'The best thing I've ever done is ring these people…': Making a Difference through Family Support

Elizabeth Fernandez

'The best thing I've ever done is ring these people…':
Making a Difference through Family Support

Elizabeth Fernandez

Effective family support strategies offer early intervention and help for families and children at risk of experiencing social exclusion and maltreatment. This paper reports a study which evaluated client outcomes from participation in an Intensive Family Support Service by comparing views of workers and service users on perceived benefits. It profiles the characteristics and circumstances of families recruited to service, services and interventions delivered and the potential of IFSS to lead to safe and positive outcomes for children and families. Findings discussed highlight the individualized and collaborative approach and the high degree of engagement with service users that facilitated gains in the domains of child and family functioning targeted. Implications of the findings for policy and practice in responding to vulnerable families and children are discussed.

Introduction

Over the last two decades the nature of intervention in child and family services has changed to emphasize greater support for children living with their families. The development of family support services has been international, stemming from concern about the mounting incidence of abuse and neglect and recognition of the need to focus on programs of early intervention centered on vulnerable families with children to interrupt patterns of maltreatment and prevent removal to protective care (Ryan & Schuerman, 2004; Denby & Curtis, 2003; MacLeod & Nelson, 2003; Hayward & Cameron, 2002; Chaffin et. al., 2001; Armstrong & Hill, 2001; Walton, 2001; McCartt Hess et. al., 2000). A range of family support models have proliferated throughout the United States, Canada and European countries (Dagenais et. al., 2004) and parallel developments are evident in the Australian context where Intensive Family Preservation Services, more commonly known as Intensive Family Services, were introduced to assist families whose children are at risk of entering care (Campbell, 2004; Fernandez, 2004). The increasing focus on early intervention is reflected in the commissioning of projects to expand the service network supporting families including family support programs, center-based child care, supported play groups, parenting programs, home visiting, one stop shop family centers, specialist family support services with culturally and linguistically diverse (CALD) family workers, Aboriginal play groups and young parents' groups (AIHW, 2005, p.8).

The challenges and limitations of research evaluating the impact of family-based services are highlighted in the literature. There are mixed findings on the capacity of family-based services to prevent children's entry into care (Dore & Alexander, 1996). Hayward & Cameron (2002) acknowledge that despite unfavorable results reported by some evaluations of IFPS programs, there is growing evidence that highlights their ability to moderately transcend traditional child welfare services in maintaining children in families. However, reliance on placement rates as the prime outcome measure has attracted criticism (Berry, 1997). There is a need to expand the scope of outcome research to include indicators of

71·Elizabeth Fernandez

parent functioning, family interaction, child wellbeing and safety, to profile the characteristics of clientele and services offered (Dagenais et. al., 2004) and to incorporate strengths-based measures of outcome (Berry, 1997). Key developments in evaluation research have also transferred the emphasis from outputs to processes advocating a sensitive outlook on influential players and accommodation of stakeholders' perspectives (Pawson & Tilley, 1997). Focusing on final outcomes only thinly describes client gains and overlooks intervening processes that are steps on the way to change (Warren-Adamson & Lightburn, 2004). In this regard, methodologies that elicit thick descriptions of practice that enable identification of sensitive outcomes are advocated. Evaluative research has helped to shape current family support services, however there is still much to learn about family support delivery and its clientele and processes (Broadhurst, 2003). This paper reports research undertaken to identify outcomes of intervention through intensive family support services.

Methodology

The aim of the research was to investigate the impact of family support interventions by comparing the views of families and their family support workers with respect to the perceived need of the target group and outcomes of the services offered. Quantitative and qualitative methods were used as complementary strategies (Alston & Bowles, 1998). A qualitative approach in the tradition of Strauss & Corbin (1998) was used to capture the process of interaction between service users and providers, and intermediate and long term outcomes. A multistrategy or triangulation approach which enables combining different data sources and accounts of everyday events (Hammersley & Atkinson, 1983) was incorporated in the design. The research was carried out in two phases using a pre and post-test design. Personal interviews with workers and parents were main sources of data and were carried out on two occasions, six months apart. A major analytic objective was to capture as much of the complexity of processes and interactions between parents and service providers as possible over time, and to make group comparisons of these outcomes.

An innovative component of the research was the use of a validated standardized assessment tool namely the (NCFAS) North Carolina Family Assessment Scale (Kirk, 2001), a multidimensional instrument developed to aid workers and researchers in assessing need and change in families. It conceptualizes family functioning into five domains: Environment, Parental Capabilities, Family Interactions, Child Wellbeing, and Family. The NCFAS assessment for families was completed by RWIFSS workers as part of the initial research interview (Time 1) and the subsequent interview (Time 2) six months later or at case closure. The data from Time 1 provided a baseline on outcomes against which to compare ratings at Time 2 and assess changes in family and child functioning. The SCARF (Supporting Children and Responding to Families) case management system (Fernandez & Romeo, 2003) used in all the agency's family support programs, complemented and facilitated the use of the NCFAS tool and ensured comprehensive developmental and ecological assessments.

Overview of the Site and Service

The research was carried out at the Barnardos Redfern Waterloo Intensive Family Support Service (RWIFSS) which offers a range of family support interventions. Home visits and centre based services, practical and clinical interventions are included in the continuum

2

of complementary crisis oriented and preventative strategies provided by the service. Designed to provide support to vulnerable families of the Redfern/Waterloo area, RWIFSS do not have a defined time limit for providing a service to a family. Families access the service through the State Department of Community Services (DoCS), Barnardos assertive outreach, other agencies, and self referrals. A fuller account of the project is available in Fernandez & Healy (2005).

Redfern is a suburb of great importance and significance to Australian Aboriginal people and a gathering place for the indigenous community. Both Redfern and Waterloo are known to be over-represented in statistics relating to disadvantaged groups having one of the most densely populated public housing estates in New South Wales (NSW), Australia. In terms of indicators of social disadvantage, Waterloo is ranked as the third most disadvantaged community in NSW (Vinson, 1999).

Participating Families

A total of 25 families participated in the study. Of these, 64% were single mothers, 8% were single fathers, and 28% involved two parent/ caregiver families. The total number of children in the study was 53. 62% were girls and 38% were boys. 32% of children were under the age of five, 15% of children were between 5 - 10 years and 36% children were aged over 10 years. Most families came to the attention of the IFSS worker either via DoCS (32%) or they self-referred (32%), with almost one quarter (24%) being referred by other agencies.

Conceptualization of Need and Change in Families through the North Carolina Family Assessment Scale

The North Carolina Family Assessment Scale (NCFAS) Version 2 is a multidimensional instrument developed to aid workers and researchers in assessing need and change in families with significant psychosocial difficulties to evaluate the Intensive Family Preservation Services (Kirk, 2001). The NCFAS contains five domains (i) Environment, (ii) Parental capabilities, (iii) Family safety, (iv) Family interactions and (v) Child well-being. Each of these domains comprises a series of subscales. For example, the Family Interactions domain contains the following four subscales, (i) Bonding with the child(ren), (ii) Expectations of child(ren), (iii) Mutual support within the family, and (iv) Relationship between parents/caregivers. The five domains and the subscales within each domain appear at the end of the paper. See Figure 1, pg. 89.

