

Family support

A vital link in the chain

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This paper addresses the issue of co-operation and the building of effective partnerships within the network of agencies that aim to strengthen and support families. It argues that an important step in building such partnerships is an awareness of what each agency does. This paper therefore sets out the context in which family support services are currently operating in NSW, the particular strengths of family support services and the contribution of such services to families and to planners. Constraints on family support services are also explored, particularly those that relate to the lack of recognition of the role of family support services and lack of resources available in NSW. There is an analysis of options regarding changes to work practices by family support services to deal with the lack of resources.

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This paper will highlight the special contribution that is made by family support services in meeting the needs of families.

The social environment within which a family operates is made up of many different elements. Family support services are a part of the network of non-government agencies that operate in order to strengthen and support families. There are also government agencies which share that goal.

It is important that all such agencies co-operate and work towards the building of effective partnerships. This is particularly so in a time of limited financial resources in both the government and non-government sector. Avoidance of duplication, sharing of resources, experience and knowledge between agencies and more seamless service delivery to families are just some of the benefits of co-operation and partnerships.

However, an important first step towards these benefits of co-operation is awareness of what different agencies have to offer to families, and how they deliver those services. It is from that base of awareness and knowledge that effective and appropriate links can be formed between agencies.

This paper seeks to contribute to the building of better links between services meeting the needs of families by clearly articulating what family support services do, and how they do it. This then is a description of family support services' part in the total network of community and government agencies that provide services for families.

CONTEXT

Family support services are currently operating in a rapidly changing context. In particular, there are major changes occurring within the NSW Department of Community Services (DCS). Such changes will have an impact on family support services as:

- DCS is a significant source of funds for family support services;
- DCS and family support services share common goals;
- DCS and family support services provide services, at the grass roots level, to many of the same families, ie, they have many mutual clients.

An important development in NSW has been an increased focus on a co-ordinated interagency approach to issues of child abuse and neglect. This has resulted in the production of 'Interagency Guidelines for Child Protection Intervention' (Pamela Spall Consultancy Services 1997), which clearly sets out the roles and responsibilities of a wide range of government and non-government agencies. In his foreword to this document, the NSW Premier, Mr Bob Carr, states:

It is when the combined efforts of all the relevant Departments of the NSW Government and non-government agencies are joined with the skills and resources of the community sector that proper action will be taken to effectively intervene when child abuse and neglect occurs.

Another change is the long awaited, and still to be announced, reform to the Community Services Grants Program,

the main source of funding for most family support services in NSW.

Such changes provide an opportunity to establish a clearer basis for working relationships between funded family support services and other agencies, including DCS. Within the context of such changes, it is hoped this paper will be a useful and timely contribution in building co-operation and partnerships and in developing effective working protocols.

THE SPECIAL STRENGTHS OF FAMILY SUPPORT SERVICES

The opportunities that family support services use to strengthen and support families reflect their particular role and style of work. An attempt has been made to convey some of this in the overview (p.XX) and the case studies.

Family support services in NSW, and indeed throughout Australia, are characterised by the principles or philosophic framework within which they operate, and by the key characteristics of their service provision. These principles and key characteristics ensure family support services have a specific and important contribution to make in meeting the needs of families.

Many of these principles and characteristics are now also being adopted by other community service agencies. However, this particular configuration has been present and has developed steadily throughout the twenty-one years since the family support program began in Australia.

Family support services are comprehensive.

Families are not broken into 'problem areas' requiring different sources of assistance. A number of different agencies may be involved in meeting the family's needs, but the focus of family support work is the family, not the problem area. Family support workers have training and experience which enables them to understand and deal with the impact on families of a range of issues, such as mental illness, substance abuse, domestic violence, childhood trauma, systems abuse and intellectual disability.

Two important features of family support services reflect their comprehensive nature.

Firstly, there can be a range of 'entry points' through which families access family support services.

A family may make their initial contact with a family support service in a number of different ways. These may be as diverse as:

- attendance at a family support service playgroup advertised on the community noticeboard of the local shopping centre;
- self referral for personal advice and assistance about child care after reading an article about a local family support service in a local newspaper;
- attendance at a parenting group detailed in a pamphlet distributed in a school newsletter;
- referral for counselling and support by a doctor who is concerned about domestic violence occurring in the family;
- referral from Department of Community Services following a report involving child protection issues.

Family support services are ideally placed to engage and work alongside families in an empowering and effective way to address a wide range of problems in family functioning.

Each of these diverse entry points reflects an aspect of family support work, and builds up a picture of a service that is concerned for the holistic strengthening of families.

