

*Family Sensitive Practice in Current Service Paradigms*

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## **Family Sensitive Practice in Current Service Paradigms**

Intensive Family Services 3<sup>rd</sup> National Practice Symposium (1999)  
by Helen Boots and Chris Beasley, MacKillop Family Services

The model of practice developed over many years by St Anthony's Family Services faced a challenge by new ideas, put very forcibly and directly by the funding body. A new practice model was developed that reshaped the mode of service delivery. Significant elements and features from the original model were also retained - team work, and a team approach, and a focus on developing relationships.

When it was established in the mid 1970s, the St Anthony's program and model were innovative and groundbreaking developments in family support. The Sisters of St Joseph's closed a children's home in Kew, and moved to the Western suburbs, to work intensively with families where children were at risk or out of home placement. Within the program a number of service activities were set up - social work, family support, early childhood development worker, education worker support, volunteers. Teams of workers from these service activities were formed around each family, depending on the needs of the family, as assessed by the social worker. Close collaborative and consultative links were established between St Anthony's and the Department of Social Work, University of Melbourne.

Complex assessments of family functioning were undertaken and these guided planned interventions. No time frames were set for work with families. A research study undertaken in 1987, on outcomes for current and past families concluded "generally, the more positive outcomes were associated with the cases of longer duration." (E. Ogden, 1987, p.7) The 1988-89 report shows that in that year, St Anthony's had a caseload of 24 families at any one time. In that year, 6 new families were accepted for service. At that time, 26% of families had been working with St Anthony's for more than 4 years.

At a Forum for Intensive Family Based Welfare Practice in Melbourne in June 1990, Sr Carmelita Hannan, described the approach of St Anthony's service as follows:

1. Building a Caring Relationship
2. A Family Centred Focus
3. Multi Service Provision
4. Case management Responsibility
5. Long Term Help

However, new ideas and approaches about time limited, intensive, goal focused services were exciting workers and agencies, and were attracting the attention and support of government funding bodies facing budgetary restraint. St Anthony's was seen as out of step with the rest of the field.

Protracted negotiations took place between St Anthony's and the State Government department. Funding arrangements changed. Positions were lost, staff morale dropped, the service was reshaped. There was concern about the impact on families.

Other influences were having an impact. In the last 4 years, St Anthony's has picked up other related programs. The old St Anthony's service is no longer the central service. The Placement Prevention Service has become one of a number of services within the agency. And, since July 1997, St Anthony's has been a program of the much larger MacKillop Family Services.

The service model for the Placement Prevention Service is:

- Time limited - 8 months with 25% of families extending to 12 months service;
- Assessment - over 2 sessions, a time for mutual assessment, to establish whether there are areas of mutual agreement for working together;
- Family Agreement - drawn up, listing goals for the family and outlining family and worker tasks;
- Goals focus on building on strengths and abilities as well as addressing areas of concern;
- Long term focus is self sufficiency, where possible, or establishment of an appropriate long term service plan that will support the family beyond involvement with St Anthony's;
- Other St Anthony's services are linked in as appropriate;
- Time limited groups support the direct service delivery.

The Service targets families where there is a risk of a child or children being placed in out of home care. 75% of referrals come from Protective Services.

The new practice model retained the social worker/family support worker dyad, and reinforced their partnership through the formation of permanent teams. We see this as offering particular advantages in our work.

The use of teams in family preservation is not a new. Soule', Massarene and Abate (1993) examined and contrasted two different family preservation staffing models: single-clinician, and clinician-support worker. They (p.41) put forward advantages for the clinician-support worker team -

- a. Team members can support each other in highly charged or difficult situations.
- b. Having 2 workers increases the likelihood of workers maintaining objectivity, and not becoming drawn into problematic family dynamics.
- c. Service continuity is maintained during periods when one worker is unavailable.
- d. 2 workers allow for flexibility in therapeutic roles and interventions, and in working with different individuals or subsystems in the family.
- e. Support workers are likely to share common backgrounds with the family, will be able to establish rapport more easily, thus promoting engagement by the team.

They talk about flexibility of roles, allowing for matching workers with issues, and the doubling of practical and therapeutic resources. Families receive a demonstration of effective collaboration between two adults. Two workers can defuse the intensity of the attachments that are formed between the workers and family members, allowing for the development of realistic, constructive relationships. A co-worker provides support, a sense of shared experience, a buffer against feeling overwhelmed, a means by which a worker can experience herself or himself as

"more appropriately separate from families", thus enabling more clearer focus on goals of the intervention. (p.53)

We believe that combining concrete and therapeutic services can increase the likely effectiveness of both interventions. We do not see that one area of work is the particular domain of either the social worker or the support worker.

Often the undertaking of a particular concrete task is framed as and forms part of an overall therapeutic intervention. For example, assisting a mother to paint her lounge room and kitchen is a part of an overall intervention about her working to overcome her fears about the external world, and feeling comfortable about allowing her children to form peer friendships, and then having these friends and their families come into her home and space.

