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Much of the disagreement centers on when families can or should be offered family preservation services and whether these services can successfully rehabilitate abusive parents. Family preservation programs most typically focus on intervention before the child is removed, offering services in the home rather than in an office or agency that focus on the entire family and are crisis oriented, with help available to families 24 hours a day, every day of the week (Cash, 2008). Such programs also seek to provide family support and resource connections within their larger communities. One of the first family preservation programs is **Homebuilders**, which began in the state of Washington in the early 1970s and has now been implemented in various locales across the country. The Homebuilders model calls for intensive home-based services for families in the midst of crisis, assuming that parents who are about to lose a child will be more open to receiving services and learning new behaviors. Caseworker loads are very low (typically two families per caseworker) and the interactions extensive (up to 20 hours per week) (U.S. DHHS, 2002).

Initial evaluations of home visitation programs, such as Homebuilders, produced positive results, leading to considerable enthusiasm about such programs in the 1980s and 1990s. However, some more methodologically rigorous experimental designs, which randomly assign families into experimental and control groups, have produced disappointing findings. We address this controversy in more detail in our discussion of intervention and prevention of child neglect below. For now, however, it is worth noting that the authors of one report that yielded disappointing findings did not interpret them to mean preservation services should be abandoned. Instead, they interpreted the results as a challenge to work that much harder to find programs that do work (U.S. DHHS, 2002). A number of family preservation, or home visitation programs, now exist that have demonstrated success. Certainly, nobody is suggesting that the family preservation goal be abandoned. In less serious cases of abuse, where the parents are poor, young, stressed, and needy—and are likely to benefit from social services—family reunification should be the goal, and supportive intervention should be the means to achieving that end. In more serious cases, where rehabilitation is not likely to be successful, the goal of family reunification should be questioned. Hopefully, future research will help us distinguish between the two.