The second feature is that underlying issues causing difficulties for a family, as well as immediate crisis needs, can be addressed.

The comprehensive nature of family support services is critical to ensure that not only short term but also longer term underlying issues relating to family difficulties are addressed and resolved.

The resolution of an immediate identified crisis or issue may not necessarily signal the completion of contact with the family. While it is not uncommon for a family to seek assistance initially around one specific issue, the process of working on that issue can make it clear to the family that there are other factors involved that contribute to family difficulties. The comprehensive nature of family support services enables work with the family to continue and build on what has already been achieved. This feature is particularly important when working on issues that require families to have developed trust in a worker before they feel confident to reveal those issues.

Family support services are integrated.

Family support workers are skilled in the use of a brokerage approach to other agencies, ie, effectively assisting families to use the services offered by other agencies. Brokerage not only involves the use of effective referrals, but also involves continuing to work alongside the family as it interacts with other more specialised agencies. This brokerage role ensures that family support services can be comprehensive and continue to maintain a family focus, while ensuring that specialised information and expertise is used when appropriate.

Family support services are flexible.

Flexible service delivery is not just rhetoric in family support services. Client families have a genuine range of choices about how services are delivered. This includes:

- a variety of different services offered, eg, groups, counselling;
- different possible locations for one-to-one support, eg, centre-based, home-based, in a park, coffee shop or other perceived safe place;
- an emphasis on engagement with clients in goal setting where the clients identify the issues they want to work on and how they wish to do so;

CASE EXAMPLE

Kim S. and her children aged 6 months and 2 years come to a playgroup run by Riverbank Family Support Service. Kim was encouraged to go to the playgroup by the family health nurse who thought Kim could benefit from some contact with other parents.

Kim attends playgroup for several weeks and then approaches the family support worker, who leads the playgroup, about a difficulty that she is having in her relationship with her partner, Chris, in dealing with the children and their demands. The family support worker has several sessions with her at home, two of which involve her partner as well. Kim also attends a day-time parenting group run at the Family Support Service. Kim and Chris report feeling more confidence in their role as parents.

During this time, Kim appears in court on a shop-lifting charge from an incident that occurred 9 months previously. Chris cannot get time off from work, and so they ask the family support worker to attend court with her as she is feeling very scared. The family support worker provides basic information about the legal process and teaches her some relaxation techniques and accompanies her to court.

Several months after initial contact, and once a solid relationship of trust has been built up, Kim reveals details of a childhood experience of sexual assault. She wonders if her own experience is affecting the way she deals with her children. The family support worker works with both parents regarding principles of protective behaviours and child safety, and the impact of Kim's experience on their own relationship. She also organises a referral for Kim to specialist counselling (including accompanying her to the first session).

Without the lead-in process of establishing trust, and having the experience of successes in making changes, this major underlying issue may never have been able to be addressed.

- the option for families to choose not to be involved with family support services. Family support services are not statutory bodies with authority to require families to participate in their activities.

Such choices establish a framework where families are able to access appropriate assistance as they identify their needs. Services target their programs and activities so that families can recognise their benefits and make positive choices to participate.

Family support services use flexible structures in a strategic way so that families can identify their needs and get the assistance which they determine is appropriate for their own needs. Family support services are identifiably 'family friendly'. This characteristic has led to the description of family support workers as 'professionals working informally'.

Family support services combine practical assistance and therapeutic counselling to encourage change.

A particular strength of the family support model of service delivery is its ability to draw on a range of strategies to promote change. Practical assistance (eg, accompanying a client to a medical appointment, assisting in arranging

insurance cover, helping compose and write letters) is used to develop strategic opportunities for a family to develop and practice skills. When used in that way, practical assistance does not develop dependency, but in fact promotes greater long term independence and experience of personal power.

The use of practical as well as therapeutic interventions also recognises the social context in which families operate and addresses in a very clear way structural as well as individual and psychological factors linked to family stress.

Family support services stay long enough to ensure change is sustained.

The length of contact between family and family support service is not pre-determined. While many contacts between family support services and families are brief, there is considerable support for the position that indicates that families who have long-standing issues that relate to child protection will require on-going contact and support over a period of time.¹ The structures of family support services have the flexibility to accommodate this need.

Family support services operate as grass roots organisations.

Family support services are grass roots organisations set up to meet the needs of local communities, and are often managed by representatives of that community. They exist in over 140 communities in NSW. They respond to local community needs and reflect the style and concerns of their local community. They are generally located in settings that make them welcoming to local families (eg, in cottages and shopfronts as opposed to office premises). The stigma of a family seeking assistance from an outside body is lessened because the service is seen as part of the everyday community, not an external bureaucratic or statutory organisation.

