

The Value of Long-Term Multiple Engagement Family Preservation Services

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**Background to a Paper Presented at the AIFS Conference
February 2003**

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INTRODUCTION

Where children are identified as being at significant risk because of their family circumstances, there are typically two professional responses. One response is to place the child in some form of foster care or alternative care. The other response, particularly where there the family has some potential for improvement, is to refer the family to a service that will help the family address the risk issues so that the child can stay at home. Such approaches have generically been called Family Preservation or Placement Prevention Services. Family Preservation Services typically work with families at the edge of coping. They work with whole families, address a range of issues with specialist skills, and also provide family support.

Some policy makers favour family preservation approaches because they are less expensive than alternative care and therefore allow scarce resources to be used in a cost-effective way. Others have argued that family preservation services do not make any significant difference and therefore should not be pursued, because children remain at risk and should be removed from that risk and placed in alternative care. That is a more serious policy challenge. But there is evidence that a good family preservation service, particularly a longer-term service, can work. In the context of a disturbing increase in notifications and renotifications of children at risk in Australia (DHS Community Care 2002; CAFWAA 2002), reflection on the value of such services is timely. While there will always be some children that have to be placed in alternative care, successful family preservation services would provide an attractive option for Child Protection Services.

This paper reports on work undertaken as part of an evaluation of the Family Preservation Service conducted by MacKillop Family Services from St Anthony's Family Centre in Footscray. The paper consists of two parts. The first part arises out of a review of the American and Australian literature (see Appendix 3) and of the arguments for and against family preservation services. The second part reports on findings from a series of interviews with former and current clients of St Anthony's Family Preservation Service, and a comparison of findings from interviews and from analysis of case files. The focus of this research is on the length of involvement in the service and on the significance of having two workers engaged with each family. The research was undertaken by MacKillop Family Service's Practice and Policy Unit.

PART ONE: ARGUMENTS FOR AND AGAINST FAMILY PRESERVATION SERVICES

The American Experience and Debate

The American literature has to be read with some caution, as it considers a different welfare system and relatively short-term family preservation services called Intensive Family Preservation Services (IFPS), most typically the Homebuilders model (Kinney, Haapala & Booth 1991.) Considerable research evidence has been marshalled in the United States for and against these services. The IFPS programs evaluated tended to be intensive, short term (5-6 weeks), and based on a crisis intervention model. The programs worked with families in their home. Many of the children were either recently reunited with their families or at imminent risk of being removed when the IFPS programs commenced involvement.

Critics refer to Littell and Schuerman's comprehensive synthesis of several large-scale research projects, which concludes that "these programs have little effect on the recurrence of child maltreatment, although they may produce modest, short term improvements in some aspects of child and family functioning" (Littell and Schuerman 1995; see also Yuan et al 1990; Feldman 1991; and Schuerman, Rzipnicki, Littell and Chak 1993).

This research has been rebutted on a number of methodological grounds, however, notably a lack of consistency about the nature of the family preservation services being considered, using placement prevention alone as a criterion of success, and a lack of attention to the way in which families were allocated to these services (Kirk 2000c; see also Rossi 1993; Pecora et al 1995; Heneghan et al 1996; Fraser, Nelson and Rivard 1997). Kirk also demonstrated, through a retrospective evaluation involving 1,200 children from families involved in the Homebuilders model of IFPS over a period of 5 years, that IFPS were effective, and particularly so among high-risk families (Kirk 2000a).

Schuerman subsequently acknowledged shortcomings of earlier research findings, but reported on further substantial research across three American States recording the difference in outcomes for families with similar presenting issues randomly assigned either to the Homebuilders model of IFPS or to a lesser range of services elsewhere. An 18-month period was monitored with respect to reducing foster care placement, maintaining the safety of the children, and improving family functioning. He took the results to demonstrate once again that there is no evidence that family preservation services have placement prevention effects or have more than minimal benefits in improved family or child functioning (Schuerman 2001).

A year later Kirk then explained again the evidence for the efficacy of the Homebuilders model of IFPS using the North Carolina Family Assessment Scale. This scale covers a broader range of issues and offers a more careful calibration than Schuerman's study. It allows workers to address particular issues and monitor change more empirically than Schuerman's more qualitative approach. Kirk concedes, however, that "IFPS interventions are not intended, nor capable, of resolving all the problems of a multi problem family in a very short time, but IFPS may be able to resolve, or improve enough issues to allow the family to remain safely together, particularly if connected to 'step down' services." (Kirk 2002).

It is important to note also that Schuerman does not discount the family preservation approach completely. Rather, he argues that program planners must also "address the issue of length and intensity... it is essential that policy makers, planners, and program providers maintain realistic expectations of the effects of short term family preservation programs" (Schuerman 2001). Schuerman's remarks alert us to the fact that the American IFPS are typically short term. The Homebuilders model, for example, offers intensive support to families with 24/7 availability of staff over a period of 4 to 6 weeks (though in some cases extended up to 4 months). The service is provided to families where placement of the child is imminent. Staff are highly trained therapists who engage with all members of the family and provide cognitive-behavioural and task-centred interventions as well as providing significant assistance with day-to-day family tasks. Short-term interventions may be appropriate to functioning families that have come to a particular crisis, but long-term interventions are more likely to be necessary to help families with a long history of difficulties.

