Families First: Comparing Child Care Developments in The Netherlands and Germany

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This article outlines the key components of the family preservation programme families first and gives an overview of the child care systems in the Netherlands and Germany. The article analyses the implementation of families first in both countries. That is accomplished by comparing the implementation along four dimensions, (a) 'general frame', (b) 'financing', (c) 'translation', and (d) 'effects'. Based on this comparison, different aspects are discussed that are important for facilitating transfer of knowledge in the social field, cross-nationally.

Introduction

Societies are changing as well as the needs of people. Therefore, the child care systems in the Netherlands, in Germany and indeed throughout Europe must develop to meet the needs of children and their families. As a result, progress and new developments in child care should be initiated and promoted, to adjust and to improve the social services for the user (families)[1], and to ensure that they have access to the most appropriate and efficient child care services as soon as they are available.

This article introduces the programme *Families First*, its origin, its philosophy and key components. It gives a short summary of similarities and differences in the Dutch and German child care systems. The article then analyses the implementation[2] of the programme *Families First* in the Netherlands and Germany. This is accomplished by comparing the implementation along four dimensions: (a) 'general frame', (b) 'financing', (c) 'translation', and (d) 'effects'. Based on this comparison four aspects are identified that should be taken into consideration in promoting cross-national knowledge transfer.

This article presents the findings of a comparative and cross-national research project which was based on a combination of literature research and semi-structured interviews. The literature search identified relevant information about many *Family Preservation Programmes*, such as *Families First*, and sources of information about both child care systems (amongst others). To compensate for the lack of literature regarding the implementation of *Families First* programmes, specifically, and to provide first-hand and up-to-date information, semi-structured interviews were conducted with three key-persons (Jagers, Jährling, Römisch)[3], who have been responsible for the implementation of *Families First* in the Netherlands and Germany.

To describe research as comparative and cross-national, it needs to compare particular topics in two or more countries by using the same research instruments (Hantrais & Mangen, 1996). These requirements are applicable here, because it compares the implementation of *Families First* (the particular topic) in two countries, using literature and semi-structured interviews as the same research instruments for both countries. The value of cross-national comparison in this article is to promote understanding of different (including one's own) cultures and thus to improve professional practices, not least for the benefits of

1 This article avoids terms like 'client' or 'customer'. 'Client' is associated with a hierarchichal relationship generating dependency on social work professionals. 'Customer' suggests a nearness to the market system (free choice of commodity) (c.f. Banks, 1995; BMfFSFJ, 1998.) Therefore the term 'user (family)' is chosen as best reflecting the relationship between service providers and those who 'use' this service.

2 The term 'implementation', as it is used in this article, embraces all actions which are undertaken to put Families First into practice in the Dutch and German Child Care systems.

3 Hans Jagers has been a central figure in transferring *Families First* from the USA to the Netherlands. Rudiger Jahrling and Klaus Romisch are managers of social agencies in Germany where the programme has been implemented.

the user (families)(Hantrais & Mangen, 1996; May, 1997).

Families First

The *Families First* programme started in Michigan (US) in 1988. It had its origins in the *Homebuilders' Programme*, which was developed in Washington (US) in 1974 (Kinney et al., 1991). The advocates of both *Families First* and *Homebuilders* are active in promoting their programmes, not only within the US, but also in Europe. In 1990, the Netherlands became the first European country in which *Families First* was implemented. Germany followed about four years later. By the end of the 1990s *Families First* programmes had also been introduced to other European countries (van der Steege, 1999).

There are two reasons why the dissemination of *Families First* is of importance. Firstly, by reducing the numbers of out-of-home placements, *Families First* it is a cost-effective alternative to mainly residential care. Secondly, *Families First* reflects the shift in child care policy from institutionalised care to community based care (Gehrmann & Müller, 1998; Jagers, 1994; MDSS, 1995).

The main task of *Families First* is to respond to families in crisis with an intensive, short-term intervention programme in their own homes. 'Short-term' refers to a time-limited duration of usually four to six weeks, which cannot be extended. 'Intensive' indicates, that *Families First* workers spend approximately 15 hours per week (nearly every day) with the families. Consequently *Families First* workers serve no more than two families at any one time, taking into account the necessary time for team meetings, administrative work, etc. It is also considered that larger caseloads cannot guarantee that the *Families First* workers are flexible enough to meet emergencies in families (Kinney et al., 1991).