Family support services work from a model of recognising and building on strengths.

The orientation of family support services is not to concentrate on problems or deficits, but to assist families to make changes to address issues of concern to them. This process involves the identification of:

- issues on which families wish to work;

- strengths and resources within families;
- strategic steps that can be taken towards goals that build on existing strengths.

This model is not indifferent to, or unaware of, the serious consequences of issues that can affect families (eg, child protection and other abuse issues). It is a professional use of strategies designed to promote positive change. The use of such a model recognises the inherent rights of all members within a family, and the appropriate and necessary use of societal and legal structures and sanctions to uphold these rights.

Family support services have a preventive focus.

Family support services aim to prevent crisis occurring, not to pick up the pieces once family relationship breakdowns have occurred. They operate by fostering community and home environments that support and strengthen family units. Playgroups, groups for parents, community development activities, personal support, etc, are planned strategies to address factors known to be associated with risks of child maltreatment and family breakdown, eg, social isolation, lack of information and resources.

THE CONTRIBUTION OF FAMILY SUPPORT SERVICES

Families directly benefit from the work of family support services.

The characteristics of these family support services shape the specific contribution they make in providing direct services for families. Family support services are ideally placed to engage and work alongside families in an empowering and effective way to address a wide range of problems in family functioning.

Family support services, because of their wide entry points, grass roots and non-stigmatising nature, and flexible service delivery have a particular contribution to make in working with families where a need for support has been identified prior to a crisis developing. Family support services are

appropriate agencies for much creative preventive work.

A limited understanding of the comprehensive nature of family support services overlooks their potential utilisation as a resource for service delivery.

Family support services also have a specific contribution to make in working with families once a crisis has occurred. This may take place on a one-to-one and/or group basis, either to prevent a recurrence or to minimise its impact. The comprehensive nature of family support services and the model of working strategically with family strengths are part of this contribution. Such work is complementary to that of statutory bodies which have both the legal responsibility to investigate possible abuse within families as well as a concern to ensure that on-going needs present in such families are met.

The contribution of family support services is to provide both on-going support and risk reduction services to families. Such a contribution primarily focuses on families who are either:

- part of a target population group identified as in need of particular support, or
- identified individually as at risk of a crisis occurring or escalating.

However, the characteristics of family support services mean that their work cannot be limited to relatively artificial categorisations of families. Family support services recognise that family situations and circumstances are fluid and open to change. There is therefore a very wide range of activities and strategies necessary for effective work with any one family. Strategies may range from the provision of generic services (such as a playgroup) to high level intervention provided immediately after a crisis occurs.

Planners of services for families can benefit from the unique network of family support services.

In NSW there are 140 well-established family support services, with a total of 620 staff. (FSSA 1995a) These services are located in all parts of the state, with approximately 50% in rural areas. This network of existing services provides a unique resource to planners. This network can offer:

- consultation to ensure that new services being planned are appropriate for families;
- provision of an existing infrastructure on which to base and develop new programs for families.

Use of the existing network of well-established family support services allows planners to:

- fast track the implementation of new programs to benefit families;
- avoid unnecessary duplication of services at the local level;
- contribute towards comprehensive and integrated services for families.

CONSTRAINTS ON SUPPORTING FAMILIES

Lack of recognition of the role of family support services

Some decision makers and planners appear to have a dated understanding of the comprehensive nature of family support services. Those not in touch with current aspects of service delivery to families appear unaware of the developments with such services in the past decade.

A limited understanding of the comprehensive nature of family support services overlooks their potential utilisation as a resource for service delivery. In 1996 the NSW Minister for Health announced funding for a new project to develop family support services to help children living in families where the parent or carer has a mental illness. He stated in his announcement that there were currently no services available to such families. He was obviously not advised that there was a NSW-wide network of family support services already in place. Rather than starting up a new structure,

extra resources to existing family support services could have been provided to increase the number of specialist workers available to such families. This would be a cost effective and efficient way of tackling the very real need of such families without duplicating existing services.

Family support services operate in a climate of very limited resources.

It is inevitable that resource levels set limits to the support and strengthening that services can offer families. Over a number of years services in NSW have experienced real cuts to their funding, while at the same time experiencing dramatic increases in demands for service.

It is unrealistic to expect family support services to continue with the same level of service provision in a time of declining real resources. An obvious outcome of attempting to continue at the same inadequate level of service provision is the exploitation and burnout of workers, thus reducing their effectiveness.