Finally, American research indicates that where elements of family preservation and family support are combined, with cases running from 6 to 30 months, positive outcomes are achieved (Hess et al, 2000). Family support programs are typically a kind of service that families might voluntarily seek out, to help with parenting issues, household management, child behaviour and so on. Long-term family support programs in the United States (ranging over several years) have been shown to be "effective in strengthening families and promoting the well-being of children" (Comer and Fraser 1998). These combinations of family support and family preservation are characterised by multiple engagement with the family at a number of levels.

The Australian Concerns

In Australia there is a spectrum of services ranging from the general to the specialist that are designed to support and strengthen families and meet different levels of need and complexity (AIHW 2000). Typically, services range from the more general family support services and parenting support services to the more specialised Strengthening Families initiative and, in extreme cases of need, to family preservation services. A variety of family preservation services in Victoria are funded as part of the continuum of Child Protection Services. These services range from short term to long term, intensive, targeted, open-ended and so on.

In 1987 Brian Mitchell, then Director of St Anthony's Family Service, studied IFPS in America and reported on their possible application in Australia (Mitchell 1990). In the Victorian context of changes to the Children and Young Persons Act and increasing concerns about child protection and family problems, a joint working group – including the State government, the AIFS, University of Melbourne Social Work, agencies, and policy makers – opted to trial the Homebuilders model under the name of Families First.

There was considerable discussion about the appropriateness of importing American Family Preservation models into Australia (see Scott 1993, Bath 1994). Important differences noted then included the better state of substitute care in Australia, the higher certification of family preservation workers in the USA, and a stronger family support and preventive child welfare environment in Australia. In the Australian context, it is argued, family preservation services need to be longer term and able to link families to ongoing support services (Bath 1994).

Lynda Campbell has subsequently reported on the Australian pilots of the Families First IFPS. While these brief interventions do produce some benefits, neglecting families need “more time, more concrete resources, and more diverse opportunities than can be provided by brief IFPS” and “such services need to be funded and staffed adequately to deal with crises, pursue resources, support families during developmental transitions, and facilitate their opportunities to participate in the community process.” (Campbell 1997).

In the 1990s, in a climate of constrained funding, a crisis in the child protection system, and an economic rationalist focus on measurable outcomes, political support for long-term services declined. One significant initiative in this context was the Strengthening Families program, which is less intensive, short term, and a more diversionary service. Long-term family preservation services, especially where they involve a team of two workers per family, are no doubt more expensive than short-term interventions. Can their place in the spectrum of protective services or in the spectrum of family services be justified?

PART TWO: FINDINGS FROM INTERVIEWS

About St Anthony's Family Preservation Service

Models of practice used by family preservation services in Victoria varied considerably (Georgiou and Orwin 1999). The St Anthony's Family Preservation Service is unique in Victoria in that it is long term and that it allocates a team of two workers to each family, one with a particular focus on social work and the other with a particular focus on family support. Being located within the larger set of St Anthony's family services, the FPS is also able to provide a cluster of in-house supports and activities for its clients.

St Anthony's Family Service was established in Footscray 1977 to pioneer new models of family centred services and family support in collaboration with the Department of Social Work at the University of Melbourne, along with similar demonstration projects in other Melbourne agencies. The key features of the service were described at that time as

- Building a caring relationship
- A family-centred focus
- Multi-service provision
- Case management responsibility
- Long-term help.

St Anthony's Family Preservation Service (FPS) evolved out of these principles into its current form in the early 1990s. Its model of practice was more formally documented in 1997 (Day and Mitchell 1997).

The current model for the Family Preservation Service operates in Melbourne's Western Region, particularly between Footscray and Melton, and includes

- A team approach of social worker and family support worker
- Focus on building strengths and abilities as well as addressing areas of concern
- Long term up to 12 months
- An assessment carried out over two sessions, with time for mutual assessment, establishing areas of mutual agreement for working together
- A family agreement that lists goals for the family and outlines family and worker tasks
- Linking with other St Anthony's services and groups
- A long-term focus on self-sufficiency, or establishment of long-term support plan.

While these models were influenced in some ways by the American IFPS models, St Anthony's already had a long-established tradition of family centred practice.

The core activities of the service can include

- Parenting education, skilling and support
- Individual and family counselling
- Case management
- Practical in-home support and assistance
- Household/financial management skilling
- Advocacy
- Group work – children, parents, women, men, couples
- Education program – individual assistance and support for children with school related difficulties
- Volunteer based friendship and support

This agency experience and the length of service involvement allow workers to meaningfully engage with the families who often have minimal trust in services. This engagement enables workers to maximise the therapeutic relationship to facilitate change in the families. Workers not only have time to assess and engage families, but families also have time to assess and engage workers. Schuerman supports the notion that the relationship between the worker and the family is an important factor for change (Schuerman 2001).

FPS believes that its two worker model and the working relationship between these two workers is vital to the success of the intervention, because this relationship provides an opportunity for workers to model appropriate interaction, communication, decision making and problem solving skills for the family. It also provides a level of stability, availability and commitment that families need and value. The ability to share the tasks between workers has advantages over other IFPS models as it enables workers to share knowledge and support each other in dealing with challenging and confronting issues. The complex and chronic nature of the family's issues have the potential to overwhelm a sole worker, particularly over several months of involvement.

The FPS model also enables workers to focus on specific roles with the family. For example, the social worker may focus on counselling and case management, while the family support worker may help the family with shopping, parenting, routines and budgeting issues. The two workers also model ways of dealing with role ambiguity and managing conflict constructively while maintaining mutual respect and support. Clients have commented that the model of relationship that the workers provide has helped them deal with their own various sets of relationships (Boots & Beasley 1999).

