Intensive Family Services in Australia
A 'snapshot'

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This paper reports a survey of 21 Intensive Family Services programs, members of the Intensive Family Services National Practice Symposium. The survey was designed to elicit a 'snapshot' of program models, operational issues and policy matters within these services, in order to consolidate some understanding of the evolution of Intensive Family Preservation Services since the developments of the early 1990s.

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It is approximately 15 years since the first *Homebuilders*-style (Kinney, Haapala & Booth, 1991) Intensive Family Preservation Service (IFPS) was introduced to Australia, offering brief (4-6 weeks), intensive (just two families at a time), home-based, whole of family, crisis intervention and family-building work to families whose children faced imminent placement away from home. Even though Australia had an excellent developing infrastructure of well-targeted family support services, the introduction of IFPS was an affirmation that often impoverished 'child welfare families' (for want of a better term) deserved sophisticated, therapeutic interventions that were accessible, friendly, positive, understandable, and easily transferred into daily family life. At the time, it was truly innovative in its planned and coherent combination of personal, family and environmental interventions. The cluster of agencies offering such programs in Australia has met regularly over the past decade, adopting a shift in terminology by dropping the language of 'family preservation' and allowing the inclusion of intensive family services that depart from the *Homebuilders* model. In preparation for the Intensive Family Services 5th National Practice Symposium, 2004, the writer was invited to review the state of play of Intensive Family Services (IFS) in Australia. This paper examines the data collected on how this service model has adapted to changing conditions, and considers some emerging challenges for Australia's Intensive Family Services.

SOME PRIOR MESSAGES

Several earlier studies of developmental issues in Australian family preservation services informed the present survey. The evaluation of the Victorian government's IFPS pilot program (Campbell & Tierney, 1993) noted that the model appeared promising in situations of recent crisis and child and adolescent behaviour problems. It was particularly helpful in what Dr Tierney, in designing the analytic framework for that evaluation (Campbell & Tierney, 1993, p.22), termed 'phase crises' that occurred against a backdrop of successful family life. The brief intervention model seemed inappropriately truncated, however, in cases of child neglect, a message that has since become common through the literature (Berry, Charlson & Dawson, 2003, p. 16.). The evaluation argued for much better developed pathways to longer term family support and community engagement for many of these very isolated families (Campbell, 1994, 1997c, 1998a, 2002). For the present

survey, this led to questions about whether fidelity to the *Homebuilders* model had been found to be feasible and desirable.

By 1998, MacKillop's Substance Abuse Family Support Service provided some modest evidence of how the IFS model can be translated into a longer term, voluntary service for parents who abuse substances, outside the child protection service pathway, using knowledge and skills from IFS, family support, and drug and alcohol treatment and rehabilitation (Campbell, 1997a, 1997b, 1998b). For the IFS 'snapshot', this prior work prompted questions about specialisation, alternative target groups, and service duration.

The evaluation of the Victorian Aboriginal Family Preservation Pilot Program in 2000 showed the vital need for strong links between IFS and skilled specialist services, and for a longer time frame to address the consequences of the profound losses and trauma experienced by the families (Atkinson, Absler & Campbell, 2000). The IFS 'snapshot' tool asked about adaptations of the family preservation model to fit specific populations.

More recently, the Victorian High Risk Infants Service Quality Improvement Project located some of its Parenting Assessment and Skill Development Services in family preservation services. These were shown to have great advantages in their breadth of understanding of parenting issues, realistic assessment of both parenting behaviour and its social context, capacity to tailor interventions to family circumstances, and good links to broader family and community services and activities (Campbell, Jackson, Goodman, Cameron & Smith, 2002; Campbell, Jackson, Smith & Cameron, 2002). This has prompted questions in the 'snapshot' about funding models and service integration or articulation.

THE INTENSIVE FAMILY SERVICES 'SNAPSHOT'

This brief, descriptive snapshot was conducted from September to November 2003 under the auspices of the IFS National Practice Symposium, which approved a telephone survey about current IFS program descriptors and experiences. The information is slender, but it gives us an opportunity to take stock of the salient shared issues.

The student social workers assigned to this project made telephone contact with family services managers in 41 agencies identified by the committee for the Symposium as the key intensive family service providers in the IFS network: 14 in Victoria; 3 established and 7 new or imminent programs in New South Wales; 3 in Queensland; 7 in South Australia (although the focus was shifting from family preservation to family reunification); 3 in Western Australia; 1 in the Australian Capital Territory; 2 in Tasmania; and 1 in the Northern Territory. There were 21 responses, possibly reflecting the weighting toward Victoria, but as a number of respondents chose to remain anonymous, the national distribution remains unclear. Of those that identified their State, 4 were from NSW, 2 from Victoria (though the text suggested possibly another 5), and there was one from each of South Australia and Tasmania. The responses provide a mix of program age, location and target population: 3 were just starting up while at least 4 had been operating for a minimum of 10 years; 7 were Indigenous-specific programs; and there was a mix of rural, provincial, urban and suburban services.