Effective workers are at the heart of family support services. Staff are the key resource of these agencies. Any attempt to deal with the constraints within which family support services operate must not compromise the ability of family support workers to exercise their professional role as detailed in the previous sections.

There are a number of responses that services consider in a climate of limited resources.

1. Family support services could offer a narrower range of services, eg, only do group work, or only offer home visitation.

2. Family support services could limit the time they spend with individual families.

Both the above responses are limitations that would effectively undermine the strengths of family support services as identified above. The 1995 paper produced by the FSSA, 'Don't Fence Us In' (1995b), argues strongly against adopting such restraints.

3. Family support services could set a limit on the number of families to whom service is offered.

A response to limit the number of families being serviced at any one time is not as simple a solution as may first be thought. It does not take into account the mix of families, some with short term needs and others requiring much more intensive work. Setting numerical limits can be an arbitrary and ineffective way of allocating services offered.

4. Family support services could set limits on service that relate to the maintenance of realistic workloads.

This response involves family support services refusing service to families if this means unrealistically heavy workloads for their workers, ie, workloads that compromise the quality of service offered. In many ways this appears to have become a reality already, with much anecdotal evidence of services introducing waiting lists and refusing referrals for long periods of time.

However, the implementation of this response will mean that some families requesting service do not receive it. Not undertaking preventive work early in the stages of a family difficulty can lead to much more resource intensive work becoming necessary after a family crisis has occurred.

5. Family support services could narrow the focus of the main intake areas of work.

Over the last decade there has been pressure for family support services to work with higher risk families with more complex needs (FSSA 1995b, pp.6-7). One way of dealing with this is to create a core role for family support services in provision of support and risk reduction services, and not to accept at intake families presenting with high level needs.

This response does raise the issue of which agencies will provide the high level interventions required for families who present in times of crisis or who reveal high level needs while involved

FAMILY SUPPORT WORKERS TALKING ABOUT THEIR ROLE

➤ I often describe my role as being a bridge between the families I work with and the wider society. It sometimes feels like a balancing act because I am accepted by the family as someone who is prepared to listen to and respect their perspectives. At the same time I have to have credibility with other community services professionals or otherwise I am less able to access resources effectively outside the family.

➤ In the last 10 years the role of the family support worker has greatly expanded. I believe this development is linked to the increasing level of counselling skills found in family support. Over the past decade some of the exciting developments in family therapy have been applied to the more informal setting in which we work. It's been sort of 'out of the therapy room and into the home'. Ideas such as narrative and solution focused therapy fit so well into the philosophy of family support with its emphasis on respect for families and increasing their personal power to deal with difficult issues. But the great thing is that, while developing their counselling role and undertaking training in this area, family support workers have not turned their back on the practical elements of their role. Our experience, which is largely with economically disadvantaged families, has kept us firmly in touch with the structural issues related to the problems with which families deal. Those issues require more than counselling to resolve – the skills of advocacy, education and the provision of personal support remain integral to our role.

➤ There has been debate about whether family support workers are professionals. I want to claim the positive parts of being a professional – being skilled, accountable and working within a framework of integrated theory and practice. As a family worker, however, I do not want to lose my affinity with my clients – the sense that we have more in common than we have differences. It is that willingness to get alongside the families with whom we work that I see as a great strength of family support. Our role is to help families articulate and achieve what they want to do, not to set goals that fit into limited agency guidelines. We are able to use a wide range of strategies and draw on many sources, including our own life experience, to help us work with families on their own terms and territory.

with a family support service. A possible approach to this issue which utilises the expertise and skills of family support workers is outlined as the proposed 'Family Options Program' in the paper 'Don't Fence Us In' (FSSA 1995b, pp.11-12).

Under the Child Welfare Assistance Payments scheme outlined in the 1996/97 NSW Budget, brokerage funding was made available in 'Family Initiative Funds'. In this scheme, Department of Community Services personnel are able to 'purchase' services for families with high needs from existing agencies. In a number of instances, this facilitated individually tailored intensive support for such families. This source of funding, negotiated on a case by case basis, allows a family support service to respond to a family with complex needs requiring intensive services, without that service's core activities being compromised.

CONCLUSION

Family support services have a special contribution to make in meeting the needs of families. The special strengths of family support services are that they are:

- comprehensive;
- integrated;
- flexible;
- combine practical assistance and therapeutic counselling to encourage change;
- involved with the family long enough to ensure change is sustained;
- grass roots organisations;
- based on a model that recognises and builds on strengths;
- preventive.