To complete the NCFAS IFSS workers were required to score each family, on each item in the subscales, along a spectrum ranging from '+2=clear strength' '+1=mild strength' '0=base line' '–1=mild problem' '–2=moderate problem' '–3=serious problem'. In addition to the subscales within each domain there is a global item that asked the worker to provide an overall rating of functioning in relation to that domain. This overall rating was completed after each subscale was given a specific rating. To enable consistency in the rating process an orientation session was conducted by the research team at RWIFSS for all staff participating in the research. This orientation included the rating of a hypothetical case followed by comparison of ratings and rationale for ratings assigned across workers participating in the training session.

Findings

Multiple Problems A Common Theme

The environment of intensive family support encompasses many aspects of families' and workers' experience. In attempting to present an overview of the process of identifying and responding to needs this paper will draw on thickened descriptions from parents and workers of the experience of the helping encounter as well as quantitative data emerging from questionnaires. The families presented with multiple needs which included: inadequate housing, poverty, financial deficits and unemployment; domestic violence, physical, sexual and psychological abuse; personal and institutional racism; alcohol and drug use; physical and psychological illness; child neglect and abuse; lack of support networks; perceived interference from family and human services; death and loss; depression and stress; and in many cases a need for somebody to talk to in order to overcome their isolation. The following examples of families with multiple and overlapping concerns drawn from the qualitative data are illustrative.

Ann was referred by the hospital after the birth of her child. Some of her presenting needs stemmed from her depressed state however, the worker soon began to unravel the complexities around her partner's mental health and the couple's isolation in the community.

Alicia (worker)
'They'd been referred by the Mental Health team...mum has, she still has mental illness. She had a post-partum depressive episode just after the birth. So when I actually started working with the family she just came back from hospital...helping mum to deal with the baby...also dad has mental illness...they don't have any family.'

In another instance, an IFSS worker while helping a parent with financial assistance, and linking her with community resources, recognized the impact of the parent's drug and alcohol abuse and instances of domestic violence on the children's safety.

Nicole (worker)
'We targeted this family through assertive outreach initially because of poverty, family safety and child safety at home and in the community. Since then we have found out that there are serious drug and alcohol issues, domestic violence issues and issues of safety for the children.'

In order to profile the presenting needs of families IFSS workers were asked to identify areas of difficulty and rank order them. The first three prioritized areas of need are presented in Table 1. The primary presenting problem for most families related to environmental issues (32%) such as housing and threat of eviction, followed by a parent with a mental health problem (12%) and behavioral/control issues in relation to the child/young person (12%). The main secondary presenting problem related to school problems (16%) such as attendance, performance and exclusion; parenting (16%), and behavioral/control issues in relation to the child/young person and school problems (16%). Just over 10% of secondary presenting problems were due to financial difficulties and having a parent with a drug or alcohol problem. The most common tertiary presenting problem was parenting (16%) followed by parent's drug/alcohol problem (12%), domestic violence (12%) and

financial problems (12%). A small minority (8%) also reported teenage pregnancy and behavioral/control issues in relation to the child/young person. See Table 1, pg. 88.

In a large proportion of cases (48%) the IFSS workers reported that there might be other needs or problems that had not yet been uncovered. An aggregation of primary, secondary and tertiary needs/ problems suggests that environmental issues (44%), child behavior difficulties (36%) and parenting concerns (32%) were predominant presenting issues. This overview of needs and concerns elicited from IFSS workers is elaborated in the data drawn from the North Carolina Family Assessment Scale completed by workers at initial engagement with the family and six months later.

Need and Change in Families

In the analysis that follows the global ratings on each domain are discussed and represented diagrammatically. In relation to the subscale ratings the frequency of ratings of 'moderate' (-2) and 'serious' (-3) problems are presented in Tables 2 to 6.

Environment In the sub scales of the environment domain the most frequently reported "serious" or "moderate" problems were safety in the community, financial management and learning environment affecting 44% of families (Table 2). The most frequently reported "serious" or "moderate" problems for families in Interview 2 were safety in the community (30%) followed by housing stability (19%) and habitability of housing (19%).

The "overall" rating at Interview 1 for this domain indicated that most families (56%) were experiencing problems, mainly in the "moderate" range (30%) (Figure 1). A substantial proportion of families were functioning at an "adequate" or better level (45%). In the six-month period between Interview 1 and Interview 2 the overall domain ratings for the families demonstrated apparent improvement. For example, there were 4% of families rated as functioning at a "clear strength" at Interview 1 and 29% at Interview 2. In keeping with this finding were apparent decreases in the proportion of families reported as experiencing "moderate" or "serious problems" and those rated as functioning at an "adequate" level. There was an apparent increase in the category of "mild problems" which appears to have accumulated some of the downward shift from the serious and moderate problem categories. See Figure 1 and Table 2, pgs. 89 and 90.

Parental Capabilities In this domain the most frequent problem areas were disciplinary procedures (30%) and supervision of children (26%) (Table 3). At interview 2 IFSS workers reported that although a small proportion of families were affected by "moderate" to "serious" problems, the proportions affected were similar for almost all parental capability subscales. The most frequent problems for these families were the parent(s)'/ caregiver(s)' use of drugs/alcohol (19%), followed by supervision of children (15%).

For the "overall" parental capabilities domain almost half of the families (44%) at Interview 1 were rated as having problems, with more than one in five (22%) in the "mild" range and just over half (56%) were rated as "adequate" (33%) or better (23%) (Figure 2). The proportion of families functioning well in the overall parental capabilities domain increased substantially from Interview 1 to Interview 2. There was an increase of 14% of families functioning with "clear strength", 11% of those functioning with "mild strength" and similar reductions experienced in the proportion of families experiencing "mild

75·Elizabeth Fernandez

problems" (11%) and "moderate problems" (15%). There were, however, 4% more families in the "serious problems" category on this domain at Interview 2. See Table 3 and Figure 2, pgs.90 and 92.

Family Interactions IFSS workers reported that the most common problem in relation to family interactions subscale was bonding with the child(ren) (19%) (Table 4). "Moderate" and "serious" problems were reported to occur equally in the subscales of expectations of child(ren) and mutual support within the family (11%), but no "serious" or "moderate" problems were reported to occur in the relationship between the parents/caregivers subscale. At interview 2, in relation to family interaction there were not many families that were reported to experience "moderate" or "serious" problems on the family interactions subscales. The most frequently reported "moderate" or "serious" problem was mutual support within the family affecting 11% of families.

The IFSS workers rated the "overall" family interactions (at Interview 1) as "adequate" for most families (59%), although a substantial proportion (29%) was rated as having problems of which most were in the "mild" and "moderate" categories (Figure 3). The proportion of families functioning well in the overall family interaction domain increased from Interview 1 to Interview 2. At Interview 1 no family was reported to be functioning with "clear strength", but at Interview 2, 11% of families were reported to be functioning at this level; and the proportion functioning with "mild strength" increased from 11% to 26% while the proportion of families rated as functioning "adequately" fell by 18%. The only increase (4%) in families experiencing problems was in the category of "moderate problems". See Table 4 and Figure 3, pgs.90 and 93.