The aim of *Families First* is to keep families together when children are at imminent risk of out-of-home placement. Hence it is based on the philosophy that all children have the right to live with their families and that permanent families are most important for the development of children. If children are at risk of harm in their families, authorities and child care services should try first to remove the risk instead of the children. The crisis in the family offers the chance for change. Families in crisis want to change and "the power to change lies within the families" (MVWS 1990). Consequently the service is provided within the first 24 hours after the crisis evolved. Since *Families First* believes that each family has not only weaknesses but also strengths, *Families First* start from those strengths to empower families to stay safely together. However, there is wide agreement that if children are in acute danger regarding their physical or psychological health, then removal cannot be avoided and *Families First* is not an appropriate form of intervention (Courtney, 1997; Gehrmann & Müller, 1998; Jagers, 1994; MDSS, 1994).

Evaluation is of great significance to *Families First*, in line with widespread demands on social work to be accountable for the use of public money to provide services that are efficient and effective. Since *Families First* is a programme designed to empower families, it consequently includes the feedback of the user (families) in the evaluation process. Additionally, a standardised training for *Families First* workers - who meet special challenges to work on their own in families at risk - is seen as quality assurance to deliver the service (*Families First*) to the user (families) in consistent ways. Furthermore, two forms of evaluation can be distinguished: *Follow-ups* are visits to former user (families), which are conducted after three, six, twelve and 24 months (Gehrmann & Müller, 1998; MDSS, 1995). *Follow-up visits* intend to find out about the family's general well-being and about the achievements of the goals they had worked on. Moreover, they are useful for evaluating whether the aims and methods of the intervention have been appropriate and helpful (van der Steege, 1999). The *result evaluation* will be performed by an independent institute. It scientifically examines the results and evaluates the effectiveness and efficiency of the intervention. The result evaluation is an integral part of *Families First* programmes.

As might be expected there are controversial aspects of *Families First*, which have sometimes led to scepticism towards the programme. For example, criticism is aimed at the concept of 'imminence' (Courtney, 1997; de Kemp et al., 1998; Littell, 1997), since it is difficult to determine when a child is at 'imminent risk' of an out-of-home placement (Kinney et al., 1991). Furthermore, it needs to be recognised when a family is in a crisis situation so that intervention can be offered through *Families First*. Very often the only indicator is the 'threat' of the referral agency to remove the child from the family (which itself

can be considered a crisis) (cf. Littell, 1997). The problem is that referral agencies do not always respond immediately, when the family is actually in crisis. In some cases this complicates the intervention of *Families First*, because the initial crisis, and thus the starting point for intervention, has already passed.

To conclude, the philosophy of *Families First* (in combination with its key components) aims to empower user (families) to participate competently and satisfactorily in societal life. The programme provides an alternative form of intervention in child care services for user (families) and eventually could contribute to a better reputation for child care systems.

Child care systems in the Netherlands and in Germany

One common difficulty with cross-national comparison is that semantic similarities might disguise factual differences (Hetherington, 1998). Therefore some important terminology is defined as follows to enable comparison of the child care systems in the Netherlands and in Germany:

Child care is concerned about services for children and their families, if there is risk to childrenÆs physical, mental and psycho-social development. Services aim to prevent or reduce disadvantages or/and solve problems. These services are voluntary, i.e. the children and their families can accept or reject them (Unen, 1995). Services range from community based interventions to residential care. (Recreational centres or day care centres are not included in this definition).

Child protection focuses on the physical and psychological safety of children. If parents are not able (or willing) to care appropriately for their children and voluntary intervention is not accepted, the court becomes involved. In these circumstances children and their families can no longer decide which service they want and involuntary care takes over (Unen, 1995).

Child welfare cares for the well-being and development of children in society. It includes the role of families and takes into account their social environment and communities (Unen 1995). Child welfare embraces child care and child protection. Moreover it includes support services, such as child day care centres or recreational centres, etc.

