

At the Agency

Families First: A Significant Step toward Family Preservation

Mindy Holliday & Robin Cronin

Child abuse and neglect permeate American society. In 1978-88, 49,352 reported cases of abuse and neglect were investigated in Michigan alone (Public Hearings, 1989). Historically, efforts to address this tremendous problem have evolved into techniques that divide families. "The child-saving and child rescue movements of the nineteenth century gradually crystallized into a system of services which emphasized placement of children as a solution to a family's problems" (Hartman & Laird, 1983). When a family experienced difficulty in caring for its members, the state tended to move in and take over completely *in loco parentis* rather than to seek to enhance the family's ability to take care of itself. Research has shown numerous weaknesses in the foster care/child placement system (Fanshel & Shinn, 1978; Jenkins & Sauber, 1966; Jenkins, 1967), most notably that child placement has been used not only as a solution to child abuse and neglect but often as a substitute for financial and social assistance to needy families.

The Office of Children and Youth Services (OCYS) within Michigan's Department of Social Services has recognized these problems in the current system of child welfare services. The OCYS has made a substantial commitment to providing family preservation programs, thus expanding the continuum of services available to children and their families. The Families First project, which poses a striking alternative to the traditional model of intervention, is now in operation as a demonstration project statewide in Michigan. A progressive philosophical orientation is evident in OCYS's description of the model:

A basic principle of the child welfare system in the United States is that every child is entitled to grow up in a permanent family. Inherent in this principle is the need to make all reasonable efforts to keep families together and to place children out of their homes only

if their well-being cannot be protected within their families (Office of Children and Youth Services, 1988).

Program Approach

Families First, modeled after the Homebuilders program, is a time-limited, intensive, home-based program. It is modeled after the Homebuilders program developed and implemented in Washington State in 1974, which provides intensive in-home crisis intervention and family education. Families First focuses on the family system as a unit, rather than on the parents or children as individual clients. Philosophically, the model is partly based on crisis intervention theory in that it seeks "to resolve the present difficulty, to rework the previous struggle, and to break the linkage between the two" (Golan, 1978, pp. 8-9). Intervention focuses on facilitating stability within the family system, on assisting the family to identify where they are "stuck," and facilitating the development of "new adaptive styles which will enable the system to cope more effectively with other situations in the future" (p. 9). In line with crisis intervention theory, the Families First model seeks to accomplish the following objectives using the family's own goals (Golan, 1978, pp. 71-72):

1. Relief of symptoms (stress on the family often results in the appearance of the symptom of abuse or neglect)
2. Restoration to precrisis level of functioning (or improvement in the level of precrisis functioning, given a family with inadequate coping or parenting skills)
3. Some understanding of the relevant precipitating events that led to the state of disequilibrium
4. Identification of remedial measures that the client or family can take or that are available through community resources (liaison, linkage, or advocacy are also functions of the Families First program)

Mindy Holliday is Families First Director, and Robin Cronin is Vice President, Client Services, Catholic Services of Macomb County, Mount Clemens, Michigan.

When personality and social situations are favorable, two additional goals are added:

5. Connecting the current life stresses with past life experiences and conflicts (assisting the client to connect previous family-of-origin experiences with current stressors resulting in abuse or neglect)

6. Initiating new modes of perceiving, thinking, and feeling and developing new adaptive and coping responses that can be useful beyond the immediate crisis situation

Families First intervenes with a family when a crisis has brought the family to the attention of Children's Protective Services (CPS). The program serves for selected families as an alternative to the removal of children from the home environment due to physical, emotional, or sexual abuse; neglect; or delinquency. The goal of the program is to teach families alternative ways to communicate, interact, and develop new skills while promoting parental autonomy and family empowerment. In addition to a variety of counseling and assessment services, Families First has discretionary monies available for "hard services" such as food, utilities, clothing, and medical care.

Referral Guidelines

Referrals for services are initiated by CPS staff. Upon substantiating a report of abuse, neglect, or delinquency, CPS staff have the option of utilizing the Families First program for families that could potentially benefit from these services in lieu of immediate removal of the children from the home. A referral to Families First is not made if the goal is solely to keep the family together until an out-of-home placement can be arranged. The OCYS staff have established specific guidelines to determine appropriate and inappropriate referrals to the program. For example, appropriate referrals have been identified as those for which

- At least one parent is available in the home to participate in Families First
- Other, less intensive services would not sufficiently reduce the risk, or are unavailable
- The CPS worker has determined that the family is willing to collaborate in goal setting and treatment, some family strengths have been identified, and parental autonomy is possible
- The child could remain in the home and would not be at risk if intensive in-home training services were made available
- The family would respond reasonably or favorably to the service and attempt to make

some positive changes to reduce the risk to the minor

■ No ongoing criminal activity in the home poses a risk to the Families First worker or family members

Inappropriate referrals include:

■ Cases with long-term chronic neglect, in which CPS has had several different referrals unsuccessfully resolved

■ Family has no home

■ Family member(s) consistently threaten to hurt any worker who comes to the home or who works with the family

■ A history of serious physical abuse exists, current abuse is considered life-threatening, and/or the parents have been unwilling or uncooperative in treatment of such serious abuse (Office of Children and Youth Services, 1988)

Although many families benefit from the Families First services, certain families do not. The latter include families who do not believe they have a problem and are unwilling to work with Families First or who appear to be seriously mentally ill and unable to meet the needs of their children. Parents who continually put their children at risk of sexual abuse by exposing them to perpetrators who frequent the home, who disregard a court order keeping perpetrators away, or who attempt to minimize the risks facing minor children are not eligible for services. Families in which both parents are involved in the sexual abuse or in which abusing siblings remain in the home are also ineligible for the Families First program.