Family Safety There were several family safety problems identified by the IFSS workers, primarily emotional abuse (19%), and domestic violence between the parents (19%) followed by neglect of child(ren) (11%), (Table 5). However, the frequency with which the problems were reported to occur suggests a small proportion of families were affected by these types of problems. At interview 2 in the family safety domain the most frequently reported problems were emotional abuse of child(ren) (11%) and neglect of child(ren) (11%), however, there was no evidence of a "moderate" or "serious" problem in relation to sexual abuse of child(ren). Where problems were reported, regardless of subscale, the proportion of families affected was minimal.

In relation to the "overall" Family Safety domain at Interview 1, families were split into one of two categories: either they were rated as having problems (49%) or "adequate"/better (53%) (Figure 4). In the 6-month period between Interview 1 and Interview 2 there were improvements in almost all categories for the overall domain of family safety. The proportion of families functioning with "clear strength" increased to 26% but the largest increase was in the proportion of families functioning with "mild strength" (22% additional families at Interview 2). This finding was reflected in the apparent shift from Interview 1 to Interview 2 in the proportion of families that were experiencing "mild problems" (22% of families moved from this category). There was no change in the proportion of families experiencing "serious problems". See Table 5 and Figure 4, pgs. 91 and 93.

Child Well-Being IFSS workers reported the "moderate" to "serious" problems in relation to child well-being which were mainly centered on the child(ren)'s behavior (26%) followed by the child(ren)'s school performance (19%) (Table 6). The most frequently reported "serious" or "moderate" problem within the child well-being domain was child(ren)'s behavior (15%). There were no "serious" or "moderate" problems reported for the subscales of relationship with sibling(s) and cooperation/motivation to maintain the family.

The vast majority of families (70%), at Interview 1, had an "overall" child well-being rating of "adequate" or "mild strength", while almost one third (30%) were rated as having a problem (Figure 5). There were apparent improvements in the overall domain ratings for the child well-being domain from Interview 1 and Interview 2. At Interview 1 there were no families reported to be functioning with "clear strength" whereas at Interview 2, 26% of families were rated at this level, although the proportion of families functioning with "mild strength" decreased by 7%, but the proportion of families functioning "adequately" remained static. Other changes included a substantial decrease in families functioning with "mild problems" (12%) and a smaller decrease in those experiencing "serious problems" (7%). See Table 6 and Figure 5, pgs. 91 and 94.

Overall Domain Ratings at Interview 2 The findings indicate that, for each domain, the number of families functioning at an "adequate" or higher level outweighed the number of families with problems, at Interview 2. The domain in which most families were functioning well was the "overall" child well-being domain (89%) followed by the "overall" domains of parental capabilities and family interactions (78%) (Table 7). The domain in which families were most frequently rated with a problem (41%) was "overall" environment. See Table 7, pg. 91.

Interview 1 and Interview 2 Comparisons The data are presented here to allow some comparison between the Interview 1 and 2 ratings. Where appropriate either parametric or non-parametric statistical tests were conducted to determine if observed differences were statistically significant. Two sets of inferential statistics were undertaken to determine whether observed changes were statistically significant. T-tests were performed on the overall domains and for the aggregated domain scores for Interview 1 and Interview 2 to determine if statistically significant changes had occurred in the mean rating for the families between Interviews 1 and 2. The overall domain was a single global rating for each subscale, whereas the aggregated domain is based on the sum of all items in each subscale. All analyses included each item in the spectrum ranging from "+2 (clear strength) to –3 (serious problem)".

The t-tests showed that change between Interviews 1 and 2 was significant for each domain (Tables 8 and 9), yet the magnitude varied from 0.5 to 1.1, equal to a "half to one category" change. That is, one category change would be the equivalent of moving from a serious problem to a moderate problem etc. Wilcoxon tests were performed on overall scores to measure whether there was a change in the status of families from "problematic" (mild, moderate or serious) to functional (adequate or mild/clear strengths). There were two significant changes detected, one occurred on the parental capability domain (p=0.033) and the other on the family safety domain (p=0.032). In summary there were significant changes observed across each of the domain ratings from Interview 1 to 2, with parental capability and

family safety showing a "clinically significant" shift in the overall functional status of the group as a whole. See Tables 8 and 9, pg. 94.

How did the Method and Intensity of RWIFSS Contact with Families Relate to their NCFAS Ratings

Time spent with families was measured by face-to-face contact, home visits, telephone contact and "other" contact. IFSS workers conducted an average of 27.6 home visits per family, with the minimum number of visits being five and the maximum 74 per family. The average number of hours spent in face-to-face contact by workers with each family was 38.1 hours (with a maximum of 108 and a minimum of 3 hours). Telephone contact between the workers and families averaged 8.6 hours with a range of 27 hours per family. There was an average of 6.7 "other" contact hours by the IFSS workers.

The relationships between these contact data and the five NCFAS Overall Domain ratings were analyzed to identify correlations. There was one significant relationship detected. 'Home visits' and 'other' contact hours were significantly correlated with parental capabilities, such that a greater number of contact hours was associated with positive ratings of levels of parental capabilities ($r=0.68$; $p<0.01$). When the variables of 'telephone contact' and 'other' contact were combined the findings were replicated: telephone and other contact hours in combination were significantly correlated with parental capabilities.

The Process of Working with Families and Other Agencies

The research explored with IFSS workers their intervention goals, the process of working with clients in day to day interactions and their views on what services were most valued by the families. Of three prioritized intervention goals specified by IFSS workers in their case plans the first goal of intervention for most families was housing (28%) followed by advocacy (24%). A small proportion of families (8%) required support in parenting as their first intervention. The second most common intervention goal was advocacy (24%) followed by support (16%) and housing (12%).The third most common intervention goal related to parenting (20%) and referrals (20%) with a substantial minority (16%) reporting support. When combined, intervention goals around advocacy (56%), housing (40%) and practical and emotional support (40%) appear to have been the dominant focus of intervention. While families accessed services predominantly from RWIFSS, they also received services from other non-government agencies and government departments.

Practical assistance was high on the list of IFSS workers' perception of valued services. This included support with housing, accompanying parents/ caregivers to court or medical visits, letter writing, income support, household budgeting, food vouchers and parenting advice. Other valued aspects of the services were more person-centered such as, emotional support, trusting relationships, and the fact that the service is accessible and confidential. The predominant themes gleaned from the qualitative data from worker interviews clustered around; building trust; acknowledging and addressing the stated needs of the client; bringing to the forefront unstated needs; facilitation of practical assistance; being a sounding board for the family and linking clients with other services.

Building Trust

As part of trust-building with families IFSS workers emphasized that listening to the parent/caregiver and attempting to address expressed needs seemed to be the first step towards building a trusting relationship. To finally be allowed into a family's home was perceived by the IFSS workers as an immense expression of trust in the working relationship, given their prior knowledge that other agencies have been viewed with mistrust and have been stopped at the door.

> *Nicole (worker)*
> *'A development of the trust that it took for them to ask us for help. No matter who went to their house before, they got the doors locked in their face. The trust issue is huge…It takes the family a long time to trust. You just have to take the time to build that up and not be too much in their face when they don't want you there.'*

An important aspect of trust for some IFSS workers was that caregivers felt the worker understood they were not a statutory body whose perceived role, from the caregiver's perspective, is removing children.

