



Families First / Best Practice /NO PUNISH

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Title: Families First

COUNTRY/REGION: The Netherlands

ENTITY: Vereniging Spoedhulp Jeugd

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DESCRIPTION OF THE GOOD PRACTICE:

Target group: Families First is intended for families with children aged between 0-18 years, in an acute crisis situation that is so bad that the family is at risk of one or more children being placed in care. In the event of an acute crisis, the balance between capacity and burden is disrupted, meaning that the family is subject to increasing levels of unmanageable tension and may 'implode' (see Bartelink et al., 2013). It may be that there is externalized problem behaviour on the part of the child, an ineffective parenting environment, inadequate parenting skills, physical abuse, pedagogical and affective neglect. This often takes place in combination with an impactful event (a death, a crime, etc.) Parents often may have their own, psychiatric problems and/ or socio-economic problems.

Objectives: The objective of Families First is to resolve the current crisis and to increase the safety of the family, ultimately to prevent one or more children being placed in care. This is achieved via the following five sub-objectives: 1) A reduction in the children's behavioural problems; 2) An increase in the competencies of family members; 3) A reduction in the parenting burden for the parents; 4) An improvement in the parenting skills of the parents and 5) Family members making more use of their social network.

Intervention structure: Support from Families First lasts for four to a maximum of six weeks. Four to five times per week, a family support worker will visit the family, as well as being available 24 x 7. The support is matched to the family objective and is focused on reinforcing what is going well and reducing the burden. The approach is divided into three phases. The first three days are focused on building a working relationship with family members, reducing the burden, gathering information and setting targets. Where necessary, the family support worker will provide practical



and material support. During the transition phase, the family support worker will firm up the objectives with family members and translate these into action points, teach new skills, establish and increase safety within the family, activate and use the network and will teach the family members to recognize the thoughts and emotions that influence their behaviour. Halfway through this transition phase, the action plan will be evaluated and adjusted if necessary. The completion phase takes four days. The family support worker will then start any follow up support and will say goodbye.

Methodology: Families First is conducted in the home by a specially trained family support worker.

Families First uses the following criteria for acceptance to the programme:

- There is an acute crisis;
- The parents, child and/ or referring body feel that the child should be immediately removed from the home;
- The existing resolution strategies that have been used by the family until that point are no longer working;
- The child has a (serious) behavioural problem and there is a lack of parenting skills on the part of the parents;
- The parents are not coping with the burden of bringing up the child;
- Family members do not have enough support from their social network or are not making enough use of this;
- The safety of the family support worker involved can be sufficiently safeguarded;
- At least one parent is prepared to investigate and work on preventing the child from being placed in care;

In general, the regional crisis team deals with families that find themselves in an acute crisis situation. This team will make an initial estimate of the seriousness and urgency of the situation, after which direct action will follow to increase safety.

Support from Families First is activating, intensive and short lasting. A family support worker will visit the family four or five times per week, during a period of four to maximum six weeks. The support worker is available to the family seven days per week, 24 hours per day. On average, and in agreement with the family, the family support worker will spend at least 7 hours per week with the family. At least one third of family visits takes place outside of office hours.

Support from Families First is divided into three phases.

The initial phase is the information phase and lasts for three days. The family support worker works to reduce the crisis, build a working relationship with the family, reduce the burden, gather information and set objectives. He/she will



analyse the competencies of the various family members. Safety in the family will be assessed to establish whether and to what degree the children are in danger. An analysis will be made of the family's social network. This will all result in the setting of objectives and an initial action plan. The problems that the family are experiencing will be used as a starting approach. The initial objectives have to be set within 72 hours in order to start as quickly as possible on the process of strengthening and building upon the existing capacities and competencies of family members. As well as this, the family support worker can offer practical and material help, for example tidying up the home or providing the essentials of life.

The second phase is the transition phase. This phase lasts the longest (three weeks) and can be seen as the real work phase. During this phase, the family support worker and the family will focus on developing competencies and reducing the burden for parents. The following activities are key: firming up objectives into action points, increasing and stabilizing safety, learning skills, improving communication within the family, using and activating the network and recognizing and influencing thoughts and emotions. Finally, on the 16th day, after around two weeks of working on the action plan, the first action plan will be evaluated. New information or recent problems may lead to new objectives; previous objectives may be amended or discarded because they have been achieved. This will result in a second action plan being drawn up and advice about any need for follow up support.

Some days before the end of the working period of four weeks, the family support worker will talk to the family about extending the support available by a week if necessary. An extension is only possible if, on the one hand, there has been sufficient progress in the transition process at that point and, on the other, if objectives still need to be reached to create a safe situation for the children within the family. A second week's extension is also possible. Many families require additional, follow up support.

The completion phase takes four days. The family support worker will focus in detail on strengthening contact with the support network, and initiating any follow up support that may be required, before saying goodbye.

After the Families First programme has been completed, there will be follow up visits, during which the family support worker will check how the family is functioning. If it appears that problems have arisen in the meantime, the family support worker has the option to run through a refresher of previously taught skills within a maximum of three contact moments, and to offer support in resolving problem.