FPS families often present with chronic problems and seem to be in perpetual crisis. The literature review suggests that high-risk families with chronic problems benefit from long-term service involvement and ongoing follow-up to sustain change. Schuerman (2001) notes the evident need for high-risk families to have access to ongoing support due to the complex and chronic nature of the

family's issues. FPS is able to provide this long-term length of service to assist families to develop and practice new skills and strategies to deal with and overcome chronic issues.

In St Anthony's FPS, many families take at least three months to engage with the service. Most families come to the service after having extensive involvement with the child protection and a variety of other services (mental health, domestic violence, drug and alcohol etc.). They are jaded by this experience and often distrust workers. The trust between the workers and the family builds over time. The shared experience of dealing with a crisis and coming to a resolution of a problem seems to be a key factor in engaging with families. Unlike other IFPS programs, FPS does not just become involved with the family at the time of crisis. Instead, workers are able to work with the family through the ups and downs of their situation over time.

The current clients for the Family Preservation Service are families that are typically at the very edge of sustainability, if not beyond it. The annual target is to work with 40 families, of which 26 families will be new clients. Staffing is the equivalent of 3 full time social workers and 3 full time family support workers, with a 0.5 supervisor. All current referrals come from Protective Services, the major funding body. Prior to 2001 some families were also referred from other services and agencies, and longer term engagements were envisaged. The current service, therefore, is something of a compromise and not the ideal model that the agency wants to pursue. Many of these referrals are for families who have had numerous notifications and have complex needs. The issues families are presenting with seem to be so entrenched that it can be difficult for workers to motivate families to seek change. Families can also feel coerced by Protective Services at the time of their referral to FPS and may not be ready or motivated to work on changing their situation at that time. FPS workers can then be seen by families as being inappropriately placed in a monitoring role with families. This may sometimes cut across the therapeutic relationship that needs to be established with families who already have little reason to trust services.

The current agreement for the service is time limited to 8 months, with 25% of families able to extend up to 12 months. Workers find, however, that families with long-term difficulties need long term support, and some families are extended to longer than 12 months participation. While this is a cause of some tension with the funding body, it is only after 12 months that the engagement with the families can be regarded as "long-term".

A typical set of cases from 2001-2002 is provided in Table 1 in Appendix 1

Interviews with Former Clients

St Anthony's Family Preservation Service has participated in a number of reviews, each with a different focus: family feedback (Folkard and Elliot 1995); finances (MacKillop Family Services 2000); models of practice (Georgiou and Orwin 1999). While these reviews indicate the effectiveness of the service, the workers in the program believe that the relationship building nature of the service – given that it involves two workers in partnership – added a unique element to its effectiveness.

With this in mind, and in order to assess the effectiveness of the service over time, it was decided in 2002 to interview a random sample of former clients. Since MacKillop Family Services was established in 1997, with St Anthony's being one of the founding agencies, there have been some 150 client families who have completed participation in the FPS. These 150 client files were ordered by date of referral and numbered in sequence by the service co-ordinator. The first 18 of these files belonged to clients who had begun service prior to the formation of MacKillop, and these were not included for reasons of file ownership. Every tenth subsequent client was selected for contact. If that case had been closed at assessment, or where the service co-ordinator saw good reason for not making contact (as in two cases: recent bereavement and high emotional instability), the next file in order was chosen. In each case the representative client of the families was the mother of the family.

These mothers were contacted first by letter and then by follow up phone call, inviting them to participate in an interview at a place and time of their choice, and explaining issues of consent and confidentiality. From the initial sample of 14 clients, only 6 clients could be contacted. In order to increase the sample,

another 10 former clients were identified, again through taking the next name after each tenth client on the list. By this method another 2 clients were able to be contacted. No attempt was made to contact 3 of these 10 because 2 lived too far away (Ballarat) and the files of the third were not accessible. Other clients who could not be contacted had silent numbers, had changed number, had moved, were not home, or did not answer phone calls.

Of the 24 families that had been randomly selected, contact was able to be made with 8 mothers. Even this proved a difficult exercise and required a deal of perseverance from the researcher. Being able to contact only 8 out of 24 families places a major methodological limitation on the data obtained and discussed below, since it is possible that the families that could not be contacted were less stable than the families that were contactable. Likewise, the sample has a gender bias inasmuch as only mothers were interviewed. Nonetheless, all 8 mothers agreed to be interviewed, and 7 of the 8 gave consent for their files to be consulted for the purpose of comparing the particular issues each family was dealing with, and how well they were recalled and coping now. While these arrangements were facilitated by the service coordinator, the interviews and focus group were conducted by a researcher external to the service.

The interview questions (Appendix 2) were tested and modified and indicate the way the interview was directed rather more than the precise questions asked. The interviews went for approximately 30 minutes and were recorded and transcribed.

The researchers were particularly keen to ascertain clients' perceptions of:

- the length of the service
- whether two workers per family and their different roles was beneficial (as opposed to one)
- the frequency of visits, that is, at least weekly
- if the added support services were being utilised and helpful. For example, the parenting groups, family counselling, practical in-home support, the education program for school children and holiday home respite service.

The main finding from these interviews was that the families, both past and present, believe they are doing well. The mothers spoke extremely highly of their experiences with the St Anthony's service. They recalled cheerful, flexible and caring workers as part of a long-term and intense family support program. They perceived the service as contributing directly to their present stable circumstances.

Table 2 in Appendix 1 presents a summary of the recollections of the former clients about their time in the Family Preservation Service, what issues they recall they were addressing, what they found helpful, and how they perceive the outcomes today.