> *Alicia (worker)*
> *'I think Jolene [sees RWIFSS] as a different service from DoCS (Statutory Services). 'The good one and the bad one'. I think she understands that I'm here to help her to stay with her children, whereas she sees DoCS as the service that is going to take her kids. So she really expects me to understand where she came from and what she's been through.'*

Being a Sounding Board for the Parent/ Caregiver

IFSS workers noted that a parent/ caregiver would come in off the street to have a 'yarn', or stop the IFSS worker in the street for a brief chat. Being a sounding board for the parent/caregiver allowed the IFSS workers to begin to understand the parent's/ caregiver's whole story, relate that story to their cultural background and to the context of the Redfern-Waterloo area.

> *Rebecca (parent)*
> *'Being a single parent and a first time parent rolled into one is an extremely hard job. I didn't realize that. But with Janet (worker), just knowing all I've got to do is ring and say look I really don't know what the hell I'm going to do here and then she suggests something, gives you a different perspective, a different outlook on, so that's given me different ways to deal with things at home. Just ring Janet and she'll come straight…she's just been a phone call away.'*

Linking Families with Other Services

Linking families with other services is a major role for IFSS workers. Families with multiple needs and difficulties are not easily assisted by a single service provider. One IFSS worker dealing with a family presenting multiple needs reflects on the process.

79· Elizabeth Fernandez

> *Nicole (worker)*
> *'Coordinating these services has been a huge job. Huge. Even dealing with the different agendas that each service has is a huge job. The school suspended Jeremy's children and didn't even phone us and let us know…Coordinating those services takes every bit of diplomacy you can muster. People get very frustrated because there are so many kids and so many issues going on.'*

IFSS workers referred to the amount of interagency activity involved in families' lives and how the agendas of each agency may have to be suspended in advocating for the family's needs. They were challenged in addressing the needs of the families while navigating the complexity of interagency dependency. In some cases, agencies were not willing or able to take action until a situation had escalated out of control or reluctant to see the family's difficulties in the same way, or at the same level of urgency. Being aware of some of the complexities of a family's situation that may be overlooked by other agencies who are focused on single issues such as housing or child protection, they were in the foremost position to advocate on the family's behalf. In the quote below one IFSS worker notes how some agencies do not pay enough attention to cultural and the more current aspects of the family's needs.

> *Alicia (worker)*
> *'The problem area is Housing. They would communicate with us okay and I could see the worker at the Department of Housing, but there were a lot of policies/rules and red tape that we weren't able to get through…They think in terms of the number of people who live in the house and don't think in terms of the interactions of the family members and their relationships to each other. The worker there was not very understanding at first, but when I met him with Wanda he changed and became more cooperative and helpful. It's just that he was bound by the Housing Dept rules, which need to be more flexible to allow for cultural recognition and change in circumstances regarding the number of people in the family at different times.'*

Supporting Families Practically and Emotionally

Supporting families emotionally and introducing new ways of looking at situations was often bolstered with practical support. However, when one IFSS worker assisted a caregiver in finding suitable housing she experienced first hand the discrimination to which some families were subjected.

> *Nicole (worker)*
> *'I think she saw me as a support in trying to get what she needed. She appreciated being driven around and having someone to actually help her get a house. Because she was Aboriginal a lot of [landlords] didn't want to know her. There was a lot of racism against her. It was the first time I'd ever really seen that.'*

In supporting the family in a practical way the worker was able to acknowledge the everyday practical difficulties Aboriginal families can face with the most basic of necessities. Practical assistance was acknowledged as a high priority by the IFSS workers.

10

Reviewing the qualitative data from the parent/ caregiver interviews it was evident that the worker was viewed in a positive sense, as a partner, a peer, and a friend. In contrast, they were also perceived as authority figures and a means to an end. Below are excerpts from parent interviews reflecting their varied perceptions.

> *Lisa (parent)*
> *'Very friendly, and she seems to know, she's got an idea what we're going through. So she's giving us some examples…She's told me that if I ever need anything, to give her a call, or leave her a message, which is very comforting. I haven't called her yet, but to know that...just a phone call away.'*

> *Robert (parent)*
> *'It's not hundred per cent perfect, don't trust Alicia (worker), I don't trust Alicia hundred per cent, but I trust her [ninety] percent.'*

Perceptions of Positive Changes: Workers' and Parents' Accounts

The research also explored IFSS workers' perception of positive outcomes in relation to targeted problems and realization of family goals. Some illustrations of benefits identified are cited below.

For Jeremy, the sole parent of the family, the main goal was to gain stable accommodation. At the time of initial contact they were living in crowded conditions with a relative. The IFSS worker also recognized the children's low attendance at school, behavioral difficulties and general hygiene matters which had to be brought to the attention of DoCS.

> *Nicole (worker)*
> *'We now have stable accommodation, which is huge progress. The kids are now at school, generally speaking, 5 days a week. Huge progress. The kids' behavior is improving, a lot less bad days. Dad is more open and receptive to having involvement with services, however, he's still very resentful of having involvement with DoCS.'*

A final illustration of perceived changes comes from IFSS workers highlighting the progress of a family in relation to dealing with children attending school.

> *Michelle (worker)*
> *'He now attends school 4 days a week...Emma attends 4 days at day care as well. Holly seems to have her finances more under control. They've been offered housing and just waiting for relocation...I think she's pushing harder for their education now, whereas before I don't think she saw it as an issue...I feel there has been huge progress in every aspect that we've dealt with. Holly is more motivated and comes more often for the help.'*

81·Elizabeth Fernandez

Education was valued by many of the families however it was difficult for them to act upon their aspirations for the children. A valued outcome is that the workers were able to facilitate the parent's interest with practical assistance and support.

The research also explored with families whether they experienced any positive changes through the service or accomplished any of their goals. The lack of, or the competition for, available resources were constraining factors in achieving major changes in a relatively short time. However, there seemed to be positive and affirming movements in the families' lives that were attributed to involvement with RWIFSS. Some changes were also attributable to clients' own efforts. This seems an affirmation of the way in which IFSS workers attempt to work with clients. That is, the family does the work and the IFSS worker is there to support and facilitate their effort.

Rebecca (parent)
'Barnardos has made me more confident as a parent. Also enabled me to, realize that I've got someone that will help me that's on my side…It's not as explosive as before. It's a good way to put it. But [my son's] the same as me, so that's where conflict comes in, he's the child and I'm the parent… I found I was literally drowning. And it benefits him so much being on the better than the worse, which I'm more happy about… the hints that I've had in the first six months from Janet (worker), now has shown me a way to deal with things more confidently.'

In the case of Tina, the IFSS worker had attempted to help raise her self esteem, work with alcohol related issues and introduce her and her child to community activities.

Tina (parent)
'Yeah I got more motivation to get up and do things for the baby and get out there… before I used to go to the pub and all that, I got more motivation…I go to the barbeque on Fridays, I never used to do that before… Yeah more family orientated…Yeah that there's better things out there that you can do with the kids… Day care, yeah, it helps.'

Lisa and Tony had their children briefly removed. Their involvement with the IFSS worker during the experience of brief removal of their children into care made the couple more aware of their own and their children's needs.

Lisa (parent)
'Overall it's been really positive. They gave us some examples, more structure, how to help with the relationship between myself and the kids and Scott and me and the other family and friends that are around us… And Janet came in, she used her examples, and she changed it so it would help us, which is really good. We tend to talk about things more, which is what I should have done before all this happened (children being removed/short term).'

