdienste en Welsyn (1990:16) :-

Die kinder en gesinsorganisasies hanteer 'n groot persentasie van alle pleeg-gevalle; alhoewel die Department aanspreeklik bly vir die welsyn van die kinders en self ook pleegsorgdienste onderneem, word die uitvoering van die saak om van die kinders en hulle ouers se belange om te sien in 'n groot mate aan die welsynsorganisasies opgedra. Dit is dus belangrik dat elke instansie goed vertrouwd moet wees met die beginsels van permanensie beplanning en moet toesien dat sy beleid daarvoor voorsiening maak.

DIE KOMMISARIS VAN KINDERSORG

'n Kommissaris van kindersorg speel 'n belangrike rol in die uitvoering van permanensie beplanning aangesien die beslissings rakende die plasing en aanneming van kinders by hom berus.

Ten einde die belange van die kind ten beste te kan dien moet die kommissaris dus ook ingestel wees op permanensie beplanning en vertrouwd wees met die beginsels daarvan.

Dit is die welsyninstansies se verantwoordelikheid om toe te sien dat die kommissaris ingelig word oor die belangrike uitgangspunt in die maatskaplike werk. Alleenlik deur goed gemotiveerde verslae wat die beginsels van permanensiebeplanning weerspieël aan die hof voor te lê, kan maatskaplike werkers verseker dat die kommissaris sy rol ten beste vervul.

Dit is noodsaaklik om die partye hul samewerking te verkry en te weet wat elk van die partye bereid en in staat is om by te dra.

APPENDIX IV

SCORES ON THE VALUES AND BELIEFS SURVEY

RESPONDENTS

V A L U E S & B E L I E F S		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	TOT	
	1	3	5	5	5	5	5	4	5	4	5	4	5	4	5	5	5	5	4	4	4	5	5	4	5	5	3	5	5	5	5	5	5	4	3	150
	2	5	3	5	4	5	5	4	5	5	5	4	4	5	5	5	4	5	5	5	5	5	5	5	5	5	5	5	5	5	4	5	4	5	156	
	3	5	5	5	4	5	4	4	4	5	5	5	4	4	5	5	4	5	4	4	4	5	5	5	5	5	4	5	5	5	4	5	4	5	152	
	4	4	3	5	4	1	4	5	5	4	5	3	3	5	4	5	4	4	5	4	4	4	4	5	4	5	3	5	3	3	3	4	5	4	133	
	5	4	3	5	4	1	4	3	4	4	5	4	4	4	4	5	4	5	4	4	5	4	4	4	4	5	3	5	4	3	4	4	4	4	132	
	6	3	2	4	4	4	2	3	4	4	2	4	3	4	3	3	3	2	2	3	5	2	4	5	4	2	3	3	2	3	3	3	2	2	102	
	7	4	3	4	4	3	2	4	5	4	4	2	4	4	4	4	4	4	3	4	4	3	4	4	3	4	3	5	3	4	5	3	3	4	123	
	8	4	4	5	3	-	4	3	5	3	4	3	4	2	4	4	3	3	4	2	4	3	2	5	4	4	3	5	3	4	3	4	3	2	113	
	9	4	1	5	4	5	4	3	5	4	-	3	4	2	5	2	2	5	5	2	3	5	3	4	5	2	2	5	4	4	4	3	3	3	115	
	10	5	4	5	5	4	4	4	5	5	5	4	5	5	5	5	5	5	5	4	5	5	4	5	5	5	5	5	5	4	4	5	4	4	5	154
	11	4	3	5	3	5	5	3	4	4	5	4	3	5	5	5	4	5	4	4	4	5	4	5	5	5	5	5	5	4	5	4	4	4	144	
12	3	4	5	3	1	3	2	5	3	5	4	3	4	5	3	3	3	3	4	3	5	3	3	4	5	4	5	4	4	4	4	4	3	3	120	
TOT	48	40	58	47	39	46	42	56	49	50	44	46	48	54	51	45	51	48	44	50	52	47	54	53	52	43	58	47	48	49	48	43	44	1594		
MAX TOT	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	1980	
MIN TOT	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	396	

The Values and Beliefs assessed appear in Appendix I.