When working over a longer time span, there are times when workers are away for periods, and this is disruptive for families. Having a co-worker who has close knowledge of the families, is continuing to have very regular contact, and is available to assist at those times of crisis, takes much of the anxiety about worker absences away, for workers and for the families. With two workers, there is greater capacity to cover more issues and undertake different roles.

We have experienced of the family warming initially to Chris, and feeling a bit unsure about Helen, and vice versa. Recently, one family described how, on first meeting, they had felt unsure about Helen, but had felt an immediate connection with Chris. This had given them the confidence to continue.

Blurring of boundaries between the workers in the team is an essential feature. The teams work well when there are interchangeable tasks, shared functions and responsibilities, and a willingness to cross role boundaries. For social workers, this has meant giving up some authority, but not responsibility. For family support workers, this has meant taking on additional responsibility, while recognising the limits of their role. The family support worker does not become the case manager. A successful team requires both workers to be respectful, considerate, and partners, sharing a common understanding and goals. Garner (1988, p.113) noted: "Role expectations exist in the minds of members of a group. If everyone on a team shares common perceptions of what is expected of each team member, few problems will result."

The demonstration and experience of the team, for the family, begins with the assessment, which involves both social worker and family support worker. Having the two workers together is for many families different to previous encounters with welfare and helping services. Careful explanation and demonstration in the interviews, and confirmed in the written Family Agreement, of the partnership, and the different roles are first steps in ensuring there is no confusion.

Workers bring to the initial interview, and to their subsequent work with the family, are their skills, knowledge, ideas and back up resources, and also a relationship that has required negotiation, a framework for resolution of differences and tensions, a structure for working together and supporting one another. In Family Systems theories, the concept of 2nd Order Cybernetics talks of the therapeutic system as including the worker with the family. This relationship becomes a feature of the therapeutic system established by workers with the family. In addition to their individual skills, knowledge, values and beliefs, the team members bring their

collaborative efforts to forge their own relationship and working partnership. This relationship, an important feature of the worker subsystem, becomes part of the therapeutic system.

Many families with whom we work, confront issues which include relationship difficulties between members, role confusion, lack of strategies to deal with conflict or differences that arise, and mistrust. What they encounter are two people who have had to confront role ambiguity and role confusion; to find ways to manage conflict constructively, whilst remaining respectful of the other person; who have to ensure open and supportive communication between each other; and who continue this whilst they are working with the family. The negative and difficult aspects of relationships between family members can have a positive counterbalance within the therapeutic system.

"The positive relation between good alliance and successful therapy outcome is reasonably well documented" across many therapies and interventions. (Horvath and Luborsky 1993, p.569) When reviewing research projects, Coady (1992, p.469) noted that "relationship factors have much greater predictive power with regard to client outcome than technique factors". He stated that the "techniques that therapists use cannot be separated from the interpersonal context in which they occur" (p.470)

The Dartington Research Unit (1995) noted parents' satisfaction with the process of child protection investigation was also closely related to a positive outcome for the child, "except in a small number of cases where a decision was made to place a young person permanently outside the family" (p.49). The satisfaction of the parents correlates with the relationship between the worker and the family and whether this was seen by the family to be positive. They concluded "the research evidence suggests that, for the majority of cases, the need of the child and family is more important than the abuse or, put another way, the general family context is more important than any abusive event within it."(p. 52)

Relationships occur within a context. When the Sisters of St Joseph's developed St Anthony's, over 20 years ago, they argued, in the words of Sister Joan Healy, first senior social worker and second director, that "a service that interacted with families should be family-like itself" (conversation with Sister Joan Healy RSJ 3 Feb. 1999) They wanted the service to avoid being bureaucratic-like, so that families would not feel overawed or uncomfortable. They felt that for many families, their contacts with bureaucracies were experienced as punishing and alienating. They moved into a house, not an office.

This house remains our office or home. Reaching out to families, we feel, starts with the image we project. Every effort is still made to assist the families to feel comfortable about coming in, and being a part of the agency life, when they attend groups, participate in the Education Centre service, come for meetings or interviews or call in to see workers.

The development and sustaining of relationships by workers with families begin in the valuing of workers themselves, and in the fostering of positive and supportive connections between colleagues. The past period of disruption, tension and pain for workers was then reflected negatively in the connection made and work with families. We have endeavoured to return to the approach of earlier times when emphasis was placed on mutual support and connectedness, and see it as an important part of our practice.

In a study on the effects of organisational characteristics, including organisational climate and interorganisational co-ordination, on the quality and outcomes of children's service systems, Glisson and Hemmelgarn (1998) found "improvements in psychosocial functioning are significantly greater for children served by offices with more positive climates."(p.415) They also found that, where organisational climate was positive, children also "received more comprehensive services, there was more continuity in the services they received, and their caseworkers were more responsive and available." (p.417) This study confirms the important role organisational climate has in the performance of workers who undertake stressful and demanding job tasks.

To summarise, the development and sustaining of positive, supportive relationships between workers and families provides the essential foundation for effective intervention and work with families. Workers and the family together form a therapeutic system, within which they work on the issues of concern. The team brings to the therapeutic system a relationship, in addition to their skills, knowledge and experience. It is proposed that this additional relationship can promote the development and sustaining of relationship and connection between family members and workers. The team relationship and partnership is nurtured and maintained by a positive and supportive organisational context.