Subsidiarity means that “whatever smaller and more individual institutions, groups or public bodies can do on their own must not be taken from them by a higher level of competence” (Cannan et al., 1992: p.32). The principle of subsidiarity is laid down explicitly in both the Dutch and the German child care legislation (Unen, 1995). It guarantees the plurality of child welfare provisions. There is again the presupposition that users have a right to choose from a variety of services (BMfFSFJ, 1998).

Voluntary organisation is the terminology that is equivalent to the Dutch *particulier initiatief* and the German *Freie Träger*. Voluntary organisations are independent (i.e. non-governmental), but non-profit organisations. They can operate on local, federal state and federal level (BMfFSFJ, 1998; Unen, 1995).

The child care systems in the Netherlands and in Germany show many similarities. Both systems are very decentralised. Because of the principle of subsidiarity, voluntary organisations take priority over public ones, and most services are provided by independent agencies.

The introduction of the new Dutch Act on Child Care (WJHV, *Wet op de Jeugdhulpverlening*) and the German Child and Youth Services Act (KJHG, *Kinder- und Jugendhilfegesetz*) in the early 1990s represents a shift in child care policy over a 20 year period. Child care nowadays is mainly considered as a service offered to children and their families, and the providers of services are obliged to co-operate with the user (families) and to involve them in the decision-making process. The new approach emphasises the resources of families and aims to strengthen them in their social environment away from institutionalised provisions.

However, in both countries court orders can bypass the voluntarily character of child care services, should children be in immediate danger. As far as *Families First* is considered the pressure of a court order could be seen as another form of crisis, which can be used as a chance for user (families) to change.

There are differences in financing the child welfare system. In the Netherlands providers of child care services have an annual budget, while in Germany voluntary organisations get reimbursed per day and per user for services they have provided.

The figure below illustrates the main differences in the scope of the WJHV compared to the KJHG. The WJHV stipulates provisions regarding child care (illustrated through the circles in the figure) excluding child protection, while the KJHG embraces the entire range of child welfare, i.e. it includes child care, child protection and other provisions (cf. the squares in the figure). Thus, the German system is in general less fragmented than the Dutch one, although in the Netherlands a process has started to change this situation (NIZW 2001).

Comparison of implementation

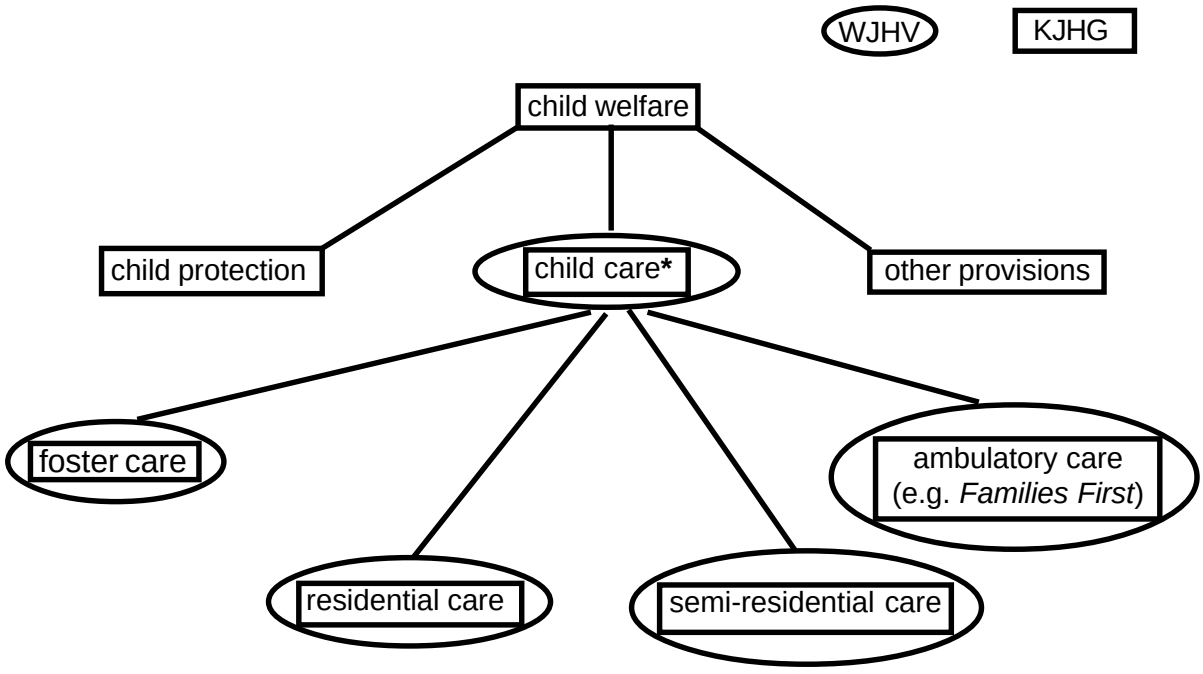
A comparison of the implementation of *Families First* in both countries is examined along four dimensions. A 'dimension' is the categorisation of a certain topic into comparable units (cf. Hallam, 1999). The following dimensions represent important aspects of the implementation of *Families First*: a) general frame; b) financing; c) translation; d) effects.
The ***general frame*** (a) gives an overview about the implementation of *Families First*, in particular the time-frame, and by whom the implementation was initiated. In ***financing*** (b) the situation of funding is scrutinised during and after the implementation. ***Translation*** (c) illustrates two aspects. It explains how and where *Families First* fits into the existing child care systems. It also discusses how and to what extent *Families First* has to be adapted and modified to enable implementation within existing systems. Both aspects are combined, because they are interrelated and, in practice, overlapping. Finally, in ***effects*** (d) consequences on and changes to the existing child care systems resulting from the implementation of *Families First* are debated.