Costs related: The costs of implementing the intervention are based on P*Q 7.179 Euro. The licensing costs per location are 3,000 Euro. These licensing costs cover the quality testing, ongoing development of materials and consultations.

The team leader training is comprised of six part-days and costs 750 Euro per person (open registration). During the training, the following subjects are addressed:

- Learning questions about the theoretical framework and methodology of Families First
- Relevant policy frameworks, such as the Youthcare Inspectorate Review Framework
- Core tasks of the team leader/ behavioural expert
- Inflow - registration - needs assessment
- Own role in evaluating and re-establishing child safety
- Individual work guidance

The basic training for family support workers is comprised of 10 days and costs 1,150 Euro per person (open registration). The basic training is open to family support workers employed by an agency that is member of the Vereniging Spoedhulp Jeugd (Emergency Youth Care Association). A relevant previous qualification in the social domain is a prerequisite.

It covers:

- the vision and principles of Families First;
- the supporting theoretical models;
- the methodologies that these methods prescribe.

Skills to be learned are:

- categorizing the type of crisis;
- working with parents and children to record strengths and worrying safety issues and development;
- teaching social and emotional skills to parents and children;
- formulating firm objectives and implementing improvement plans, along with people in the social network.

Further information: Extensive quality aspects and criteria are in place for the implementation and outcomes of Families First.

Families First is also available for families in which one or more family members have a certain degree of intellectual limitation.

Resources available: A detailed description and contact details are included in the database of the Nederlands Jeugdinstituut (Dutch Youth Institute). (See. <http://www.nji.nl/nl/Databank/Databank-Effectieve-Jeugdinterventies>).



DIMENSIONS:

Please make the cross if the good practice meets the proposed items. Also, try to expand the information in each section.

1. EVIDENCE OF POSITIVE AND/OR PROMISING RESULTS IN ORDER TO ELIMINATE CORPORAL PUNISHMENT

Training/Education

The program increases the use of positive disciplinary methods for parents and educators/teachers:

- Promoting the positive parenting (promoting positive relationships, care and development the child's capacities, offering recognition and guidance to the child, establishing limits that allow the full development of the child).
- Offering alternative educational strategies to corporal punishment, that promotes democratic family educational model.
- The program promotes to caregivers, the knowledge and skills for protect the children.
- The program promotes a positive dynamic and healthy family relationships.

Promotes protection

- The program will focus attention on children to understand their worries and circumstances.
- The program works on emotional education as a protective factor for violent behavior.

Empowerment

- The practice provides skills for children, promote their resilience and resources to deal with situations of violence.
- The practice promotes and improves parental skills such as: behavior of control and emotional self-regulation.

Living environment approach

- The program has references to the real living environment of parents and children (social environment, living environment, etc.).
- The program takes into account, cultural differences in the intervention.

Formal networking



- The program implies networking and cooperation with other Institutions: with comprehensive services for care, recovering, children reintegration, teens at risk or victims of corporal punishment.
- There is a networking/cooperation with other stakeholders in the local and professional environments.
- The program is included in the structure of the national/regional system and it depends on several people.

Please, detail the elements/components that provide a full explanation about evidence of positive results and/or promising results in each section (Training education, promotes protection...etc.)

Families First is recognized by the sub-committee of Youth Care and Psychosocial/ Pedagogical Prevention dated 11-04-2014.

Assessment: Effective according to initial indications

Note: Families First is a powerful intervention for a complicated target group. The target group is clear, the objectives are SMART and the theoretical foundations are strong. Research into Families First gives initial indications of efficacy. The majority of children still live at home after the support has been provided, even after a follow up, there are positive effects on the child's functioning within the family and on the parents' experience of the burden of parenting.

The reference to the document is:

Mariska van der Steege (December 2013). Database of effective youth interventions: description 'Families First'. Utrecht: Nederlands Jeugdinstituut (Netherlands Youth Institute). Download from www.nji.nl/jeugdinterventies

Families is based on the American program Homebuilders, a form of Intensive Family Preservation Services, developed since 1974 and in ongoing development by the Institute for Family Development (formerly Behavioral Science Institute) in Seattle, United States (www.institutefamily.org).

In the Netherlands, the following studies have been conducted:

A. De Kemp, Veerman & Ten Brink (1998); Veerman, De Kemp, Ten Brink, Slot & Scholte (2003) for the later calculated efficacy scopes.

B. This concerns the first study into Families First, with families that received the intervention in 1994

in four locations. It was a pre-post test design with two follow-up measurements. Data was collected

from 320 children from 234 families. There were three central questions: 1) Is the intended



target group being reached? 2) Is the intended treatment being given? and 3) Are the intended results being achieved? At five measurement points, demographic data was gathered and various measurement tools (partly standardized and regulated, such as the CBCL and the NVOS) used: start of support, end of support and follow-ups after three, six and twelve months.