So what about those worries that the workers had when changes were proposed. Was this just a fear of change, a reluctance to embrace new approaches and ideas? Despite our enthusiasm for the new model and way of working, we are often brought face to face with family situations and circumstances that are not ameliorated by time limited services, however focused, goal oriented, intensive or purposeful.

When there is agreement with other services involved, the family is supportive, and is prepared to negotiate a new agreement, we do accept a re-referral, thus providing back-to-back periods of service. Often this is still not enough. The families require services at a reasonable level of intensity and regularity to manage on a day-to-day basis. Unfortunately, the service system has seen the models as being "either - or", and has opted mainly in one direction. For families, the collision of cultures faced by St Anthony's and others in the welfare service sector has been both positive and not so positive.

### **Presentation**

*"Family Sensitive Practice in Current Service Paradigms"*

A Presentation to the INTENSIVE FAMILY SERVICES 3<sup>RD</sup> NATIONAL PRACTICE SYMPOSIUM, held at the Sunshine Coast, Queensland, 28 – 30 July 1999.

Helen Boots and Chris Beasley

## **INTRODUCTION**

### **HELEN**

Chris and I are a team in the St Anthony's Placement Prevention Service. Since July 1997, St Anthony's has been a part of the much larger MacKillop Family Services. The Placement Prevention Service, now one of a number of different St Anthony's programs, is the descendant of the original service known as St Anthony's Family Services, which was established in 1977. Today we wish to share with you an account that is in part a story about change – when an organisation and a way of practice was challenged by new ideas, put very forcibly and directly

by the funding body. A new model of practice was developed that reshaped the mode of service delivery.

Yet it retained significant elements and features from the original model. And it is these elements that we also wish to explore and discuss. These elements are separate, yet are very closely inter-related. One is team work, and a team approach, and what this means in the context of family preservation services and models. And the other is relationship, which we see as the crucial part of all human service interactions and interventions, but particularly in this field, when we intrude so intimately into people's lives and attempt to influence so powerfully their ways of being with others and in society.

We will present some case material and a video as part of this presentation.

## **BACKGROUND**

At the time of its establishment, the St Anthony's program and model were innovative and ground-breaking developments in family support. In the early to mid 1970s, the Sisters of St Joseph took up the challenge to explore and find new and significant ways to work with and assist families and children in distress and need. They closed a large institution, a children's home in Kew in the Eastern suburbs, moved across Melbourne to the Western suburbs, and set up a program to work intensively with families where children were at risk or out of home placement. Within the program a number of service activities were set up – social work, family support, early childhood development worker, education worker support, volunteers. Teams consisting of workers from these service activities were formed around each family, depending on the needs of the family, as assessed by the social worker. Close collaborative and consultative links were established between St Anthony's and the Department of Social Work at the University of Melbourne.

Under the guidance of Dr Len Tierney from the University of Melbourne, workers sought to analyse and understand the circumstances and issues, which confronted the families with whom they worked. They isolated 3 dimensions which they believed as "central to the predicament of these families" (St A's, May 1983, p.12) These dimensions were:

### **# OVERHEAD**

- Normative Role Allocation – has the premise that a parent takes the leadership in ensuring a child's basic survival and developmental needs are met, and refers to who has which responsibility, who does what in the family.
- Family Identity – referring to the sense of family interconnection and formations of co-operative relationships between members and in interactions with the wider world;
- Social Economy – referring to the quality and quantity of the family's social support network;

Quite complex assessments of family functioning in these 3 areas were undertaken and these guided planned interventions.

Although no time frames were set for work with families, it was believed initially that families would be involved with St Anthony's for about 2 years. Over time, though, this period of involvement extended. A research study undertaken in 1987, on outcomes for current and past families concluded "generally, the more positive outcomes were associated with the cases of

longer duration." (E. Ogden, 1987, p.7) The 1988-89 report shows that in that year, St Anthony's had a caseload of 24 families at any one time. Turnover was slow. In that year, 6 new families were accepted for service (from 32 referrals assessed as appropriate), and 6 families. At that time, 26% of families had been working with St Anthony's for more than 4 years.

In a paper presented at a Forum for Intensive Family Based Welfare Practice in Melbourne in June 1990, the senior social worker, Sr Carmelita Hannan, described the approach of St Anthony's service as follows:

1. Building a Caring Relationship
2. A Family Centred Focus
3. Multi Service Provision
4. Case management Responsibility
5. Long Term Help

However, new ideas and approaches about time limited, intensive, goal focused services were exciting workers and agencies in the field, and these were attracting the attention and support of government funding bodies. After the boom times of the 1980s, we were moving into the period of budgetary restraint and changes in funding arrangements. In many ways St Anthony's seemed out of step with the rest of the world of welfare and family support.

Chris started at St Anthony's in August 1990, and she takes up this account of the collision in service cultures.

### **CHRIS**

On the 31<sup>st</sup> of July 1990, I began work at St Anthony's Family Service as a full time Family Support Worker. St Anthony's was a long term intensive service working with family for a period of 3 years approximately.