(a) General frame

In October 1990 an international conference took place in the Netherlands. The goal was to bring together new and progressive projects from all over the world, which could be of use within the Dutch child care system. Among these projects was *Families First* from Michigan, US (Jagers 1999, MVWS 1990). Representatives of the responsible Dutch ministry were so convinced by the presentation of *Families First*, that it asked the *Nederlands Instituut voor Zorg en Welzijn* (NIZW, Dutch Institute for Care and Welfare) to co-ordinate the implementation of *Families First*.

Families First was planned to be implemented on a large scale, i.e. it should be disseminated over the country. The reason for this approach was twofold.

Figure. Scope of child care/ child welfare legislation in the Netherlands and Germany



* This is the division of the child care provisions under the WJHV. Yet the one under the KJHG is comparable

Firstly, it was intended to offer a new program to as many voluntary organisations as possible, not only to progressive organisations, but also to more conservative ones. Their resistance to changes could perhaps be overcome, if they were convinced through a well developed and verified programme. Secondly, the overall goal of implementation was to have an impact on the existing child care system (Blythe et al., 1999).

Finally, after the preparatory phase, four *Families First* programs started as demonstration projects in different parts in the Netherlands at the end of 1993 (de Kemp et al., 1998). Since then *Families First* programmes have started in 18 different locations (van der Steege, 1999).

Triggered through the publicity and the experiences in the Netherlands two *Families First* programmes were developed in Germany. One voluntary organisation renamed *Families First* to *Familien-Aktivierungs-Management* [4](FAM, family-activation-management) and started its service in 1996, the other one, named *Familie im Mittelpunkt*[5] (FIM, family focus) started in 1998. Clearly there are differences, for instance, they were implemented at different times with slightly different adaptations and modifications. However, there are more similarities. *Families First* came at a time when the residential care sector was shifting towards more services in the community. In the case of *Families First* the initiative to search for and to provide alternatives to residential care emerged from this sector itself (Römisch, 1999). Both *Families First* programmes are organised within a supra-regional frame, to be open to other voluntary organisations interested in *Families First* and at the same time to assure the originality of their programmes. All co-operating voluntary organisations (nowadays approximately 50) are only allowed to offer FAM or FIM as long as they fulfil the programme elements and thus the quality standards.