C. It appeared that in the first year, Families First was reaching the intended target groups and was being implemented in the intended way. In families receiving the support, it appeared that by the end of the support period, 92% of children still lived at home, after three months this was 85% and after six months 84%. After a year, 76% of children were still living at home. The children's behavioural problems appeared to have significantly decreased one year on from the Families First intervention (ES 0.60), as had the parenting burden on the parents (ES 0.56). However, there did appear to still be a range of problems by the end of the intervention, 98% of families were receiving follow up support at some point in the following year.

A. Damen & Veerman (2009).

B. This study tried, without experimental intent, to strengthen the indication for the efficacy of Families First. It used Confirmatory Programme Evaluation (CPE), a method of systematically analysing the relationship between a participant in Families First and the outcomes, using a number of theoretical principles that form the basis for the intervention. Two of these principles have been tested: 1) greater conformity with the treatment model leads to better outcomes and 2) greater improvement in child and family functioning during the treatment leads to fewer cases of children being placed in care in the year following the treatment. The study was conducted among 157 children. At three measurement points (start, conclusion and follow up after one year), standardized measurement tools were applied to gather information on the child's behavioural problems and the parents' sense of the burden of parenting.

C. The results showed that Families First reached 99% of the intended target group, that the treatment offered was 97% compliant with the model, leading to a statistically significant decrease in behavioural problems and parenting burden during the period of support (efficacy scope 1.00 and 0.67, respectively), giving stabilisation for up to one year after conclusion of treatment, and in 75% of cases led to the prevention of a child being placed in care within one year.

A. Damen & Veerman

B. In a later publication, researchers tested the compliancy hypothesis using the data from the Families First quality review of 2003-2010. This hypothesis showed: faithful and effective compliance with the model gives better results. They analysed the data from 4493 families that received Families First support in 25 (former) locations and examined the degree to which the treatment met the 12 quality criteria.



C. The results show that Families First did reach the target group (94%), compliance with the treatment was good (86%) and that care placements were prevented in many cases (88%). In general, it seemed to be the case that the more quality criteria were met, the greater the chance that care placements could be avoided. More detailed analysis shows four criteria to have a positive influence on the outcomes: specificity, interim evaluation, duration and objective evaluation. The chance of preventing a child from being placed in care increased in line with the degree to which these four criteria were met. Three criteria (availability, guidance and involvement) only 'begin' to contribute once the first four are met. Three criteria have no effect or a negative effect on preventing a child from being placed in care (speed, targeting and intensity). Seeking explanations and potential improvement points for the notable results from the research is part of the ongoing quality and improvement cycle used by Families First.

2. DATA ON IMPACT OF THE PRACTICE

Effectiveness of the elimination of corporal punishment

The practice has demonstrated a good impact on:

- The decreases of corporal punishment.
- The increase in positive interactions parents / mother / infant caregivers.
- The increase in timeshare.
- The improvement of communication and resolution of conflicts without using corporal punishment.
- A significant increase in knowledge, skills and confidence of parents or caregivers.
- An improvement of the welfare of the participants.

Sustainability of the impact

- The effects on the target group are sustainable.

Please, detail the evidence on data or research about the impact of the practice
Look above

3. COMPREHENSIVE NATURE

Please, tick the items the practice address to:

Dimension 1: Social and cultural context towards corporal punishment and alternative methods (including MEDIA analysis)

- The program promotes support and guidance to parents in developing a responsible parenthood that will reduce corporal punishment.



- The program supports teachers and school support staff in improving their skills and management skills of non-violent learning methods.
- It involves parents and tutors through established participatory Organizations (AMPA and others), prevention and elimination of corporal punishment.
- The practice promotes the child-youth movement through the creation and / or consolidation of representative organizations in communities.

Dimension 2: Legal framework conditions and other procedural, judicial frameworks related with the implementation of the law

- The practice responds to the objectives of education and social reintegration provided by law.
- It is consistent with the existing legal framework for protection of violence against children and teenagers, to ban explicitly corporal punishment.

Dimension 3: Awareness and training efforts concerning corporal punishment and alternative methods:

- The program raises awareness about the importance in eliminating corporal punishment.
- The practice provides training about corporal punishment elimination methods.

Dimension 4: Resources available on positive parenting techniques and complementary knowledge

- The practice provides resources available on positive parenting techniques and complementary knowledge.

Please, detail the elements/components that provide a full explanation about the dimension addressed
Look above

4. INNOVATION

- The program has an innovative character, or implies innovative aspects (e. g. actual knowledge, new ideas or methodology, etc.).

Please, detail the elements/components that provide a full explanation about the innovation of the program



5.COST-EFFICIENCY

- The cost-efficiency is adequate.
- There are no lower cost alternatives to achieve the same impact.

Please, detail the elements/components that justify the cost-efficiency of the program/practice
Look above

6. TRANSFERABILITY POTENTIAL

- There is access to the methodology and how the program has been implemented (e. g. process description, manual etc.).
 - The program has already been successfully transferred to another region.
- The program can be transferred to other frame conditions in international contexts:
- The program does not rely too much on specific aspects of the national/regional system.
 - The program does not depend too much on one/few specific professional qualifications and/ or profiles.
 - The program can be transferred if the material, program or license are paid.

Please, detail the elements/components that justify the transferability of the program/practice
Look above