We worked in teams consisting of a social worker, family support worker and/or early childhood development worker, education worker (depending on the needs of each family).

We never referred to the families as clients as this was thought to be more official.

The family support workers worked across 4 teams having 2 families with each. This was very time consuming and it was very difficult to organise team meetings.

It was changing times and for a long time management was saying we need to look at merging with other services so we are not over-looked for funding. The dollar was becoming the almighty.

Our director had two overseas trips to look at what was happening in England. He also looked into the Homebuilders Program in the U.S., giving his knowledge to the Victorian Government on his return.

There was talk of our service becoming a short term one, which caused enormous stress on the staff. The staff were worried about what would become of the families we worked with who need intensive, ongoing support. Many staff members did not think they could change their way of working with the families. Many felt that our ethos would be lost and what did this mean for St Anthony's.

It was felt very strongly by a lot of staff that we were selling out the government, that they were dictating to us, and that we should be able to do something about it.

During this time there were funding cuts to areas the Government felt were already being picked up by other services, so redundancies occurred. People made redundant were given three months notice. This upset everyone and added more concerns as to what services would be left for us to offer families.

Redundancies also caused much tension in the workplace, especially when more recently appointed employees retained their jobs over some longer term employees. Guilt set in for those who still had jobs and some staff members made redundant were very angry towards St Anthony's. One family support worker found it very difficult as she had worked at St Anthony's for 10 years, but was not willing to accept change. Morale was very low, which made it very hard to have the energy needed to work with our families, and the families felt this. Some staff who were still employed felt betrayed about the process and also left.

The ethos and values of the agency became very important for the staff that were left. We decided that we wanted to keep the quality of the service that had been offered in the past and not compromise our ideals. Good personal relationships with a few of my colleagues enabled those of us who stayed to survive the change and still function effectively in teams. I personally felt excited about the changes and the new challenges.

However we needed to look at where we were. We needed to heal our wounds and we needed to look to the future and to start planning how we would take this service into a new era. New staff arrived, and with that, new enthusiasm. The staff that were left were committed to looking at new and quicker ways of working with families.

We started to look at what changes needed to be made at a staff planning day. Staff brainstormed ideas and made suggestions about how time could be more efficiently used. The process of engagement was the first process to change – in the past this took 6 to 8 weeks. The family support worker role changed at this point.

#### **# OVERHEAD Job Description for Family Support Worker**

The new Job Description for the Family Support Worker included the following:

- Attend referral meetings and assessment
- Assist develop case plan and goals
- Provide practical, emotional and social support to parents, children and young people
- Group Work
- Assist with advocacy
- Assist with monitoring of goals
- Assist with preparation for termination and ongoing planning for family
- Case recording
- 

The family support worker began to work with one social worker in one team and became involved in the decision making at referral meetings as well as attending assessments with the social worker. This cut down meeting times and the process of initial engagement and assessment to 3 weeks. We would work out with the family our goals and who would take on what tasks. These were then written up in a contract form and this was signed by all family and team members.

We started to see that it was more uplifting to the family to say to them that we were only going to be in their lives for 6 months instead of saying that we think it is going to take 3 years to fix your problems. It gave them hope.

I had felt that in my time working with the families, I became at times stale and sometimes bored when I worked with the same family for a long time. You tended to lose enthusiasm.

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## **HELEN**

Other influences were also reshaping the previous model of practice. In the last 4 years, St Anthony's has picked up other related programs, through successful tenders, collaborative partnerships with other agencies, and through its amalgamation with other agencies in July 1997 to form MacKillop Family Services. The old St Anthony's service is no longer the central service, and has become one of a number of services within the agency. No longer is it possible to link all service activities as one large team. The allied programs - the Education Support Service and the Volunteer Program, also link with the new programs. The Early childhood Development position was not able to gain funding, and had now been lost.

## **CURRENT SERVICE MODEL**

### **# OVERHEAD**

- Time limited - 8 months with 25% of families extending to 12 months service;
- Assessment - over 2 sessions, a time for mutual assessment, to establish whether there are areas of mutual agreement for working together;
- Family Agreement - drawn up, listing goals for the family and outlining family and worker tasks;
- Goals focus on building on strengths and abilities as well as addressing areas of concern;
- Long term focus is self sufficiency, where possible, or establishment of an appropriate long term service plan that will support the family beyond involvement with St Anthony's;
- Other St Anthony's services are linked in as appropriate;
- Time limited groups support the direct service delivery.

The Service targets families where there is an identified risk that a child or children will require out of home placement if the concerns are not addressed. The Service Contract with the Department of Human Services states that 75% of families are to be referred by Protective Services, or have had past contact with Protective Services. In the year to June 1999, the Placement Prevention Service worked with 59 families, 80% of whom were referred by Protective Services, and 86% of whom had either current or past contact with Protective Services.

My involvement in the Placement Prevention Service is of much more recent times. I have heard the story of those tumultuous times, as described to you by Chris. I have been the fortunate recipient of the work undertaken by the staff during that time to develop a different model of practice, one that took account of the new ideas and knowledge, but also remained faithful to the long held values and beliefs, and knowledge derived from many years of working very closely with families under stress, and often excluded from mainstream services.