Family support services operate within constraints, particularly the lack of recognition of their comprehensive work and their very limited financial resources. Family support services will continue to assess realistically their opportunities to support children, families and the community and to plan service provision accordingly.

Service planners should utilise the well established network of family support services in NSW, both in consultation about, and development of, new initiatives to support and strengthen families.

Family support services seek to work co-operatively with other agencies in local communities. They will continue to seek opportunities to clarify respective agency roles and to enhance possibilities for all families to access timely and effective services to meet their needs. □

Endnote:

1. Extensive research has been done regarding the issue of length of intervention. Daro, in her comprehensive overview 'Child Maltreatment Research', (published in Cicchetti, D. & Toth, S. (eds) *Child Abuse, Child Development and Social Policy*, Ablex Publishing, New Jersey 1991) concluded that 'programs seeking to convey knowledge or to alter a very limited range of behaviours may well be able to accomplish their mission in relatively brief periods of time, particularly if they are providing services to a highly motivated client population. In contrast, those seeking to address a wide range of personal or situational disorders... should be prepared to offer their services for an extended period of time', p. 355.

Nelson, Saunders and Landsman (1993) acknowledge the need for comprehensive, long-term interventions as part of the solution to chronic neglect. ('Chronic child neglect in perspective', *Social Work*, Vol 38, No. 6, pp. 661-671).

REFERENCES

- Family Support Services Association of NSW 1995a, *1995 State Wide Data Collection*.
- Family Support Services Association of NSW 1995b, *Don't fence us in*, November.
- Pamela Spall Consultancy Services 1997, *Interagency guidelines for child protection intervention*, 2nd ed, NSW Child Protection Council, February.

Additional Background Reading

(published by and available from the Family Support Services Assoc. of NSW)

Family Support Services in NSW (Revised ed 1994)

Don't Fence Us In – Issues Paper, 1995

Working with Families at Risk An Exploratory Paper, 1993

Working with Families at Risk – A Second Exploratory Paper, 1995

Appendix A

AN OVERVIEW OF FAMILY SUPPORT SERVICES

What services are provided?

Most family support services offer both one-to-one work with individual families and group activities.

One-to-one work with families

This work can take place in different locations, including the family's home, the premises of the family support service, over the telephone, at other agencies' premises and in other suitable safe places such as parks and coffee shops.

Group activities

Groups include:

- ⇒ ongoing support groups that usually meet weekly for most of the year and have open membership. They may have a program of speakers, crafts or other activities, but their purpose is to develop friendship links and to overcome social isolation.
- ⇒ courses that run for a set number of sessions, with a relatively fixed membership for the length of the course. They aim to develop particular skills, eg, parenting, self-esteem, communication.
- ⇒ self-help groups, where people who have a particular experience in common meet for mutual support, eg, bereavement, victims of domestic violence or sexual abuse.

How do family support workers actually work with families?

A family support worker will assist a family to decide what issues they want to work on and what changes the family want to make in their lives. Together with the family support worker, families work on strategies to achieve these changes. When realistic goals have been achieved the family support worker's involvement with the family will finish.

A key aspect of the work is building an understanding relationship with the family. This relationship forms the base from which information can be given, challenges addressed together and honest feedback given. It can include practical action and assistance.

Often the difficulties families experience relate to child abuse or neglect, inadequate housing, domestic violence, parents' own experiences of being parented, lack of child care, disability, unemployment, social isolation, and/or insufficient finances.

What does family support work involve?

Personal support

Information, encouragement, empathy and challenge are shared through a relationship which often includes practical action and assistance. This results in greater self-confidence, awareness and energy for change.

It is as if I have never had supportive parents and I am getting it here. I can now take responsibility for my life.

Counselling

Family support workers use a range of therapeutic skills to work with families on their personal and relationship issues. If appropriate, they will refer a family to a specialised counselling service. Often, however, the family support worker is the person with whom the family feels most comfortable about discussing personal issues.

All my life I have been told what to do and for once I have come to a place that allows me to work out my own problems ... It has taught me to relate to my feelings; at one stage I just blocked them out but as I got my strength back and sorted out who I was I can relate to my feelings. When I come here I let my barriers down because I feel safe and secure.

Education

Family support workers assist parents to learn new approaches to parenting and to gain knowledge about children and how they develop. Groups can cover issues such as living skills, self-esteem, and assertiveness. They also encourage parents in general education, particularly to gain skills to re-enter the workforce.

I did a course called 'You and your Toddler'. It really helped me become a better dad. I worked out that my son is not being deliberately naughty. It might be because he is bored, or just exploring. I don't spend all night yelling at him now.