Discussion of Findings and Implications for Practice

In the research reported on outcomes from family support interventions through RWIFSS a clear pattern of vulnerability was evident in the profile of families served. The program served families with serious parenting stress and child protection concerns, limited economic resources and social supports. Factors contributing to their stress were contextual such as single parenthood, unemployment, incomplete education, lack of or inadequate housing, and living in poverty. Additional stress came from children having learning and behavioral difficulties. Other factors included the parents' own experience of abuse, racism and mental illness. Their needs were interrelated, cumulative and evolving. They were also involved with multiple services and agencies. This points to the need for comprehensive assessments at first contact and at later points in working with families as new stresses emerge and new needs and priorities come to the fore. A multi-pronged and coordinated response to families is crucial to effective service delivery. Both the provision of information to families on services available and the flow of information between services are emphasized. The significance of facilitating access to networks of complementary services is acknowledged (Nelson, 1990; Campbell, 2004).

Focusing both on ecological factors and internal change (McCurdy & Daro, 2001) interventions were multidimensional, encompassing assistance with concrete needs such as housing, finances, food, responding to concerns about domestic violence and abuse, personal and institutional racism, child behavioral problems, mentoring children, parent education, enhancing formal and informal support networks and general supportive counseling. Acknowledging the hierarchy of family needs and the significance of responding to concrete and practical interventions in reducing family stress and improving parenting environments is reinforced in the literature (Ryan & Schuerman, 2004; Chaffin et al, 2001). There is a strong need to keep social disadvantage and social exclusion in focus and address the structural dimensions of parenting environments through universal and targeted services.

The systematic recording and assessment of family strengths and areas of concern facilitated by the NCFAS framework enabled the identification of baselines in relation to the major domains of Environment, Parental Capabilities, Family Interactions, Child Well-Being and Family Safety in Phase 1 of the evaluation. Against these baselines there were identified gains reflected in improvements in scores on 'strength' ratings, and changes in the positive direction in terms of the degree of 'moderate' and 'serious' problems in Phase 2. In relation to contributory factors, encouragingly, there was evidence of a significant relationship between amount of worker time spent in home visits and other contact and improvements in Parental Capabilities. Overall the NCFAS data has afforded a useful multi-dimensional measure of needs and change in this cohort of families. The five domains provided a focused scope for assessment of strengths and problem areas, including opportunity for in-depth examination of specific capabilities in each domain. This enabled assessment of strength acquisition and problem reduction.

A substantial number of families were referred by statutory protective services to address child protection concerns. National trends reveal disproportionate numbers of Aboriginal children on Care and Protection Orders – seven times higher than the rate for other children. As a result of this over representation of Aboriginal children in care systems and the intergenerational trauma resulting from the 'stolen generation' (AIHW, 2005;

83· Elizabeth Fernandez

Stanley et al, 2003; Fernandez, 1996) Aboriginal families have become distrustful of statutory authorities and welfare agencies. Much of the initial intervention by IFSS workers was around building trust and culturally sensitive and committed work to enable families to reengage with agencies. The role of cultural awareness and competence in working with indigenous communities has been stressed (Bacon and Gillman, 2005; Libesman, 2004; Murray et. al., 2004). Littell and Tajima (2002) also found that trust was difficult for populations such as Afro-American families who also appear to be over-represented in child welfare systems. Hussain (2006) and Denby and Curtis (2003) point to the positive outcomes for clients resulting from culturally competent systems of service delivery particularly in terms of enabling clients to feel empowered, and decreasing their anxiety and distrust in formal systems. Most Aboriginal families in this study were able to build trust and 'work with' workers where statutory services had difficulty in positively engaging with them. The more accessible workers were to families through being culturally competent, local, transparent and sensitive in the way they challenged clients, the more likely clients were to participate in decision making and remain engaged with services

The difficulty in relating to systems of care is not isolated to Aboriginality. Similar to findings of Littell and Tajima (2005) this research highlighted substance abuse, mental illness, domestic violence, marginal housing and general isolation as impacting on parents' ability to engage with services. Littell (2001) and Becker et. al. (2002), note that clients are more likely to engage with programs when the process is collaborative. Broadhurst (2003), McCurdy and Jones (2000), Chand and Thorburn (2005) and Quinton (2004) found that irrespective of models of intervention the relationship between the worker and families made a major contribution to service outcome, a finding reinforced in this research where it becomes apparent that 'working with' the family is the central objective. Accounts from clients acknowledged positive impacts on family interactions and parenting environments, attributing these gains to IFSS workers in addition to their own hard work. The flexible responsive orientation of workers is suggestive of rich possibilities for change reflected in the joint problem solving elaborated in the accounts of workers and families. While case plans were formulated on the basis of initial assessments the process of sequencing goals and developing strategies was a negotiated process involving families enhancing their active collaboration, problem recognition and their intention to change, processes considered to be predictive of improvements in family functioning (Littell & Gervin 2004). Parents valued worker qualities such as listening, being non-judgmental, accepting and empathic and being accessible, reinforcing observations of previous research (McCurdy & Jones, 2000; Ribner et. al., 2002). To sustain these attributes in the workforce, policies to promote staff training, supervision and manageable caseloads are crucial.

There is a wide literature that touches on the tensions inherent in the interface of family support and child protection (Gibbons, 1995; Hayward & Cameron, 2002; Whittaker, 1997). RWIFSS workers in attempting to integrate a family support orientation with protective goals attempted to maintain a level of transparency by discussing with the family when it was in the best interests of children and the family to notify authorities about child protection concerns. This experience of partnership introduced a strong sense of balance to families' wariness arising from previous contact with formal statutory services. Fear of loss of autonomy and control was a strong theme in their previous involvement with services. Family support services that support families in their efforts to meet child protection and safety needs through an inclusive and partnership approach are crucial to positive outcomes

for children. Family based services may not always achieve the goal of preventing child removal, and to envisage that child placement, in the short term, could always be prevented in families with multiple and entrenched problems may be unrealistic. As documented in previous research and in this study, family based services, while not always achieving the expected outcome of preventing placements in all instances, have been successful in reducing family stress, enhancing child wellbeing, schooling outcomes and ameliorating the effects of poverty and social exclusion (Statham & Holterman, 2004; Macleod & Nelson 2000; Gray, 2003; Fernandez, 2004).

This study contributes to our understanding of the service delivery and outcome of service. There are however limitations. The sample size was small limiting the ability to find significant effects. The limited analysis of relationships between specific services and outcomes are correlational, the current study being non-experimental. A long follow-up period would have enabled the identification of families needing ongoing support to sustain outcomes achieved. This research had a follow-up element built in and used workers' conceptions of parenting needs and problems in addition to parents' assessments of their needs and difficulties. This enabled triangulation of both accounts generating fuller data on the micro processes and outcomes of the service. Follow-up studies are urgently needed to enhance knowledge building in the area of intensive family based services and early intervention.

In summary the analysis does not claim momentous changes. In such a community experiencing entrenched and multiple disadvantages including institutional abuse there has to be a balanced appraisal of outcomes. The IFSS workers were modest in identifying changes and were aware of the significant role they played in facilitating outcomes. As one worker expressed in an interview "it's two steps forward and one step back."

References

AIHW (2005) *Child Protection Australia 2003-04*. Canberra: Australian Institute of Health and Welfare.

Alston, M., & Bowles, W. (1998) *Research for Social Workers: An Introduction*. St Leonards: Allen & Unwin.