Seven of the 8 mothers interviewed gave permission for their case files to be consulted. Table 3 below shows actual issues being addressed and outcomes noted at time of case closure.

All eight mothers agreed they voluntarily worked with the St Anthony's Family Preservation Service. Most had been referred by the Department of Human Services with 3 of the 8 referred by other community agencies or persons, for example, other services like Strengthening Families or Aged and Disability Services or Student Welfare Coordinator.

Each family had unique problems. However, parenting support and education were recalled as the predominant overlapping issues. Other presenting issues included: family violence, grief issues, child sickness, lack of school attendance and mental health issues.

All remembered having two workers, although for some the role distinction was unclear. One client recalled: "One was dealing with more official things..." What was clear is that, for the clients, the two workers were seen to be working very closely together. The workers were seen to have an excellent line of communication between each other and with the family. This had the added benefit of developing a trusting relationship with the family, which is an important precondition of long term FPS.

Mothers clearly appreciated having two workers: "if you were in a crisis you could get somebody" and "if one was sick the other one would come... so it was easier not to give me somebody else that I don't

know of.” “I think really two was better because um... (name of worker) could sit and have a talk and she watched the kids as well... and (name of worker) looked after a bit more of the financial and the other matter to get me back on track... because if you’ve got one and then the kids are around cause what are you going to do with the kids. Yea, you got to have at least two,” and “actually, (name of worker) made me a bit calmer in that sense she helped me that way... her calmness was the key”, or “you were looking forward to both of them.” “They used to work together all the time. You know, they’d sort of work together but totally separately... they always work together and they always communicate with you either by phone or personally.”

Benefits of the service described by the interviewees were varied: “They would take me to Court and stay with me the whole day, support me through it”. “I wasn’t coping at the time, you know, depression, DHS, and trying to keep me under control too cause I used to get really agitated, really angry real quick and things like so... they did help”. “I had a big tree, trees in front of my house and (the worker) helped me cut them so that was very good... (the worker) help me – my daughter went to keyboard lesson and she paid it... I think one year”. “They’d help me sort myself out, get my priorities right and... more to work with the kids, that was really good.”

One mother described the long-term benefits of the skills that the workers at St Anthony's Family Preservation Service taught her:

Oh well, they did help with the children’s behaviour, um, sort of with different strategies that they started. I actually kept those strategies going and then when the kids got sick of, sort of, it would work for a while then they’d go off it. But whenever the kids would go off the tracks again, I would start it up again and it would work and now the kids accept it. You start like the behaviour charts and star charts and stuff like that. You know, I’ve actually had the kids come up and say can we do it again um... so yeah things like that and with their behaviours yeah, it was it was really good. It did help.

By far the greatest level of perceived support was simply having someone to talk to: “Just being there, you know, I’ve got someone else to talk to instead of just trying to work it all out on my own... and she is still there if I ring her up if I have got a problem” and “it was even just to talk verbal diarrhoea” or “a lot of the time I think it was more someone to talk to and try and work out what was going wrong with me, cause I thought I was going crazy in the end.” One other interviewee felt she was always listened to and felt part of the service: “they always made you feel a part of it... you always had your say, they would always listen to what you had to say,” and “They just made you feel welcome, they made you feel very comfortable, um, they were normal people.”

Other linkages that were recalled included attending women’s groups, receiving food parcels, picnic days, violence counseling, holiday accommodation, in-home support like cooking and cleaning, driving to appointments, moving house and sometimes paying for the costs, and financial management and negotiations with government agencies like Centrelink and Department of Housing.

Some of the group activities were very beneficial. For example, one mother described the women’s group as “a day out to get out of the house for an hour”. Another woman enthusiastically described her experiences over the course of a year:

I have got nothing but admiration for the people because they do anything and everything, I means, there is nothing that is too hard for them, you know, that they would do anything for you. You know, Easter time they bought Easter Eggs and at Christmas time we got chrisse presents and God knows what, it just went ballistic, you know. And we were allowed to go to the BirdMan Rally, they had tickets for the BirdMan Rally for us and everything else like that and supplied us with the boat, we were on the boat and we had our food and everything, oh it was unbelievable.

Another spoke of her experiences in being in the women’s group as “an eye opener”. “I’ve never been involved with drugs and these people were with heroin addicts and everything else and there was a couple of other people and they were lovely, and that’s why for me it has opened up the eyes about the mother being a drug addict and having real problems, just day to day things, and I couldn’t believe that these poor people are coping with... I mean, they are beautiful.”

All mothers reported their families functioning better than they had been: “I guess so. Doesn’t worry me now.” “It’s not as bad as it was last year... it’s a lot quieter”. “It’s better now. I can handle things now. They helped me.” There was one family experiencing a chroming issue and quite major schooling problems. This has been resolved by the service helping the young person enrol in another school which he seems now very happy with. “It’s better now – I haven’t got no troubles at all now.” Another mother said, “I communicate a lot better – oh yeah, 90% better... I thank MacKillop for that, cause they did a massive job with my kids and um, I can’t thank them enough.”

One mother described her situation as follows:

Put it this way, since I have been working it has been a positive for me not for the moneywise, not financially but mentally because I am now not on sleeping tablets and I have been on them since 1993. I’m not on them anymore, I am a lot calmer and I think a lot, and I personally know myself, I feel that what they have shown me at St Anthony’s and certainly their attitude, they are relaxing, calming people, I mean, they are unreal. They relaxed and calmed me down... they have taught me a lot and I am not fussed if it happens, it happens, if it doesn’t, it doesn’t. I used to have everything on time and this and that. If I was one second late – haaarh, I’d be like this, (arms waving) and that’s what I am saying. I can’t stress enough that they have done a lot for me... they gave me back life and the meaning of life and to open me eyes and sort of look with them and smell the roses.”