On the face of it, the new practice model is not particularly earth shattering. It has many similarities to numerous other family preservation and welfare programs. What is interesting about the work are the features that are not stated so clearly, the parts that continue the legacy of the early program and workers - the focus on team work, significantly reshaped, as the mode of

service delivery, and the ongoing emphasis at all stages on "relationship", the foundation for all other work.

As Chris has outlined, the model retained the social worker / family support worker dyad, and reinforced their partnership through the formation of permanent teams. We see this today as offering particular advantages in our work.

I have been unable to locate other family preservation services in Australia, whose central mode of intervention is via such a team. This is probably a reflection as much of my lack of knowledge and poor research, and I am hoping to hear at this symposium of other similar services and models, and if possible to have the opportunity to exchange ideas and thoughts. However it is not a new idea or method. Soule', Massarene and Abate (1993) have examined and contrasted two different staffing models being utilised in the US in family preservation: single-clinician interventions, and clinician-support worker interventions.

When describing the Homebuilders program, Kinney, Haapala, Booth and Leavitt (1990, p.37) argued for single clinician interventions because:

- a. As the sole responsible worker, the clinician is less likely to ally with individual members or sub-systems, and will be able to maintain a focus on the whole family.
- b. It was felt that families will find it easier to accept and less intrusive to have one rather than 2 workers.
- c. Combining concrete and therapeutic services will increase the likely effectiveness of both interventions.
- d. The demands of communicating and co-ordinating with the other team member is time consuming, and not cost effective, especially in short-term programs.
- e. Difficulties can rise through problems in the co-worker relationship.
- f. Accountability can be diluted.

Soule', Massarene and Abate (1993, p.41) noted these arguments put forward by Kinney et al, but then put forward advantages for the clinician-support worker team –

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- a. Team members can support each other in highly charged or difficult situations.
- b. Having 2 workers increases the likelihood of workers maintaining objectivity, and not becoming drawn into problematic family dynamics.
- c. Service continuity is maintained during periods when one worker is unavailable.
- d. 2 workers allow for flexibility in therapeutic roles and interventions, and in working with different individuals or subsystems in the family.
- e. Support workers are likely to share common backgrounds with the family, will be able to establish rapport more easily, thus promoting engagement by the team.

They go on to talk about flexibility of roles, allowing for matching workers with issues, and the doubling of practical and therapeutic resources. They discuss the likely impact of working with a team on the family's experience of the work. Families receive a demonstration of effective collaboration between 2 adults. Two workers can defuse the intensity of the attachments that are formed between the workers and family members, allowing for the development of realistic, constructive relationships. A co-worker provides support, a sense of shared experience, a buffer against feeling overwhelmed, a means by which a worker can experience herself or himself as

"more appropriately separate from families", thus enabling more clearer focus on the goals of the intervention. (p.53)

So how are these features, concerns and advantages reflected in our own experiences of working in teams. We would agree that combining concrete and therapeutic services can increase the likely effectiveness of both interventions. We do not see that one area of work is the particular domain of either the social worker or the support worker. Often the undertaking of a particular concrete task is framed as and forms part of an overall therapeutic intervention. For example, assisting a mother to paint her lounge room and kitchen is a part of an overall intervention about her working to overcome her fears about the external world, and feeling comfortable about allowing her children to form peer friendships, and then having these friends and their families come into her home and space.

Certainly, when working over a longer time span than many family preservation programs, there are times when workers can be away for extended periods, and this could be very disruptive for families. Having a co-worker who has very intimate knowledge of the families, who is continuing to have very regular contact, and is available to assist at those times of crisis, takes much of the anxiety about worker absences away, both for workers and for the families. With 2 workers, there is greater capacity to cover more issues and undertake different roles. As the social worker, I have found it invaluable to have Chris working alongside me, undertaking different, yet related roles. For example, in the

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"T" family, Chris worked with the mother Michelle, a woman who had experienced sexual and physical abuse in her childhood, and violence in her first relationship. Her current marriage was characterised by a periodic high level of conflict between Michelle and Harry, who were both trying to grapple with being parents and step parents. Harry's bouts of drinking and Michelle's gambling were common causes of conflict, along with Michelle's anger towards Harry's daughter Lisa, whom she saw as having betrayed her and Harry, and Harry's antagonism towards Rick and Matthew, whom he saw as lazy and unmotivated. While Chris worked with Michelle and supported her individually, I was able to see Michelle and Harry for couple counselling, and them and the children in family sessions.

We have had the experience of the family warming initially to Chris, and feeling a bit unsure about me, and vice versa. Very recently, at the time when we were terminating, one family described how, on first meeting, they had felt a bit dubious about me, but had felt an immediate connection with Chris. This had given them the confidence to continue.