The most obvious difference is that in the Netherlands the adoption of *Families First* was initiated by the national government and implemented through a central institute. The single fact that the government was the initiator is not necessarily a reason for the Netherlands' head start (*Families First* started about two years earlier than in Germany), although some would argue that central government has the most resources. But it could be an indicator that the Netherlands gives a higher priority to the field of child care compared with Germany. Although a ministry took the initiative, voluntary organisations are the actual providers of *Families First*, which is true for Germany too. There *Families First* was implemented by two different private initiatives, FAM and FIM. Both countries have been very interested in introducing *Families First* with its key components in order to reduce residential care and to offer an alternative approach. This was the foremost intention of FAM and FIM in Germany. In the Netherlands the overall goal of implementing *Families First* was to influence the child care system by introducing a new programme in a way which is well organised as well as being implemented on a large scale.

Since *Families First* was 'imported' from the US, language could have been an aspect for the delay in Germany. In the Netherlands more people are fluent in English. Consequently more direct access is available to English (first-hand) information and literature. Besides, it is not unusual in the Netherlands to conduct social work conferences in English, while this is rather unusual in Germany. This suggest that the exchange of social professional knowledge is easier and thus faster in the Netherlands.

(b) Financing

Since in the Netherlands the implementation was initiated by the government, the transfer and the implementation of the four demonstration projects were financed by the Dutch government. This made it possible to set up a long term project with extended research and a quality assurance system. Today *Families First* - as all services in child care - is mainly funded by the provincial governments in line with the decentralisation policy of the child care system. The provision of *Families First* is integrated into the annual budget of the voluntary organisations (Jagers, 1999; van der Steege, 1999).

In Germany, voluntary organisations are reimbursed by the Youth Office (local public sector) for the provision of *Families First*. The amount is paid per day and per family (regardless how many children live in the family). This form of funding is common in the German system, although as in (semi-) residential care the expenses are reimbursed per day and child (not per family). The

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daily costs which are determined in advance, only cover the costs to run the programme. It does not include additional allocations for the implementation of a new programme, such as travelling expenditures, higher administrative costs, extra staff etc. The implementation of, for example, FIM was therefore mainly financed through donations (Jährling, 1999).

In the Netherlands implementation of *Families First* has been well-organised. The system guarantees equal opportunities for all voluntary organisations in the country to offer a new service as fast as possible to the user (families). This approach enables the voluntary organisations to get an advanced service easily and cheap. This is persuasive, in particular for organisations that do not have enough own resources or that are conservative and resistant towards new programmes.

In Germany the financing and non-involvement of the federal government reflect the principle of subsidiarity. Since voluntary organisations themselves were apparently capable of implementing *Families First*, it is appropriate to leave the responsibilities as close as possible to the people and organisations involved. (However, tasks should be taken over by a higher level of responsibility, if they could not be achieved sufficiently and adequately by organisations with lesser powers). Therefore, the question remains, whether the local or even federal state level have the resources and the overview to promote and introduce programmes developed outside the country. The fact that *Families First* in Germany started two years later indicates that, in this case, lower levels of responsibilities are not competent to fulfil the necessary tasks. The delay is significant in relation to the service user (families). Additionally, if *Families First* is proved to be an efficient and cost-effective programme, then the later the programme starts the greater is the financial loss. Therefore, it seems that the Dutch way of funding is an investment in new projects that should eventually save money in the future.

(c) Translation

The first step of the implementation of *Families First* in the Netherlands required a thorough analysis of the child care system. The needs had to be identified in the context of the existing system and it had to be considered whether *Families First* could meet these needs (Jagers, 1999). As stipulated in the WJHV, help provided to children and their families is supposed to interfere as little as possible, i.e. it should be short term, direct and relevant. *Families First* meets these criteria. Furthermore, there was a gap between residential care and fieldwork services. 'Gap' means that before the introduction of *Families First*, there were no community based provisions for children and their families in crisis. In this situation an out-of-home placement was the most likely alternative (Jagers in: Boekholdt, 1995). In summary, the *Families First* programme not only slotted well into the Dutch system, but it also filled an existing gap (Jagers, 1999).