On describing the closure process, one interviewee said:

It was good, the way it was done was good, but it was just really sad when you finished something cause, you got used to having them in your life, and then sort of, they’d wind down to it. But it was really hard that final day, you’re sort of thinking, well, what am I gonna do without... having them here, you sort of get used to it. It becomes part of your life I suppose, and it’s just like sort of part of your life has just been wiped off, you know, sort of.

It was very evident from the interviews that most of the mothers did not want to leave the service. This is distinct from not being ready to leave the service. The FPS, with the exception of one family, initiated the closure. This was due to imposed time limited case management rather than families reaching an optimal level of functioning. However, it is evident that when a long-term case is closed, the family is at a much higher level of functioning than previously and the family is left stable with new skills and ongoing goals to work towards.

All 8 individual mothers, when asked what length of time would they recommend for a family to work with the service, thought that it would depend on the family’s circumstances. Going on their own experience, most agreed that more than 6 months would be necessary for a family with similar concerns.

In summary, of the 8 mothers interviewed all reported to be doing better. Two families, though, appeared to the interviewer to remain very much on the margins. These two families have entrenched multiple issues and demonstrate the need for a longer timeframe for service provision. Of the remaining 6 families, 5 could be described as doing well (that is, within the context of Family Preservation,) with the other family stable but seemingly able to respond to her unexpectedly changing conditions at interview.

Focus Group of Current Clients

Five current clients agreed to participate in a focus group to reflect on the service they received. The same process was used to gain consent for the focus group. No consent was sought to look at the files for the current families, as there was no need to compare client memory and record. The focus group was held at the St Anthony’s Family Preservation Service in Footscray, Melbourne.

The focus group met for just over an hour. The questions were similar to the individual interviews (see Appendix 2). The women in the group were more aware of the FPS process than the clients whose cases had been closed for some time. That is, they were well aware of the processes of initial assessment, goal

setting, developing strategies etc, and they were very clear about the roles of the two workers and eager to discuss the benefits of the two workers: “They work well together, they work well individually with you. They don’t double up on anything... the [Family Support Worker] is there to get us out of the house whereas the [Social Worker] is more of a counsellor type thing.”

These woman gave varied examples of the support they found within the service. One mother, who had worked with the service previously, requested to be referred to it again so as to be able to attend a home based detoxification program

The second time around I knew the service was there and I wanted to stop smoking marijuana. I thought well, I didn’t want to go into rehab because I’d have to get rid of my children. Jeez, that’s the best place to go isn’t it? And that’s where I went for two weeks and I cleaned my act up there, so it was like a rehabilitation at the same time because you’ve got that support.

For another woman, talking about getting to a specialist appointment at seven in the morning, the FPS arranged for a taxi voucher and then someone to bring her home. “I mean, it’s fantastic... they really care about you. They think more about what your needs are. When they’ve got something come in, they say they’ve got something at work, do you want it?”

For a third: “The whole of MacKillop feels like a family to us. That’s my honest opinion of it. They are my family at the moment. This place is my family. They make you laugh.”

For a fourth:

If they see you’re strong today, they’ll go, ‘oh you talk to them today’. Instead of us falling on them, they’ll still give you that little bit to help you, but to strengthen yourself up so that we’ve got confidence when we need it... they’re not going to always be there, you’re going to have to do it eventually. She [the worker] is helping me stand on my own two feet, but these things [financial] are things that I don’t know about. They are teaching us so we’re learning from what they teach us as well. So I’m learning bit by bit but it’s the support you get from them and it’s the good support that everybody needs.

All wanted the service to go on for as long as possible: “as long as we want! Definitely more than 12 months.” “I reckon you need at least 18 months. I’ve been involved for more than 18 months and it’s just been fantastic.” “I reckon 2 years.”

Summary of Findings

What was surprising is the level of enthusiasm from families that greeted the initial letter and follow through telephone call. All 13 women/families agreed willingly to be interviewed as part of the St Anthony’s Family Preservation Service review. This is very pleasing given the random method of selecting families for the interviews. This is clear evidence, “I can’t speak highly enough of them” that the service is working. When comparing to other services, comments such as, “MacKillop worked with me for a long time and the others maybe two weeks”, is further evidence to support the unique 2 worker/long-term model of service delivery.

The one constant throughout these and the current families was the level of loneliness that these families are experiencing. The case data shows many were cut off from their own kin, and one mother admits regarding MacKillop as “like a family to us”. There is room for further research and reflection here on the role the FPS workers play in filling the structural and functional deficits in some families, and how sustainable support can be provided (St Anthony’s already does this through volunteer family support and Companion Families programs).

Among the 13 participating families only two concerns were raised, and these were raised as opportunities for improvement rather than as family dissatisfaction with the service. The first concern was that one family experienced a change of staff during their 16 months of involvement and found this change quite difficult, even though the mother stressed the new workers were also very good. “I was comfortable with [the workers] and when the staff changes happened I wasn’t comfortable anymore.”

This could be interpreted as the family saying that the momentum and trust, which had developed, was hard to rebuild with new workers.

The second concern was that the service needed to be strengthened in the Melton area. Travel time to attend groups in Footscray, with children, was too much and the distance too great. It was also noted that the part time service available at Melton made “crisis” management difficult or, at least, the service would be called upon more if there were a full time service in the Melton area.