Resourcing and Advocacy

Family support workers offer information and referral to link families to specific services to meet particular needs.

They will represent the needs of families to other agencies so that families gain access to services. They assist families to gain confidence and skills to speak up for themselves.

Family Support Services also work to raise community awareness and to advocate for better and more appropriate services to meet family needs.

We really needed some repairs at our house. It wasn't safe for the kids. We had tried to speak to the office about it, but nothing happened. The worker helped us work out exactly what we wanted and we all went together the next time to complain. It took two more visits, but the repairs finally got done. The toilet went bust last week and it got repaired straight away. We knew what to do this time!

What is the philosophic framework of family support services?

Family support services:

- ⇒ embrace an ecological approach to family support, focusing on the whole family, how they relate as individuals and how, as a family, they interact with other systems in society.

- ⇒ have a client-centred approach to service delivery, resulting in service delivery being flexible, non-judgemental, personalised and relational.
- ⇒ are committed to increasing the personal power of families, seeking to build on strengths and competencies.
- ⇒ believe that families do have choices and are committed to providing appropriate support to enable those choices to be discerned and enacted.
- ⇒ believe that family breakdown is linked to poverty and/or social isolation and also can be triggered by a range of other

circumstances such as physical disability, mental illness, alcohol and/or substance abuse and intellectual disability. As a result, family support services are committed to advocating for better resources for families, particularly those most disadvantaged.

- ⇒ are committed to working in partnership with other services to provide better resources for families. □

Appendix B

CASE STUDIES

The stories of two families involved with a family support service, which provide examples of family support work.

The Watson family was referred to us by the school counsellor at the local primary school. The family consisted of the parents, Peter and Joy, Tim, (9) and Kelly (5). Their third child was expected in five months.

Tim's behaviour was reported as out-of-control at school. Tim was violent in the playground and disruptive and abusive in class. He had been sent home on three occasions. The school counsellor indicated that both parents appeared to be having difficulty coping with their children. Joy was under extreme stress and told the school counsellor that she needed to talk to someone about her problems.

I first visited the family at home in their Housing Department unit. They had lots of neighbours and visitors coming and going. Joy's brother was staying with them temporarily, he was sleeping on the lounge. He had just left his girlfriend's flat.

Peter and Joy had limited literacy skills and were in the habit of shouting at each other and the children. Peter was unemployed, he had a criminal record and he told me he had a drinking problem. 'My father gave me alcohol when I was a small boy,' he said. 'All my family are drinkers.'

Peter also admitted that he had hit Joy on a number of occasions. Joy had called the police on the last occasion and this resulted in an Apprehended Violence Order being served on Peter.

Joy said that she loves Peter, but sometimes wants to run away because of the drain on family finances caused by his drinking bouts. The telephone has just been cut off due to non-payment of bills.

Peter and Joy were both concerned about Tim's behaviour at school and I agreed to go to the school with them and discuss the problem with the teachers.

At that meeting at the school, one of the teachers suggested that Peter and Joy could assist with supervising Tim at the lunch breaks. They agreed to do this in turns for a few weeks. This

worked well, with Tim quite enjoying this contact with his parents in the school setting.

On the visits that followed, I spent lots of time working on a plan to look at some of the problems identified by the family.

Joy's main concerns were: Peter's drinking and violence; lack of money; parenting skills.

Peter's concerns were relationship problems. Peter's comments included 'I want the marriage to work', 'I'm prepared to make changes', 'We don't talk to each other any more' and 'I want the kids to be happy. Not like me'.

Together we worked on a budget for the family. Peter agreed it would be difficult for him to stick to this budget because of his drinking bouts, and he agreed to make an appointment with a drug and alcohol counsellor.

My times with them considering relationship issues and parenting were not as fruitful as I had hoped, as there were always so many people coming and going at their unit. I decided that some sessions at the family support service's centre might be more focused. Peter had taken a small step to owning responsibility for his violence and indicated that he would like to look at ways of dealing with his stresses. He was able to join in a relaxation / stress management group for men.

I took this opportunity to spend the next four Thursday mornings at the centre with Joy.

We talked about Joy's childhood and adolescence up to the time she met Peter. Joy said that in the last couple of years she felt distant from Peter. She had been hurt too many times and she felt a sense of self-protection if she kept pushing him away. It seemed that Joy had created a 'wall of protection' to prevent further hurts. I asked what the wall was built from and Joy quickly replied 'bricks'.