Blurring of boundaries between the workers in the team is not a danger. It is an essential feature. The teams work well when there are interchangeable tasks, shared functions and responsibilities, and a willingness to cross role boundaries. For social workers, this has meant giving up some authority, but not responsibility. For family support workers, this has meant taking on additional responsibility, while recognising the limits of their role. A successful team does not require the family support worker to become the case manager. It does require both workers to be respectful, considerate, and partners, sharing a common understanding and goals. Garner (1988, p.113) noted: "Role expectations exist in the minds of members of a group. If everyone on a team shares common perceptions of what is expected of each team member, few problems will result."

**CHRIS - to talk here about her experiences of the team.**

With the changes I felt that I was a very valued team member and also for the first time I was not just a family support worker but an equal team member and that what I had to say was valued. Also forming was a relationship between my social worker – as we family support workers refer to the social workers as "mine". I was finding that I could speak with her at any time. We could catch up daily with news from a home visit to a family, which kept us up to date and if either was away sick or on holidays the other could take over without having to refer to case notes. Your team member becomes a friend with whom you can share the good times and the bad. You are able to discuss what you are having difficulties with and she can offer advice to try it a different way. Two heads are better than one.

We are also able to challenge our ideas without fear of repercussions. We know when each other is stressed and can offer support.

Often the families see the family support worker as an equal, where they view the social worker as a professional person, which makes them apprehensive to engage quickly. This is often influenced by the family's previous less pleasant experiences with other professional workers. Our roles are clearly written into the contract with the family so everyone knows who does what. When a family asks me to do something, which is not my role, I ask them to speak to Helen about it.

There are times when roles overlap and we feel it is good team work, for example in a crisis situation when I am the only one present and decisions have to be made. In Helen's absence, if I have a problem I am able to get advice from the other social workers in the other teams. Working in a team you never feel totally responsible for the case. It is shared.

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**HELEN**

What does this mean for the families with whom we work? It has been suggested by Kinney, Haapala, Booth and Leavitt (1990 p.37) that "family members do not usually know what all the different workers are supposed to be doing, or how they relate to each other.

Workers...sometimes give the family conflicting demands." I can appreciate that in very short-term programs, this could be an issue. As Chris has described, the demonstration and experience of the team, for the family, begins with the assessment, which involves both social worker and family support worker. Having the 2 workers together is a significant departure for many families from their previous encounters with welfare and helping services. Careful explanation and demonstration in the interviews, and confirmed in the written Family Agreement, both of the partnership, and the different roles is the first step in ensuring there is no confusion.

More significantly, what the workers bring to the initial interview, and to their subsequent work with the family, are not only their skills, knowledge, ideas and back up resources, but also a relationship that has required negotiation, a framework for resolution of differences and tensions, a structure for working together and supporting one another. In Family Systems theories, the concept of 2nd Order Cybernetics talks of the therapeutic system as including the worker with the family. This relationship becomes a feature then of the therapeutic system established by workers with the family. A worker brings to the therapeutic system her knowledge, training, life experiences, values and beliefs. In addition to this, the team brings their collaborative efforts to

forge their own relationship and working partnership. This relationship, an important feature of the worker subsystem, becomes part of the therapeutic relationship.

What does this mean in terms of the intervention with the family. For many of the families with whom we work, the issues confronting them include relationship difficulties between various members, role confusion, lack of strategies to deal with conflict or differences that arise, and mistrust. What they encounter is an experience of 2 people who have had to work to confront role ambiguity and role confusion, to find ways not to avoid conflict, but to manage it constructively, whilst remaining respectful of the other person, who have to ensure open and supportive communication between each other, and who have to continue this work whilst they are working with the family. The negative and difficult aspects of relationships between family members can have a positive counterbalance within the therapeutic system.

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**CHRIS** - *case example when the work by the team*

### # OVERHEAD

*illustrates this point of experience of the team shaping and changing the family, in particular the way that the parents worked together to parent the children.*

The Referral Issues listed by Protective Services were

- Failure to thrive
- Environmental neglect
- Failure to provide adequate food
- 

At the time of the referral, Protective Services were very anxious about A (child aged 12 months) and whether he could survive in the family, and about M (child aged 5 years) lack of speech development.

When we first had contact, Jeff (the father) and Dorothy (the mother) were very angry with Protective Services. They felt very harshly judged and put down. Dorothy had responded by closing up and not talking, which had raised the anxiety of the workers even more, as they had seen this as her refusing to work on issues.

When we met with the family, we started by talking about the concerns, but also about what they had already done, and what they had in place. We took the approach of how could we help them to get Protective Services out of their lives? What would help convince them that they did not need to worry? How could we help Dorothy and Jeff to do this?

We did observe that Dorothy and Jeff had great difficulty in talking together. Dorothy felt also judged by Jeff, and so had refused to talk with him. At times he had joined with Protective Services in being critical of Dorothy. We decided to take a positive approach, praising them for what they were doing well, being optimistic. We encouraged them to talk to each other about what they were concerned about, how they could help each other with the children. We did not directly address their couple relationship. We did activities with them with the children, together and separately. We helped them to take the children to other activities such as swimming lessons. We supported them in their contact with other services, and how to manage this.