There was only one mother of the 13 interviewed who said she was happy to end participation in the service. She said she lost trust in the social worker because the worker had to report some concerns to the Department of Human Services. The family member was under the impression anything she told the FPS workers was in confidence (workers are required to report serious concerns to Child Protection, and families are informed of this at the outset of participation in the service). The mother did say however, if this had not happened she would have liked to continue working with the service (the files indicate that the FPS actually initiated the closure after fifteen months).

Most former clients found it difficult to reflect upon their circumstances and how they might have changed as a result of participation in the service. They did not recall any assessments that were done, any agreements they signed, or goals that were set, or any of the terminology. Most agreed there was a difference made to their lives, but could not clearly articulate this difference, usually summing up with “yeah, things are better now”. These families, although functioning better, continue to live in the “here and now” and spend little time reflecting on their changed circumstances. Yet all agreed that their lives had improved and were eager to attribute this, in part, to the St Anthony's Family Preservation Service.

Similarly, when asked about the closure process, only one person could recall that there was time spent looking back at how far the family had progressed. “It showed you how much you can do and what you can achieve in that time. It just makes you feel really good to know, even if you haven’t achieved everything that you set out to achieve, you know that you have actually achieved something, it makes you feel really good.” All families spoke highly of (what they remember) of the closure. That is, warning was given if the service initiated the closure, usually two months. Letters were written to the family and some women remember the party given at the final women’s group meeting at St Anthony's Family Preservation Service in Footscray. But generally, any formalities that were gone through on behalf of the workers were not clearly remembered by the family members. The one thing that did stand out in some people’s memories is that they were told they could contact the service if in need at anytime even though their formal time of involvement was complete. Some families have taken up this offer.

LIMITATIONS ON RESEARCH

It is arguable that the clients who could not be contacted may represent a less stable cohort with less positive outcomes. Secondly, it is also arguable that the interviews were conducted with only one member of the family – in each case the mother – and that these views may not represent the views of other members of the family. Again, the caution must be noted, but in each case concerned the mother happened to be the key parent in each family and best placed to comment on the family’s current well being.

If possible, further research involving fathers and children and using larger samples and a representative selection process would be desirable. Given the logistics experienced in preparing this current set of interviews, however, the scope of the task should not be underestimated. Again, it would be desirable to establish a set of objective measures to indicate progress in outcomes. It has been found that clients’ memories of past situations are not strong and not a reliable source of comparative data. Client files, however, do indicate outcomes with respect to agreed goals. These outcomes could in future be more sharply defined or more precisely recorded.

Some might argue, as indeed occurred in the American debates, that the reduction in the number of placements made after engagement in a family preservation service is a simple indicator of effectiveness.

This indicator must be treated with caution, however, as placement often do occur during engagement in a family preservation service, but they do so in a planned way, as respite or as a circuit breaker on the way to rebuilding the family, rather than as a further blow to the family. In this context child placement is not necessarily a measure of failure.

CONCLUSION

It is remarkable that the randomly chosen former clients all reported that they were coping well and that their experience of the service was so positive. While this may not be a statistically significant sample, the consistency of feedback is very significant. The positive regard of the service shown by this sample of former clients is well supported by the focus group of five current clients.

The constant remark from former clients that “things are much better now” deserves further reflection. After all, at many levels of observation – child behaviour and health, household management and order – the family’s functioning may still appear borderline. The significant difference here is that the family *feels* they are doing better. Not only have some core issues of mental health and dealing with difficult behaviour have been addressed, but the mother has achieved some self-confidence, developed some networks, and attained a much stronger feeling of belonging. These personal transformations may or may not be attributable to the matrix of personal relationships developed through the multiple engagement model over a lengthy period of time, but the outcomes are certainly very positive.

It is interesting to note that the *Evaluation of Strengthening Families Initiative* (DHS 2001) accepts that some families’ needs cannot be adequately met by short-term intervention, that at the end of their engagement families are usually referred on to further forms of support (counselling etc), and that the service would be greatly assisted if dedicated support workers were available (see pp. 125-31). The recently released DHS publication, “An Integrated Strategy for Child Protection and Placement Services” (September 2002) likewise proposes strategies and innovation projects for minimising the progression of families into the child protection system, but acknowledges the need for a range of flexible family services to meet “sustained, enduring support” (p.61).

This “sustained, enduring support” is not easy to provide. Workers speak of the struggle to stay with families, particularly in allowing their incredible hurt and pain to emerge and be acknowledged. Such hurt cannot be dealt with through brief interventions. And families carrying such hurt cannot be expected to make rapid progress so much as to find new energy to continue their struggle.

Given pressures on funding bodies and the costs of long term multiple engagement services, it is important to establish methods for clearly identifying families that are most likely to need and benefit from family preservation services. These processes are currently under way as the next stage of evaluation of St Anthony’s program.

Brian Mitchell noted in 1996 that between 1988-89 and 1993-94, despite large increases in the overall Victorian child protection budget, expenditure on family support services increased by only 10%. (Mitchell 1996). The recent DHS proposals for *An Integrated Strategy for Child Protection and Placement Services* (DHS 2002), however, indicates a much healthier policy sense for the value of early intervention and continued family support.

Our research indicates that long term multiple engagement family preservation services work well. As long as there are families with multiple difficulties and borderline coping skills, there is a necessary place for long term family preservation services in the spectrum of family support and Child Protection services.