The general guide for the implementation of *Families First* was that it should be implemented following the original programme as closely as possible, because of its successful operation in the US. However, some aspects of *Families First* were identified which had to be translated, that is, adapted and modified, to make it workable in the Netherlands. Firstly the different language had to be taken into account. Although the English name of the programme was retained, the training material etc. had to be translated and interpreted, since it is obviously important to be trained in the language appropriate to user (families) (Jagers, 1999). Secondly, the training for *Families First* workers was restructured and written working guidelines were utilised (Jagers 1999).

In Germany it was noted earlier that *Families First* fits with the current child care policy which views child care as a service to users (families), that is family-orientated, cost-effective and provides quality assurance. Moreover, the shift from out-of-home placement to more community based care revealed a gap in the continuum of services, which could be filled by *Families First*.

While the core elements of *Families First* could be translated quite authentically, both voluntary organisations implementing *Families First* chose to change the English name into FAM and FIM - and newly defined co-operative procedures were required between the voluntary organisations and the referral agency (Youth Office). The bureaucratic structure of the Youth Office needed to become more flexible (to recognise and) to respond to families in crisis within 24 hours (Jährling, 1999; Römisch, 1999).

In the Netherlands as well as in Germany there

was a need for a service for children and their families in crisis. In both countries *Families First* corresponds well with the aims of the child care legislation and with current child care policy. However, in Germany there are some legal difficulties in incorporating *Families First* with the elaborate services in the KJHG, in combination with the financing of it. These complications seem to have been avoided in the Netherlands.

Interviewees from both countries stress the importance of implementing the *Families First* programme as close to the original model as possible, especially regarding the underlying values, such as the belief in the resources of each families and their potential for change. This conformity to the original model, or model integrity, is essential to be able to compare the outcomes and thus the success of the programme. Model integrity is important to avoid unfavourable publicity, in case altered programmes produce negative outcomes. This is essential at a time when child care is increasingly being held accountable for its efficiency and cost-effectiveness. Therefore adaptations and modifications have to be made carefully, and should remain as close to the model as possible. However, if the original programme allowed no changes at all, translation to another culture would be impossible.

An examination of the transfer of these programmes to the different situations and policies of the Netherlands and in Germany has shown how adjustments proved to be necessary. In the Netherlands the translation of the entire implementation of *Families First* took place in a very organised way. Aspects of the translation relate to theoretical parts and elements like the training of *Families First* workers. In Germany some adaptations and modifications occurred during the implementation and provision of *Families First*. These mainly concerned co-operation with the Youth Office. All programmes emphasise the importance of special training to become a *Families First* worker. Particularly in Germany, modifications relate less to the content than to the fact that a compact training programme is offered to standardise the intervention, to increase the comparability and to guarantee the quality of the service.

(d) Effects

In the Netherlands many efforts have been made to promote *Families First* to the public, which could be considered as an important aspect of implementation. *Families First* therefore became widely known not only among professionals but also with the general public. It was considered that successful implementation could be accomplished only with the positive attitude of the public (and everybody involved) towards *Families First.* The positive attitude towards *Families First* even led to an improved perception of the child care system in general. Another effect of the implementation relates to the development of a 'programme package'. This can be considered as a model for the transfer of social programs and 'know-how', and can be used either for future projects in the Netherlands or for the 'export' to other countries (Jagers, 1999).

In Germany, effects can be observed on the systems that are in direct contact with *Families First*, such as the providing agency itself and the Youth Office. Bureaucratic structures have begun to become more flexible. Colleagues in all areas became more open-minded and have started working in a more family-, goal- and service-oriented way. In addition, management has started to think supra-regionally instead of just locally (Jährling, 1999; Römisch, 1999). Furthermore, the comprehensive evaluation process - including the evaluation by the users (families) of *Families First* - has contributed to the trend in Germany to put increased stress on the importance of evaluation and quality assurance in the social sector (Römisch, 1999). However the impact of *Families First* on the system in general is less significant.

The effects of the implementation of *Families First* on the child care systems are difficult to compare, firstly due to the different approaches to implementing *Families First* and secondly due to the selection of interviewees (representatives from local voluntary organisations in Germany in contrast to a Central Research Institute in the Netherlands).