The social worker and I saw the family both together and separately. Often this meant that we were working on the same issue, such as playing with the children, but took different sessions. We shared helping at meal times by going separately so we could cover more meals. At times we went together. The social worker talked with Jeff, I talked with Dorothy, and then we would all come together.

From early on Jeff and Dorothy were very welcoming and happy to see us. They wanted to share their successes and achievements. Dorothy would show me what she had introduced food wise. She would say to me "tell J (the social worker) that A is now eating this or that." Jeff also felt he was not providing for his family. We encouraged him to look for work, which he did and he got a job. He rang to share this great news so next visit we took a cake to celebrate. A progressed well, the asthma attacks decreased in severity and frequency and overall health improved. M's speech improved.

It became apparent to us that Jeff really loved Dorothy. He liked to be with her, and started to give her a lot of praise, which she really enjoyed. She then started to want to do things for Jeff. They started to do activities together with the children. Their relationship was a loving and caring one. Jeff one day said to me: "You and J. work well together. Whenever I ring I can get one of you. You are there for us." He said to J: "You and Chris have a lot of respect for each other. Your support each other."

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#### **HELEN**

In this case, the marital relationship was never directly addressed by the workers. And yet, as Chris has described, significant changes occurred in this. One reason, I believe, was the experience this couple had of witnessing, observing and learning from another relationship. In a sense "relationship" is being rediscovered. It has been interesting, in Victoria, to participate this year in forums run by the Department of Human Services, in which the importance, the vital and determining role, the relationship forged between the worker and the family is being acknowledged as the single most determining factor in successful outcomes for interventions. "The positive relation between good alliance and successful therapy outcome is reasonably well documented" across many different therapies and interventions. (Horvath and Luborsky 1993, p.569) In his review of a number of research

#### **# OVERHEAD**

projects, Coady (1992, p.469) noted that "relationship factors have much greater predictive power with regard to client outcome than technique factors". He went on to state that the "techniques that therapists use cannot be separated from the interpersonal context in which they occur" (p.470)

The Dartington Research Unit, in their report summarising and bringing together the findings from 20 studies and overviews on child protection services in the United Kingdom, stated "parents' satisfaction with the process was also closely related to a positive outcome for the child, except in a small number of cases where a decision was made to place a young person permanently outside the family" (p.49). The satisfaction of the parents directly connected to the relationship between the worker and the family and whether this was seen by the family to be positive or negative. Interestingly, they concluded "the research evidence suggests that, for the majority of cases, the need of the child and family is more important than the abuse or, put

another way, the general family context is more important than any abusive event within it."(p. 52)

## **VIDEO**

### **# OVERHEAD**

*Explanation of video. Highlighting of relationship. What was described as significant and having enduring meaning for the families were the relationships established.*

Relationships occur within a context. When the Sisters of St Joseph's first developed St Anthony's, over 20 years ago, they argued, in the words of Sister Joan Healy, the first senior social worker and second director, that "a service that interacted with families should be family-like itself" (conversation with Sister Joan Healy RSJ 3 Feb. 1999) They wanted the service to avoid becoming bureaucratic-like, so that families coming into the agency would not feel overawed or uncomfortable. They felt that for many families, their contact with bureaucracies were experienced as punishing and alienating. They moved into a house, not an office.

### **# OVERHEAD Front of St Anthony's**

### **# OVERHEAD Rear garden at St Anthony's**

Today, this house remains our office or home. Growth in service and staff numbers have stretched us, but we resist efforts to move us into more spacious, but more office-like premises. Reaching out to families, we feel, starts with the image we project. When the service was much longer term, families often became very familiar with the office space. While this is no longer possible with the shorter term work, every effort is still made to assist the families to feel comfortable about coming in, and being a part of the agency life, when they attend groups, participate in the Education Centre service, come for meetings or interviews or call in to see workers.

The development and sustaining of relationships by workers with families begin, I believe, in the valuing of workers themselves, and in the fostering of positive and supportive connections between colleagues. Chris has described how the period of disruption, tension and pain for workers was then reflected negatively in the connection made and work with families. Years ago, emphasis was placed on developing an atmosphere of mutual support and connectedness. We have, as a staff, endeavoured to return to this, and see it as an important part of our practice.

In a study, over 3 years, on the effects of organisational characteristics, including organisational climate and interorganisational co-ordination on the quality and outcomes of children's service systems, Glisson and Hemmelgarn (1998) found that "improvements in psychosocial functioning are significantly greater for children served by offices with more positive climates." (p.415) They also found that , where organisational climate was positive, children also "received more comprehensive services, there was more continuity in the services they received, and their caseworkers were more responsive and available." (p.417) This study confirms the very important role organisational climate plays in the performance of workers who undertake highly stressful and demanding job tasks.

In trying to conceptualise this, I am reminded of Deborah Lupnitz's description of the " provision of a holding or caring environment...so that family members feel safe enough to make themselves known" (p.195) to the worker. I see the team, supported by the allied services, and the agency as endeavouring to construct a holding or caring environment in which families can,

in Lupnitz's words, "better understand one another, ... provide a holding environment for one another", and which "allows them to be less isolated from their context than before." p.195) Despite their written focus on studying, analysing and understanding the families with whom they worked, this is in fact what the early workers had constructed.