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Appendix 1

Tables

Table 1: Typical FPS Caseload from 2001-2002
(number and age of children have been removed to preserve confidentiality)

Id No.	Referral Source	Presenting Issues	Other Issues		Months/ Outcome
H1	DHS	Domestic violence, Emotional harm to children.	Alcohol abuse, depression, child’s intellectual disability, conflict with neighbours, emotional problems of two older children, relationship difficulties, parentified child, conflict/no contact with families of origin/extended family.	Children linked in with counselling – MHSKY Housing transfer. Improvement in parent/child relationship. Regular respite care arranged. Volunteer linked with two older children to do recreational activities. Domestic violence escalated resulting in partner being removed from home. DHS agreed to partner returning to home – FPS disagreed with case plan and ceased involvement with the family.	10 months
H2	DHS	Mental illness, Self-harming behaviour.	Alcohol abuse – binge drinking, childhood sexual abuse, depression,	Linked parent into counselling and treatment for mental health	7 months

			domestic violence, adoption, social isolation, chronic financial difficulties, relationship difficulties – same sex couple, conflict with families of origin/extended family.	issues. Protective Order breached – child removed and placed with MGP's.	
H3	DHS	Mental Illness, Drug abuse.	Domestic Violence, financial difficulties, childhood abuse – physical, emotional and sexual, social isolation. Conflict/minimal contact with family of origin/extended family.	Family moved into permanent housing. Financial counselling - resolved some problems relating to substantial debt. Parent increased capacity to care for child independently.	11 months positive outcome
H4	DHS	Environmental neglect, Failure to provide food and fluid.	Financial difficulties, homelessness, poor parenting skills, gambling. Extended family support made tenuous due to family court issues.	Parenting issues – improvement in interaction between parents and children. Developed household routines. Sorted out clothing and belongings. Education regarding food/nutrition and child development. Relationship counselling. Permanent housing. Regular and ongoing respite for all children. Financial counselling – shifted from having rental arrears to credit. Volunteer linked with oldest child to do recreational activities. Education centre worked with five children. Mother attended women's group. Positive relationships developing with some extended family members.	18 months positive outcome
H5	Mental Health agency	Managing child with ADHD, Parenting difficulties	Step-family issues, parents coping with transition of child to adolescence, low income, Conflict/minimal contact with families of origin/extended family.	Family counselling. Improvement in spousal relationship and parent-child relationships. Parent obtained permanent part-time employment. Parenting issues focussed on managing children's behaviours, shared decision making, problem solving and consistent limit setting. Increased financial independence. Child development. Improvement in adolescent's academic performance and behaviour at school. Joint decision between family and FPS to close.	8months positive outcome
H6	Maternal and Child Health	Chronic financial difficulties, Parenting difficulties..	Illiterate, intellectual disability, children's developmental delays, history of homelessness. Conflict/minimal contact with family of origin.	Family maintained permanent housing. Improvement in children's development – speech and fine/gross motor skills. Children linked in with specialist support such as speech therapy, occupational therapy. Education regarding child development and food/nutrition. Parent commenced reconnecting with extended family.	7 months positive outcome
H7	DHS	Failure to ensure safety and lack of supervision, Children firelighting and aggressive	ABI, domestic violence, financial difficulties, conflict with neighbours, housing problems, poly substance use, children running away, depression, child-intellectual disability,	Oldest child linked in with counselling. Children attended education centre. FPS continued to have concerns about the family at time of closure.	12 months

		behaviour.	environmental neglect, social isolation, support from extended family.	Closed due to time limit of service.	
H8	DHS	One child extremely underweight. Failure to provide food and fluid. Neglect of all children. Lack of supervision of children.	Mental illness – bipolar disorder and depression. Two older children sexually abused. Homelessness. Chronic Financial difficulties. Drug use – both adults.	Permanent Housing. Children linked in with specialist counselling and support. Mother attended adult education sessions. FPS continued to have concerns about the family at time of closure. Closed due to time limit of service.	13 months

Table 2: Recollections of Former Clients

Id no.	Recalled main issues	Recalled helpful extra activities	Recalled hopes in attending service	Hopes achieved now	Recalled time in service
M1	Son chroming and not attending school. Housing	None	To work out the problems with her son and the housing	Son is much happier at another school but mother is very unhappy with the housing	8 months but was extended by 1 month
M2	Daughter was violent toward mother which was upsetting her other younger child	Parenting group a positive experience	To help her son with his 'attitude'.	Yes, but her daughter is back at the house which is stressing her.	Over 12 months
M3	Behaviour of the children	Parenting group; women's group	Help with the children & around the house	Yes, mother says things are much better	Couldn't recall
M4	Grief issues	Women's group.	That the children would cope better with their grief	Yes	Couldn't recall
M5	Mental health issues and medication making her sick. Trees needed removing; Housework help; painting house	Education service; outings? (possibly women's group)	That the trees would be moved	Yes	Couldn't recall
M6	Family support, violence, Intervention orders; Court visits	Queenscliff home; women's group	Helping her to get around and support in Court	Things are better (this family has major ongoing problems)	About 8 months
M7	Child born ill & family was not coping 'very down'. Money was short; depression	Generally no, but she did attend a BBQ or 'something'	Unclear but spoke more about her child's illness	Child is in remission; she has a job	5-6 months
M8	Child was not attending school	Kindergarten service and the education service	She didn't know but mentioned moving house	Happier now but the family always argues	Couldn't recall