Service Delivery

The basic philosophy behind the service is that many families operating under tremendous stress can improve their situation given the opportunity and encouragement to do so. Family empowerment is the focus of the program; the family is actively involved in setting its own treatment goals in collaboration with the Families First staff. The program provides the opportunities, skills, and support necessary to enhance the family's ability to accomplish its goals. The Families First program provides an alternative intervention with multiproblem families.

The Families First staff must assess and intervene with families whose children would be removed under the traditional child welfare system. Similar to the Homebuilders program, practice methods are primarily behavioral, psychoeducational, and cognitive. In addition, Families First

Program of Michigan places significant emphasis on applying these intervention modes within the context of the entire family system. In operating within a brief therapy framework, Families First staff have found that even though a family's basic values and beliefs may not be significantly changed in a four- to six-week period, instilling hope and rejuvenating the family's ability to heal itself is quite possible.

In order to accomplish these goals, Families First staff respond within 24 hours of a referral—immediately if necessary. Staff members work with only two families at a time and are available 24 hours a day, seven days a week. The staff provide various services in the family's home for up to 20 hours a week. Services are scheduled at the family's convenience over a five- to six-week period. Counseling, education, alternative parenting techniques, and household-manage-

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ment skills are provided through skills-based interventions to address goals established jointly by the Families First staff and the family. The treatment approach highlights and builds on the family's strengths and targets their immediate needs. Transportation, money for concrete needs such as food or clothing, and linkage and advocacy with appropriate community resources are also provided.

Several factors make this program effective for families at risk. The small case load allows families to receive services as they experience difficulties on a daily basis. The flexible scheduling allows the family to have access to support during those times the family identifies as most difficult for them; the mere presence of a staff member in the family's home for extensive periods helps ensure the safety of the children. The availability of both counseling and concrete services allows the family to receive support for immediate

needs, often encouraging them to be receptive to other forms of intervention. As a result, the family begins to function with increased autonomy and becomes more effective in utilizing community resources.

Case Example

The following case was referred to Families First following an investigation by CPS staff. The family consisted of two members, a 28-year-old divorced mother and her 8-year-old son. The mother was threatening to harm her son and herself. She also admitted abusing marijuana for the past four years. She was depressed and had been receiving outpatient counseling. She had little family support, and the boy's father had been minimally involved with her and their child since their divorce in 1983.

The Families First staff met the mother at her home the evening of the referral. The eight-year-old son was severely mentally impaired. It was quickly determined that he functioned at the level of a 15-month-old. The mother was an Italian immigrant who had limited knowledge of her community or on how to locate services. She had stopped abusing marijuana and had been attending Narcotics Anonymous for 30 days prior to the referral.

The nature of the intervention was twofold. In-depth assessments of the child's functioning and the mother's psychological well-being were scheduled, including an evaluation that resulted in the child being placed on methylphenidate, which dramatically reduced his periods of "out of control" behavior. The mother received a psychiatric evaluation that determined she was overwhelmed by her situation and not chronically mentally ill. An in-home assessment by a qualified parent/child trainer for handicapped individuals was arranged, and the family was identified as appropriate for community mental health services.

Besides the formal assessment and advocacy for appropriate services, other services were provided to the mother on a daily basis. These included instruction on how to accomplish daily routines, mood-management techniques, child development, and techniques for building self-esteem. Recreational outings were provided for the family as well as respite care when the mother suffered a severe bout of the flu.

This case clearly demonstrates that the changes necessary for supporting this family's ability to remain together included changes in

the community's response to the family. She had received few services for nearly eight years, the primary one being a special school for her son. The needs of the family had gone unnoticed to the point of near institutionalization of the child, despite repeated efforts of the client to obtain assistance. Six months following the intervention, the family continues to make significant gains, including moving to larger housing more suited to the special needs of the child. The mother is currently investigating how she might continue her college education. The child is now toilet trained, able to feed himself, and able to play independently for brief periods, all of which he was unable to do prior to the intervention.

Implications

Families First offers an alternative to the traditional approach of removing the child from the home in cases of abuse and neglect. By virtue of the program's design, child welfare professionals are challenged to view and work with families from a family-strengths perspective as opposed to focusing on a family's deficits. Empowerment is a powerful motivator not only for the families served but also for child welfare workers, who find themselves empowered by the changes they witness.

The Families First model represents one alternative along a continuum of services that

aim to discourage abuse and neglect and to support families. Based on a crisis intervention model and focusing on family empowerment and skill building, the Families First model challenges the community to recognize the limitations of the services that are currently being offered and to respond to the basic needs of people in trouble. The model works because it seeks to remove obstacles, instills hope, and reduces stresses that impede the family's ability to achieve a higher level of functioning.

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