Armstrong, C. & Hill, M. (2001) Research review: Support services for vulnerable families with young children. *Child & Family Social Work:* 6, (4) 351-358.

Bacon, B., & Gillman, P. (2003) Family-based services in child welfare: Client evaluations of usefulness and staff analysis. *Envision: The Manitoba Journal of Child Welfare*: *2*(2).

Becker, D., Hogue, A., & Liddle, H. A. (2002) Methods of engagement in family-based preventive intervention. *Child & Family Social Work*: 19(2), 163-179.

85· Elizabeth Fernandez

Berry, M. (1997) *The Family at Risk: Issues and Trends in Family Preservation Services.* University of South Carolina Press.

Broadhurst, K. (2003) Engaging parents and carers with family support services: What can be learned from research on help-seeking? *Child & Family Social Work*: 8(4), 341–350.

Campbell, L. (2004) Intensive family services in Australia: A 'snapshot'. *Children Australia*: 21(4), 4-11.

Chaffin, M., Bonner, B.L., & Hill, R.F. (2001) Family preservation and family support programmes: Child maltreatment outcomes across client risk levels and programme types. *Child Abuse & Neglect*: 25(10), 1269–1289.

Chand, A., & Thoburn, J. (2005) Research review: Child and family support services with minority ethnic families: What can we learn from research? *Child & Family Social Work*: 10(2), 169-178.

Dagenais, C., Begin, J., Bouchard, C., & Fortin, D. (2004) Impact of intensive family support programmes: A synthesis of evaluation studies. *Children & Youth Services Review*: 26, 249–263.

Denby, R. W., & Curtis, C. M. (2003) Why special populations are not the target of family preservation services: A case for program reform. *Journal of Sociology & Social Welfare*: 30(2), 149-173.

Dore, M. M., & Alexander, L. B. (1996) Preserving families at risk of child abuse and neglect: The role the helping alliance. *Child Abuse & Neglect*: 20(4), 349-361.

Fernandez, E., & Healy, J. P. (2005) Intensive Family Support Evaluation Report on Barnardos Australia's Redfern Waterloo Service. Sydney: University of New South Wales.

Fernandez, E. (2004) Effective interventions to promote child and family wellness: A study of outcomes of intervention through children's family centres. *Child & Family Social Work*: 9(1), 91-104.

Fernandez, E. & Romeo, R. (2003) *Implementation of the Framework for the Assessment of Children in Need and Their Families: The experience of Barnardos Australia.* Sydney: University of New South Wales.

Fernandez, E. (1996) *Significant Harm: Unraveling Child Protection Decisions and Substitute Care Careers of Children.* Avebury, England: Ashgate Publishing.

Gibbons, J. (1995) Family Support in Child Protection. In M. Hill, R. Kirk & D. Part (Eds.), *Supporting Families*. London: HMSO.

Gray, B. (2003) Social exclusion, poverty, health and social care in tower hamlets: The perspectives of families on the impact of the family support service. *British Journal of Social Work:* 33(3): 361-380.

Hammersley, M. & Atkinson, P. (1983) *Ethnography: Principles of Practice.*New York: Tavistock.

Hayward, K., & Cameron, G. (2002) Focusing intensive family preservation services: Patterns and consequences. *Child & Youth Care Forum*: 31(5), 341-356.

Hussain, F. (2006) Cultural competence, cultural sensitivity and family support. In P. Dolan & J. Pinkerton (Eds.), *Family Support as Reflective Practice*. London: Jessica Kinglsey Publishers, 237-249.

Kirk, R. (2001) North Carolina Family Assessment Scale for Reunification (NCFAS). Chapel Hill, NC: University of North Carolina School of Social Work.

Libesman, T. (2004) *Child welfare approaches for Indigenous communities: International perspective*. Australian Institute of Family Studies.

Littell, J. H. (2001) Client participation and outcomes of intensive family preservation services. *Social Work Research*: 25(2), 103-113.

Littell, J. H., & Tajima, E.A. (2000) A multilevel model of client participation in intensive family preservation services. *Social Service Review*: 74(3), 405- 435.

McCartt Hess, P., McGowan, B. G., & Botsko, M. (2000) A preventive service program model for preserving and supporting families over time. *Child Welfare League of America*: 79(3), 227-265.

McCurdy, K. & Jones, E.D. (2000) *Supporting Families: Lessons from the Field*. Sage Publications.

Macleod, J., & Nelson, G. (2000) Programs for the promotion of family wellness and the prevention of child maltreatment: A meta-analytic review. *Child Abuse & Neglect*: 24(9), 1127–1149.

Murry, V. M., Kotchick, B. A., Wallace, S., Ketchen, B., Eddings, K., Heller, L. & Collier, I. (2004) Race, culture, and ethnicity: Implications for a community intervention. *Journal of Child & Family Studies*: 13(1), 81-99.

Pawson, R. & Tilley, N. (1997) *Realistic Evaluation*. London: Sage Publications.

Quinton, D. (2004) *Supporting Parents Messages from Research: Department of Education and Skills and Department of Health*. London: Jessica Kingsley Publishers.

Ribner, D.S. & Knei-Paz, C. (2002) Client's view of a successful relationship. *Social Work*: 47(4), 379-387.

Ryan, J. P., & Schuerman, J. R. (2004) Matching family problems with specific family preservation services: A study of service effectiveness. *Children & Youth Services Review*: 24, 347-372.

Statham, J., & Holtermann, S. (2004) Families on the brink: The effectiveness of family support services. *Child & Family Social Work*: 9(2), 153–166.

Strauss, A., & Corbin, J. (1998) *Basics of qualitative research: Techniques and procedures for developing grounded theory*. London, New Delhi: Sage Publications.

Stanley, J., Tomison, A. & Pocock, J. (2003) Child abuse and neglect in Indigenous Australian communities. *NCPC*: 19, 1-31.

UK Department of Health, Quality Protects (2000) *Framework for the Assessment of Children in Need and their Families*. London: The Stationary Office.

Walton, E. (2001) Combining abuse and neglect investigations with intensive family preservation services: An innovative approach to protecting children. *Research on Social Work Practice*: 11(6), 627-644.

Warren-Adamson, C. & Lightburn, A. (2004) Sensitive Outcomes and the Development of Protocols for Evaluation. Fourth International Seminar on Outcome-based Evaluation in Child and Family Services Cross National Research Initiative. Abano Terme, September 2004.

Whittaker, J. K. (1997) Intensive family preservation work with high-risk families: Critical challenges for research, clinical intervention and policy. In Hellinckx, W., Colton, M., & Williams, M. (Eds), *International Perspectives on Family Support*. Arena, Ashgate, Aldershot.

Vinson, T. (1999) *Unequal in Life: The Distribution of Social Disadvantage in Victoria and NSW*. Melbourne: The Ignatius Centre.