Table 3: Data on Interviewed Clients as Shown in Files at Closure

Id no.	Presenting issues	Goals set	Outcomes at case closure	Start/ finish
M1	Older children out late at night, parents unable to set limits on this; one child chroming; school problems for all children; parenting issues for mother	Mother to feel confident in her parenting to establish clear boundaries for the children. Fighting and abusive behaviour among children to be reduced. Child to be helped with schooling. Mother to seek Child support Payments. Mother to be supported to understand and maintain relationship with siblings.	Late nights were reduced. All children were assisted in different schools and at closure were doing better. Had gained confidence to pursue this at closure. Mother still tenuous but grew more confident in her negotiations with the family	Sept 2000 June 2001
M2	Child's escalating behaviour at school. Parents' difficulty in managing child's behaviour. Exposure to violence. Mental illness. [Additional issues include binge drinking, anxiety and depression of mother, grief issue over loss of another child.]	Ongoing counselling & support re family issues. Child to access ongoing counselling with MHSKY. Child to participate in Big Brother/Big Sister. Parent to develop her parenting skills	At closure, no counselling had been sought, there was no need for more at closure. This was in place but at interview this had stopped which mother regretted, ongoing challenge but was improved	Feb 2001 June 2002
M3	Break-up of marriage, parents' ability to cope with children, all having a disability. Environmental issues – ongoing problem. [Additional issues include strained relationship of parents causing difficulty for children, parent's health not managed and financial concerns.]	Family to be assisted with alternative discipline strategies For mother to develop an understanding of her children's development & behaviour Assist parent in developing a chore routine with children To link children to after-school activities	Difficulties with consistency & parent thought strategies were not working. An ongoing concern Parent did take an interest in this & was more understanding in this area. Inconsistent which led to disputes All children were in after school programs & enjoying them	Sept 2000 Mar 2001
M4	Parents' ongoing marital conflict, parenting issues- limits on children, child aggression, financial management, school refusal. [Additional issues include Health & hygiene issues and social isolation.]	For home to become a more happy, comfortable place without fighting. To learn budgeting strategies. Anger management. To link child to Tafe course. Parent to attend Women's Group. Child to attend Education Centre. Parent & child to become involved in leisure activities in the community. To get one of the children out of the house more.	This was reduced as the main element of conflict no longer residing in the home. No huge progress. Improved. The child attended for 1 semester. Regular attendance & enjoyment. Sporadic attendance. Yes, frequent attendance in a variety of activities. Yes.	July 1999 July 2000
M5	No consent	No consent	No consent	M5
M6	Child physical abuse, medical and safety issues for the children, child neglect, financial concerns, household management issues, parenting difficulties. [Additional issues include violence toward workers, mental health of parent possible sex abuse of eldest child, safety issues for children.]	For parent to further develop parenting skills. For parent to begin to work through issues with her partner For parent to develop her confidence in dealing with the children's medical issues For parent to begin to deal with her health issues appropriately. For parent to enjoy her role as a parent by learning to relax and have fun as a family.	Not met. This was done but is still considered a very concerning partnership by the service. This was the area of greatest improvement. This was not attempted. There were no signs of this happening at closing.	April 2001 July 2002
M7	Depression, financial difficulties, parenting skills, parents' relationship.	For the physical, emotional, intellectual and social development of the children by parents.	Yes, much improved.	Jan 1998 July

Id no.	Presenting issues	Goals set	Outcomes at case closure	Start/finish
	[Additional issues include unemployment of both parents.]	For parents to develop confidence in fulfilling children's needs. For mother to acknowledge worth as a parent. For parents to access services to provide them with support.	This was improved. Not stated. Parents were better at accessing services.	1999
M8	Anger management, counselling work, parenting skills – discipline strategies. [Additional issues include Mother's health, family's financial situation, family hostile toward workers.]	For parent to further develop parenting skills. For parent and child to increase their understanding of their relationship and to understand impact of their relationship on other child. For older child to commence and pursue education.	Yes. Yes: still verbal exchanges, but have diminished. Not stated. Yes, at closure attending course.	May 1997 Sept. 1998

Table 3: Data on Interviewed Clients as Shown in Files at Closure

Appendix 2

Interview Guidelines and Questions

Background

1. Remind them of when they were clients with the FPS
2. Do you remember what the different roles of the workers may have been?
3. Can you remember what sort of issues you were trying to deal with back then?
4. Did you believe you participated voluntarily?
5. What can you remember of the first few meetings?

Evaluation

1. Was the service valuable? Why/why not?
2. Do you think more than one worker involved with your family was useful? In what way?
3. Would you have liked to see the workers more often/less often?
4. Do you recall what hopes you had for your family by being involved in the service?
5. How do you think these hopes or goals have been lived out since leaving the service?
6. Looking back from when you began with the service until now, are there any differences in how your family works together?
7. What do you think the MacKillop staff may have learnt from you and what, if anything, may you have learnt from them?
8. Have you had experiences with other services?
9. What is different about each service or were they similar?
10. What made the FPS helpful or not helpful?
11. Did you attend any groups at St Anthony's (parenting, women's, children's, couples groups)
12. Did you have any contact with the volunteer service, the education centre or the holiday house? Were these "add ons" helpful/not helpful?
13. Did you feel ready to leave the service when you did?
14. Ideally, from your personal experience, what length of time would you suggest for a family to work with the service?
15. What do you remember of the exit procedure?
16. Is there anything you would like to add, good or bad, that we haven't discussed?

Conclusion

Explain the next stage of the evaluation process

Ask if they would like any further information or feedback

Thank them for their time

Appendix 3

Literature Review of Family Preservation Services

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