To summarise, the development and sustaining of positive, supportive relationships between workers and families provides the essential foundation for effective intervention and work with families. Workers and the family together form a therapeutic system, within which they work on the issues of concern. The team brings to the therapeutic system a relationship, in addition to their skills, knowledge and experience. It is proposed that this additional relationship can promote the development and sustaining of relationship and connection between family members and workers. The team relationship and partnership is nurtured and maintained by a positive and supportive organisational context.

So what about those worries that the workers had when changes were proposed. Was this just a fear of change, a reluctance to embrace new approaches and ideas? This is a cautionary tale. Despite our enthusiasm for the new model and way of working, we are often brought face to face with family situations and circumstances that are not ameliorated by time limited services, however focused, goal oriented, intensive or purposeful. 2 examples –

#### **# OVERHEAD**

Anne and Barry were both sexually abused as children. Barry diagnosed with bi-polar disorder. Anne was subjected to physical violence in her first relationship. Both are estranged from their own families and receive virtually no support.

Referral came to St A's from the Housing Service that had assisted Anne after her separation from her first partner. They had remained in supportive contact as they had not been able to refer the family to other services, and were concerned about the family's vulnerability. A notification had been made to Protective Services but this had not progressed beyond Intake.

Beyond the issues that arise from the outline so far, the family is confronting:

Isolation - within Greater Melbourne, but no running water, no public transport. No surrounding community. Family has great difficulty getting to any services

Financial difficulties - bank foreclosure on home loan imminent. Material aide, especially food constantly required.

Current family violence - verbal, emotional, economic. Children have witnessed this.

Relationship Difficulties

Substance abuse - cannabis by Barry. Used as self medication.

Anne is seriously depressed - one recent admission to hospital.

J (7 year old) - assessed intellectual disability.

S (4 year old) - significant developmental delay - preschool required.

S (2 year old) - child care required

B(13 year old) - truanting, verbally and physically aggressive towards Anne and the younger children.

Home life is chaotic.

Other local services, such as foster care, family support have refused referrals - past contact and see family as too hard, long waiting lists.

#### **# OVERHEAD**

Joanne has schizophrenia and becomes very distressed when she is without company. Don is a tradesman and is very well paid. He works long hours. Parents find it hard to talk civilly and plan together, so find it impossible to establish routines for the children and make plans for them. They want the family to stay together but have not been able to make a significant change in the way they relate to each other or to the children.

St A's were involved 3 - 4 years ago as were Protective Services. After many attempts to support the family to establish routines and manage their life demands, with minimal success, it was decided that the only solution was to employ someone supported by St A's, to come in to the home every morning, organise routines, get children to school, organise the day for Joanne. This person was paid for by the family. With this Home Support Person, the living conditions for the children improved significantly, they attended school regularly.

It was feared that the situation would relapse once Protective Services and St A's finished. This was discussed at length with the family. However a few months after St A's finished, the family sacked the Home Support Worker. The family situation quickly deteriorated. Many notifications were made to Protective Services from St A's, the school, and neighbours. Protective Services took over a year to respond by which time the situation was at break down point. The children had to be removed.

It has taken many months to return the children home, re-involve St Anthony's, re-employ the Home Support Worker, and stabilise the situation. There are no prospects of J returning to school. The future is uncertain. J is already an agitated, distressed toddler who is difficult to manage. Protective Services are now planning to withdraw support by early next year.

Our response - when there is agreement by the other services involved, the family is supportive, and are prepared to negotiate a new agreement, we do accept a re-referral, thus providing back-to-back periods of service, which can extend the period of worker contact to up to 24 months. Often this is still not enough. The families require services at a reasonable level of intensity and regularity to just manage on a day-to-day basis. Unfortunately, the service system has seen the models as being "either - or", and had opted to move in the one direction. For families, the fall out from the collision of cultures experienced by St Anthony's, and the service system more broadly, has been both positive and not so positive

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**CHRIS** - Termination.

I would like to finish this presentation today with a few words about how we finish with families. Finishing or termination begins at the first meeting. We let the families know we will be working for a set period. We continually talk with the families about preparing for when we will no longer be visiting. Towards the end, we try to step back, to give the family space to practise managing themselves

From the beginning of St Anthony's, food has had a significant function or role in interventions with families. We can speculate that this is a legacy from the sisters who moved from the children's home to the family support service, and brought with them ideas about caring and sustaining people. Sister Joan Healy says "Sharing food was always important". She described one of the early workers, Sister Dot as saying "I cannot give a bottle to the baby without providing a meal to the mother". Sister Joan says that the early workers saw sharing food as a means of nurturing, skill development, friendship development and acceptance.

Termination is a time of celebration. We have a party together, when we share food and some fun.

In keeping with our traditions, we would now like to share these chocolates with you, as we come to your time to ask questions, make comments and discuss these ideas with us.

***FAMILY SENSITIVE PRACTICE IN CURRENT SERVICE PARADIGMS* Helen Boots and Chris Beasley, MacKillop Family Services, Victoria.**

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