87·Elizabeth Fernandez

Dr. Elizabeth Fernandez, School of Social Work, The University Of New South Wales, Sydney NSW 2052, Australia, Phone: +61 2 9385 1865, Fax: +61 2 9662 8991, Email: e.fernandez@unsw.edu.au

18

Table 1: Family Difficulties - Presenting Problems

Presenting Problem	1st %	2nd %	3rd %	Total (1 – 3) %
Environmental issues	32.0	8.0	4.0	44.0
Behavioral/control issues in relation to the child/young person	12.0	16.0	8.0	36.0
Parent with mental health problem	12.0		4.0	16.0
Domestic violence	8.0	4.0	12.0	24.0
Parent with a drug/alcohol problem	8.0	12.0	12.0	32.0
Concerns about restoration of a child from care	4.0			4.0
Financial problems/debts	4.0	12.0	12.0	28.0
Suspected abuse/neglect	4.0		4.0	8.0
Parenting difficulties		16.0	16.0	32.0
School problems		16.0	4.0	20.0
Teenage pregnancy/parenthood			8.0	8.0
Other	4.0	4.0	4.0	12.0
Not specified	12.0	12.0	12.0	36.0
Total	100.0	100.0	100.0	

N=25

89·Elizabeth Fernandez

Figure 1: NCFAS Domains and Subscales

Domain	Environment	Parental Capabilities	Family Safety	Family Interactions	Child Well-Being
Subscale	• Housing stability • Safety in the community • Habitability of housing • Income/employment • Financial management • Food and nutrition • Personal hygiene • Transportation • Learning environment • **Overall environment**	• Supervision of child(ren) • Disciplinary practices • Provision of developmental/enrich-ment opportunities • Parent(s')/caregiver(s') mental health • Parent(s')/caregiver(s') physical health • Parent(s')/caregiver(s') use of drugs/alcohol • **Overall parental capabilities**	• Absence/presence of physical abuse of child(ren) • Absence/presence of sexual abuse of child(ren) • Absence/presence of emotional abuse of child(ren) • Absence/presence of neglect of child(ren) • Domestic violence between parents/caregivers • **Overall family safety**	• Bonding with the child(ren) • Expectations of child(ren) • Mutual support within the family • Relationship between parents/care givers • **Overall family interactions**	• Child(ren's) mental health • Child(ren's) behavior • School performance • Relationship with parent(s)/caregiver(s) • Relationship with sibling(s) • Relationship with peers • Cooperation/motiva-tion to maintain the family • **Overall child well-being**

Table 2: Frequency of Moderate or Serious Problems in the Environment Domain Subscales at Interview 1 & 2

	Int 1 %	Int 2 %
Housing stability	37	19
Safety in the community	44	30
Habitability of housing	41	19
Income/employment	11	4
Financial management	44	15
Food and nutrition	11	7
Personal hygiene	15	4
Transportation	11	4
Learning environment	44	15

Table 3: Frequency of Moderate to Serious Problems in the Parental Capabilities Subscales at Interview 1 and 2

	Int 1 %	Int 2 %
Supervision of children	26	15
Disciplinary procedures	30	11
Provision of development/enrichment opportunities	19	11
Parent(s')/Caregiver(s') mental health	15	11
Parent(s')/Caregiver(s') physical health	4	4
Parent(s')/Caregiver(s') use of drugs/alcohol	19	19

Table 4: Frequency of Moderate to Serious Problems in the Family Interactions Subscales at Interview 1 and 2

	Int 1 %	Int 2 %
Bonding with the child(ren)	19	7
Expectations of child(ren)	11	7
Mutual support within the family	11	11
Relationship between parents/caregivers	0	4

91·Elizabeth Fernandez

Table 5: Frequency of Moderate to Serious Problems in the Family Safety Subscales at Interview 1 and 2

	Int 1	Int 2
	%	%
Physical abuse of child(ren)	4	4
Sexual abuse of child(ren)	4	
Emotional abuse of child(ren)	19	11
Neglect of child(ren)	11	11
Domestic violence between parents	19	7

Table 6 Frequency of Moderate to Serious Problems in the Child Well-Being Subscales at Interview 1 and 2

	Int 1	Int 2
	%	%
Child(ren)'s mental health	7	4
Child(ren)'s behavior	26	15
School performance	19	7
Relationship with parent(s)/caregiver(s)	15	4
Relationship with sibling(s)	4	0
Relationship with peers	11	7
Cooperation/motivation to maintain the family	11	0

Table 7: NCFAS Strengths (Ratings 0 to 2) and Problems (Ratings –1 to –3) at Interview 2

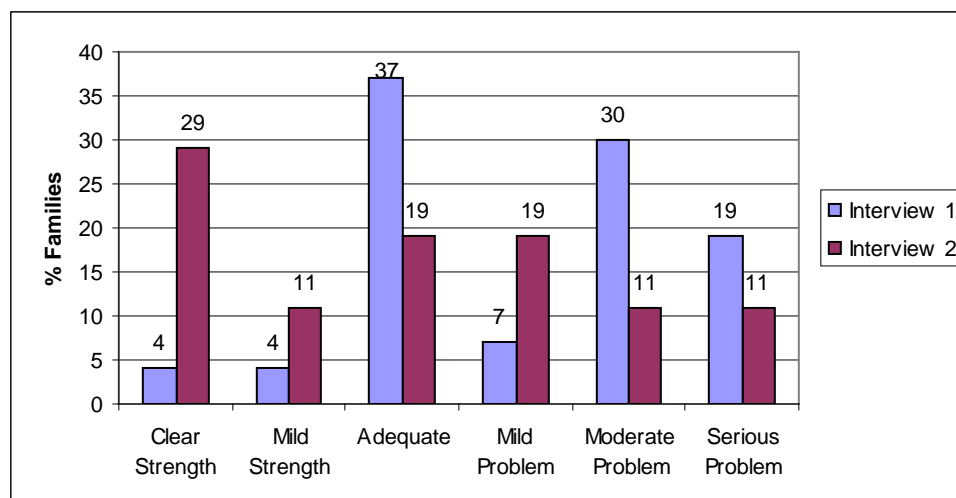| N=45	Strengths	Problems	Incomplete data
	%	%	%
Overall environment	59	41	
Overall parental capabilities	78	22	
Overall family interactions	78	18	4
Overall family safety	74	22	4
Overall child well-being	89	11	

22

Figure 1: NCFAS Overall Environment, Interview 1 Compared with Interview 2
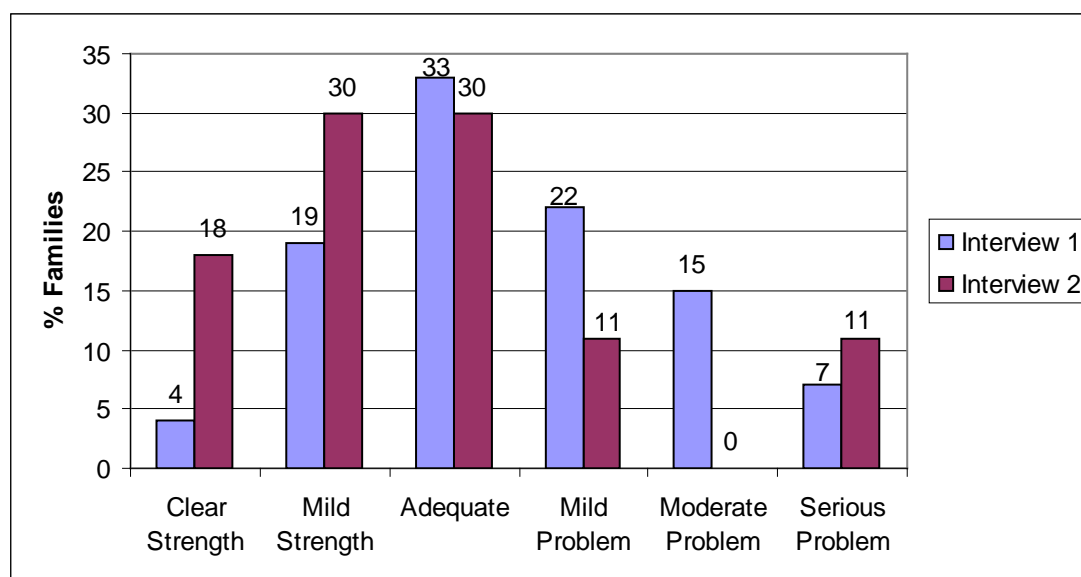
Figure 2: NCFAS Overall Parental Capabilities, Interview 1 Compared with Interview 2