I drew Peter and Joy on a sheet of butcher's paper and drew a brick wall in between them. Joy could see how over the years this wall had formed. One by one we named the bricks:

- fear of Peter's drinking
- fear of being let down again
- fear of getting close
- fear of being hurt.

Joy realised that all the bricks were based on fear.

During this session Joy said that she had never been able to talk about these things with anyone before, and that she had come to trust me.

We talked about how these bricks could be removed because they did not always exist. We discussed how Peter would need to play an important role before these bricks could be removed.

On further visits, Peter was present as well and we fully discussed with him the details of Joy's counselling sessions. Peter could then see why communication had broken down and he felt that he had contributed to a large degree to the building of the 'brick wall'.

Both Joy and Peter agreed that all these factors were playing a large part in their children's behaviour. Peter felt that Tim was imitating him to some degree and he had set the scene for Tim and Kelly. There was a lot of yelling and abusing each other

and the children from the time that the children arrived home from school till bedtime.

The family had not been eating meals together for some time. The children ate near the T.V. Joy rarely sat down for a meal, just eating while cooking, and Peter's tea was mainly in the oven for when he decided to eat it.

They decided to try to eat together. The table was set, and everyone sat down together. The yelling continued for a time but this pattern began to change as I encouraged them to become conscious of the various ways in which they communicated with each other.

Both the school and Joy reported that Tim and Kelly were much more settled and easier to deal with.

During this time, Peter told me he had lived on the streets since he was 15 and he hadn't seen his family since then, as they lived in Queensland. He said that he has always wanted to really belong to a family and was now feeling that this could be a reality for him in time.

Peter made sporadic attempts to continue contact with his drug and alcohol counsellor, but earnestly kept appointments after the birth of their third child, a little boy called Scott.

Priscilla and her three children - Wade (aged 5), Dean (aged 4), and Crystal (aged 12 months) have been clients of our family support service for the past nine months. Priscilla and the children were allocated housing in the local public housing estate just before Crystal's birth. Prior to moving into public housing Priscilla and her two sons had been living in a family refuge.

Priscilla was referred to our service by the local Department of Housing tenancy manager. She was concerned that the family were in arrears and that there had been several complaints made by neighbours about Priscilla yelling at the children. The tenancy manager stated that she had visited Priscilla and was concerned about the state of the house. She felt that Priscilla appeared overwhelmed by her responsibilities and needed some support.

I contacted Priscilla to let her know about our service and asked whether she would be interested in a family worker coming to visit. Priscilla was at first very guarded and wanted to know if we were 'the welfare'. After speaking with her for a while and reassuring her that we were here to assist her family, Priscilla agreed for me to come to her home.

On my first visit, Priscilla appeared apprehensive and nervous. She apologised repeatedly about the state of the house, stating that as quickly as she cleaned the house up the kids messed it up. During the visit, as Priscilla became more comfortable with my presence, she talked about her past and how she had come to live in the area.

At the age of seven, Priscilla and her three sisters were removed from her mother by 'welfare' and made wards of the state. Because she was much younger than her older sisters, Priscilla was placed in a separate home to her sisters. Priscilla used to see her sisters and mother occasionally but after she

was placed with her foster parents her contact with her natural family stopped. When she was about 11 years old she said that she begged to see her mother again but her foster carers told her that her mother had been a drug addict and was dead.

Priscilla said she hated living in foster care because she always felt she was treated differently from the foster parents' own children. Priscilla said she ran away when she was 15 years old. She had Wade when she was 17 and, after 5 years in a violent relationship, Priscilla left her partner and moved states.

After listening to Priscilla's life story, I had great admiration for the survival skills and courage of this young woman. The challenge for Priscilla and me was to work together to look at ways in which Priscilla's strengths could be used to assist in her present situation.

During my initial visit with Priscilla, I asked her what she was finding difficult in her present situation and what she would like to change.

Priscilla said she was feeling very tired, particularly since Crystal's birth and that managing the three children was extremely difficult. The boys had been very unsettled and would not take no for an answer. She stated that she moved into the housing estate straight after Crystal was born and, as it was hard to get around with the three children, she had not made any friends. She also mentioned that she had financial pressures. She was renting a washing machine and a refrigerator. She owed money to a department store for a television, beds and a pram she bought when she moved into the house. As a result she was getting behind in her rent.

After identifying these problems, Priscilla and I started to think of strategies that may help and how we might be able to access assistance. The first priority was to look at ways of reducing the

pressure of single handedly caring for three children 24 hours a day.