APPENDIX V RAW SCORES, AVERAGES AND STANDARD DEVIATIONS

ITEM	RAW SCORES	AVERAGES	STANDARD DEVIATIONS IN RANK ORDER
1	150	4.5	1.8
2	156	4.7	1.3
3	152	4.6	1.1
4	133	4.0	1.0
5	132	4.0	1.0
6	102	3.1	1.0
7	123	3.7	0.7
8	113	3.4	0.7
9	115	3.5	0.7
10	154	4.7	0.5
11	144	4.4	0.5
12	120	3.6	0.5

APPENDIX VI

SCORES ON THE SERVICE DELIVERY COMPONENTS

S E R V I C E D E L I V E R Y C O M P O N E N T S		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	TOT
	1	4	3	4	4	3	3	6	5	3	5	4	4	4	5	2	2	-	5	4	4	5	4	4	4	5	3	3	4	5	5	3	3	2	123
	2	4	4	4	4	5	2	4	5	4	5	3	4	4	5	3	4	-	5	4	4	5	4	4	4	5	4	5	4	4	5	4	4	5	134
	3	2	3	4	2	2	2	3	5	3	5	3	4	4	3	4	3	-	2	4	4	2	4	3	2	3	5	5	3	5	4	4	4	5	111
	4	4	3	4	4	2	3	4	5	3	5	4	3	4	5	4	4	-	4	4	4	4	5	3	4	4	5	5	4	5	5	4	3	2	126
	5	4	3	5	4	2	4	4	5	3	5	4	3	3	5	5	4	-	5	4	4	5	5	5	4	5	4	3	4	5	5	4	4	4	133
	6	2	1	5	4	2	4	4	5	3	5	4	5	4	5	5	4	-	2	4	3	2	5	3	4	5	5	5	4	5	5	4	5	5	128
	7	4	3	5	3	2	3	3	5	3	3	4	5	4	5	5	2	-	5	4	3	4	4	4	4	5	4	5	4	4	4	3	3	4	123
	8	3	3	5	4	2	3	3	3	3	2	4	2	4	5	3	2	-	2	4	3	2	4	3	2	5	3	5	3	5	5	4	3	4	110
	9	4	4	5	4	4	3	3	5	4	4	5	2	4	5	4	4	-	4	4	4	3	5	4	2	5	3	5	4	5	5	4	3	4	128
	10	5	4	5	4	-	5	4	5	4	5	4	4	4	5	5	4	-	5	4	4	4	4	4	5	5	4	5	4	5	5	4	4	5	138
	11	4	3	5	4	2	5	4	5	4	5	4	4	5	5	4	4	-	5	4	4	5	4	4	5	5	5	5	4	5	5	4	3	4	138
	12	5	4	5	4	4	5	4	5	4	5	5	3	4	5	4	4	-	5	4	4	5	4	4	5	5	4	5	4	5	5	4	3	4	140
13	5	4	5	4	2	5	4	5	3	5	5	3	4	5	3	5	-	5	4	4	5	4	4	4	5	5	5	4	5	5	4	3	4	137	
TOT	50	42	61	49	34	47	48	65	44	59	53	46	52	63	51	46	-	54	52	49	51	56	49	49	62	54	61	50	63	63	50	44	52	1669	
MAX TOT	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	65	2145	
MIN TOT	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	429	

The Service Delivery Components assessed appear in Appendix II.

APPENDIX VII – RAW SCORES, AVERAGES AND STANDARD DEVIATIONS

ITEM	RAW SCORES	AVERAGES	STANDARD DEVIATIONS IN RANK ORDER
1	123	3.7	1.3
2	134	4.1	1.2
3	111	3.3	1.2
4	126	3.8	1.2
5	133	4.1	1.2
6	128	3.9	1.1
7	123	3.7	1.1
8	110	3.1	1.1
9	128	3.9	1.1
10	138	4.2	1.1
11	138	4.2	1.0
12	140	4.2	1.0
13	137	4.1	0.9

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