However, the effects of the implementation in the Netherlands might be conceived as taking place on a large scale or national level, while in Germany effects primarily occur on a local or regional level. In the Netherlands this would correspond with the implementation's overall goal to have an impact on the total child care system. But generally it is difficult to recognise and to distinguish between cause and consequence above regional level. Therefore, in the Netherlands *Families First* might have contributed to changes in the system. But it is also conceivable that *Families First* has just

coincided with other changes which are happening anyway. In Germany practical effects on the regional and even organisational level have been observed more directly and clearly.

Conclusion

In summary, comparing the implementation of *Families First* in two European countries, the Dutch strategy can be distinguished from the German one in that centralised resources on a federal level have provided the means to search for successful operating programmes world-wide and to analyse how, and to what extent, they are useful and transferable to the Netherlands. In Germany, new developments mainly depend on the initiative of voluntary organisations itself. It is thus more difficult to search for existing programs, especially across borders. There is insufficient access to information and insufficient financial resources, combined with the daily busy task of running an organisation. There are research institutes in Germany, but they do not play such a vital role as the Dutch NIZW.

The comparison has shown that in Germany the implementation of *Families First* within the voluntary organisations was certainly planned, but the idea of disseminating the programme developed during the implementation stage. In the Netherlands, on the other hand, the planned approach to implementation led to the development of a 'programme package'. In conclusion, three criteria are discussed below which are beneficial for future implementation projects not only in the Netherlands and Germany but possibly in other European countries as well. Moreover, a fourth aspect, the set-up of a cross-national research institute might further promote and support this idea.

Comparative implementation
As soon as one social programme has been identified for implementation, the existing system has to be thoroughly analysed in order to examine everybody's needs and to find out whether the selected programme can meet these needs. Close co-operation needs to start between the programme developers and the people implementing the programme. Mutual site visits are useful so that professionals can observe how the programme works in practice. Key elements have to be defined as essential to the programme, while other elements can be identified as suitable for adaptation to a new situation without changing the objectives and core values of the programme (cf. Blythe et al., 1999).

Scale of the programme and evaluation
If the overall goal is to have a positive impact on the existing child care system, the programme should be implemented on a large scale, i.e. demonstration projects should be started in different sites all over the country at the same time. Experiences show that this guarantees more stability, credibility and visibility. Furthermore, it is essential for successful implementation to require evaluation as an integral part of the programme and thus to guarantee quality.

Public relations
People responsible for promoting new programmes comprise policy makers, social work professionals, voluntary and public organisations, and eventually the general public (including possible users). The more that people have heard facts rather than rumours about a new programme the more likely it is that the new programme will be accepted. Alternative ways of publicising initiatives need to be considered. For instance, users (families) can be brought together with representatives at the political level to express their opinion and give their assessment about the received service to policy makers (cf. Jagers, 1999).

Cross-national research institute
In the case of *Families First* an international search for a new programme has proved successful in the Netherlands. In general, it is worth taking programmes from other countries into consideration, because it is faster and cheaper to 'import' than to re-invent them (Blythe et al., 1999). Besides, a fully developed programme (like *Families First*) has proven its effectiveness. If implemented properly it avoids the possible failure of a newly developed programme (and thus saves additional time and human and other costs). Existing programmes do of course need to be examined as to how and to what extent they can be transferred and implemented in another country.

Therefore, an independent cross-national research institute should be established on federal or European level. It should undertake tasks which are of supra-regional and cross-national importance and which cannot be effectively carried out at lower levels. One essential area should be the advocacy of knowledge transfer and professional exchanges between region and countries by e.g. providing sufficient information for social work professionals, researchers, voluntary and public

organisations and bringing together experts from various countries. Another area might focus on the social policy level. At a time when the importance of the EU has increased in the social field, this institute should participate in and influence social policy making.

Finally, children and families in crisis are entitled to social provisions that help them live together peacefully and satisfactorily. If there are new programmes anywhere that better achieve this goal, families should have access to these progressive and improved services as soon as they are available. This article hopefully contributes to this idea of an accelerated, cross-national social know transfer for the benefits of the user (families).

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