Since moving to the area, Priscilla had not managed to enrol Wade into kindergarten at the local school nor had she found a pre-school for Dean to attend. After visiting Priscilla on a few occasions, I became aware of Priscilla's very poor self esteem and how timid she was in approaching people she saw as being in a position of authority. Though she wanted some respite from caring for the three children, she seem to be procrastinating about implementing the strategies proposed.

To clarify with Priscilla what this procrastination was about, I told her that I was puzzled about why, when she was so clear in our conversation that she wanted a break from the children, she was not following through in enrolling the boys into school. At first Priscilla was defensive and made comments about not having had any time to do so. However she also mentioned a concern about what the teachers might think of her. I asked her more about this and she started to talk of her fears about the children attending school and pre-school because of the way others might view her as a mother.

Priscilla's poor image of herself as a mother needed to be addressed. Priscilla and I explored the way in which she saw herself as a mother. She became very angry in this session and was very negative about her life. She made repeated comments about not being 'any good'. She listed the significant people in her life who had told her she was no good, such as her foster carers, welfare workers, teachers, and her ex-partner.

Priscilla confided that she wanted things to be different for her kids but that she had messed things up. Her fear about sending the boys to school was significant. When we explored her own background she knew that she had been removed from her mother because the school had told 'welfare' her mother was unfit.

Even though Priscilla knew there would be benefits for the boys, and for her as their mother, from their attending school and pre-school, her fear that this would result in the boys being removed from her care was hindering her.

While talking with Priscilla, I was able to challenge some of these negative and false beliefs by giving examples of ways in which Priscilla was doing a good job as a mother. In my work with Priscilla it was very important to identify and articulate her strengths (of which there were many). Though my visits during this period were emotionally very wearing for Priscilla, in hindsight she was also able to identify it as a freeing experience.

Aware of the hidden agenda behind Priscilla's procrastination, Priscilla and I discussed strategies that would help her to feel more confident in sending Wade to school. One thing I did was talk to the school principal and school counsellor about Priscilla's intention to enrol Wade. They agreed to come and meet with Priscilla and Wade at the family support centre.

The meeting was informal and the Principal and the counsellor were able to listen to Priscilla's fears. They reassured her that they would talk with her if they did have concerns. They also spoke about the benefits that schooling would give Wade and invited Priscilla and Wade to come to the school to have a look

around. The meeting went well. The next week, Priscilla rang to say she had contacted the local school and was going to enrol Wade the next day.

Priscilla had less luck finding a pre-school for Dean, as the local pre-school in the area was full. In response to this problem I rang the director of the preschool and explained the special needs of this family. The director suggested I ring the local Department of Community Services office manager and request that the pre-school could be given permission to extend their numbers to accommodate Dean. I did this and permission was given so that Dean could attend the pre-school two days a week.

As Priscilla was able to work with me within a relationship of trust and with increasing confidence of her own worth, I invited her to attend the service's weekly mothers' group on a Tuesday morning. In this way Priscilla could start to meet other mothers in her area and receive additional support.

This group also provided Priscilla, Dean and Crystal the opportunity to interact positively in some structured play activities and Priscilla also had the opportunity to learn new information through the various topics covered in the discussion groups. Such topics ranged from basic first aid and safety in the home to dealing with Christmas on a budget. Priscilla found it very reassuring to meet and share ideas with other mothers who had similar concerns and pressures in their family lives.

Dealing with the financial pressures on the family has been difficult. Priscilla and I have sat down and worked out a budget. Unless she is very strict in her spending, finances are very tight. One strategy that has helped is assisting Priscilla to have her rent directly debited from her Social Security payment. I have also helped organise a progressive payment book to pay the electricity and a progressive payment card to pay for the telephone so that she will not have to worry about receiving large bills every three months.

Priscilla and I also approached a local church welfare agency regarding the rental of the washing machine and refrigerator. The agency saw that it was pointless to put money into rental or buying cheap secondhand equipment. They suggested to Priscilla that she take advantage of the Department of Social Security interest free loan and the agency agreed to contribute half the cost of buying both a new washing machine and a new refrigerator.

With each of these positive strategies, I have seen Priscilla's self esteem and ability to cope with the demands of three young children improve. I continue to visit Priscilla once a week at home. My visit gives Priscilla and I an opportunity to discuss present problems as well as look at strategies that are working or not working.

Priscilla has made friends with some mothers from the Tuesday group. With one of those mothers, Priscilla has started attending swimming classes with Crystal that are organised by the Baby Health Centre.

Since the boys have been attending school and pre-school their behaviour has improved. Dean enjoys his two days at pre-school and the teacher has reported an improvement in his speech development. □