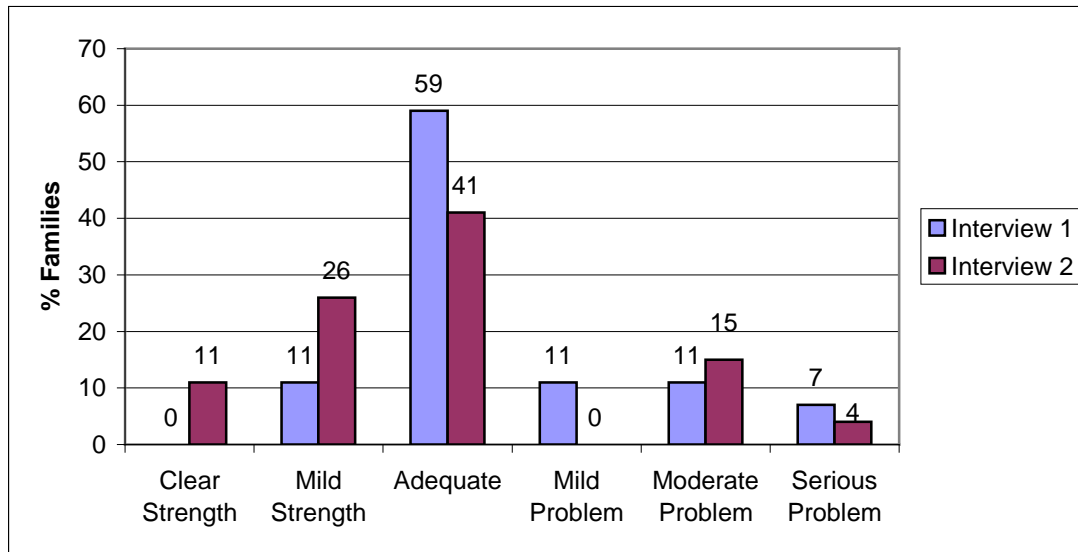93·Elizabeth Fernandez

Figure 3: NCFAS Overall Family Interactions, Interview 1 Compared with Interview 2
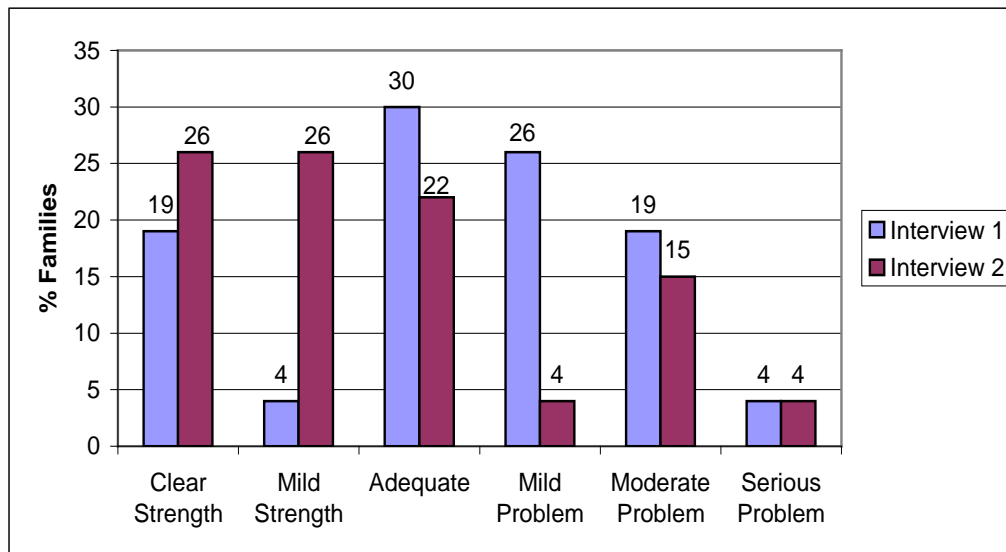

Figure 4: NCFAS Overall Family Safety, Interview 1 Compared with Interview 2
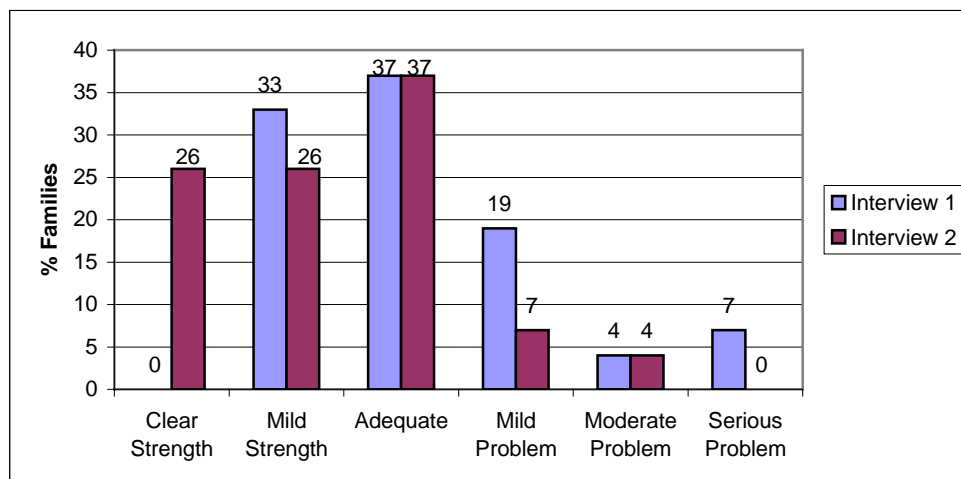
Figure 5: NCFAS Overall Child Well-Being, Interview 1 Compared with Interview 2

Table 8: Comparison of Interview 1 and Interview 2 Overall Domain Scores

Overall domain scores	mean difference	sd	t-value	df	p-value
Environment	1.10	1.3	-4.20	26	0.000
Parental capabilities	.70	1.1	-3.43	26	0.002
Family interactions	.54	.76	-3.61	25	0.001
Family safety	.65	1.4	-2.46	25	0.021
Child well-being	.78	1.3	-3.23	26	0.003

Table 9: Comparison of Interview 1 and Interview 2 Aggregated Domain Scores

Aggregated domain scores	mean difference	sd	t-value	df	p-value
Environment	.67	.59	-5.75	25	0.000
Parental capabilities	.42	.63	-3.51	26	0.002
Family interactions	.56	.61	-3.85	16	0.001
Family safety	.32	.80	-2.08	25	0.048
Child well-being	.81	.65	-4.15	10	0.002