The Commonwealth Government's *Report on Government Services, 2004* (Steering Committee for the Review of Government Service Provision [SCRGSP], 2004) suggested there were at least 59 intensive family support programs and sub-programs operating in Australia, more than double the 25 family preservation services reported by the same body for 2002 (SCRGSP, 2002; 2004). This increase is perhaps an indication of a widening definition, since the 2002 report included family preservation services 'averaging 8-10 hours service per week' (SCRGSP, 2002, p.292), while the 2004 report defined IFS as services 'averaging at least four hours service provision per week' (SCRGSP, 2004, p.15.5). It is estimated, therefore, that the 21 responses to this snapshot survey have probably captured more than half, perhaps most of the Australian programs that could loosely be described as having some debt to the *Homebuilders*-style of IFPS.

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The telephone interviews followed a structured format agreed to by the symposium steering group and derived from the original intensive family preservation program model. The survey covered:

- Program introduction:
  Distinguishing features of the program, innovations, difficulties, specialist focus or formal links with specialist services;
- Program resource base:
  Source of funding, funding issues, staffing;

- *Clientele:*
  Numbers of families in receipt of a service in 2002, eligibility criteria, referral source, common problems at referral;
- Program operation:
  Average time between referral and allocation, usual caseload size, duration of service and intensity of service, after-hours accessibility, location of service;
- Intervention models:
  Mode of service, specific interventions;
- Whether the agency routinely collects client feedback.

FINDINGS

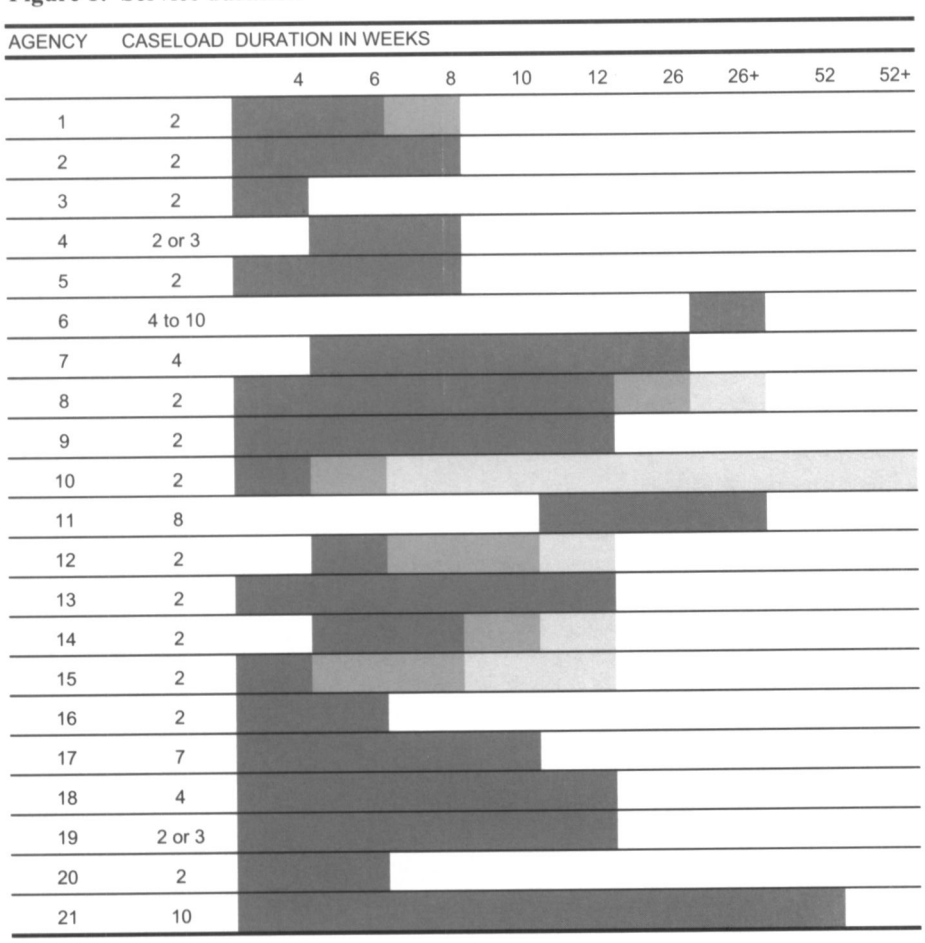
Family needs/presenting issues

Respondents were asked what were the most common presenting issues families brought to the services, and the responses provide a glimpse of how workers name what they see. Thirteen programs take statutory referrals only, while the indigenous programs also take self and community referrals. Fifteen respondents named a combination of parenting issues/child behaviour/child protection issues, though it might be reasonable to assume that this was taken for granted by some respondents. Nine respondents referred to psychiatric illness or mental health. Family violence and substance abuse were each named as major issues by 8 respondents. Several people responded that their programs are working on the interplay of these issues of domestic violence, substance use, and mental illness with parenting and child behaviour. Housing and poverty were named as presenting issues by 5 respondents. This may not reflect the incidence of poverty of clients using these services, as the recent Senate Committee of Inquiry into poverty (Commonwealth of Australia, 2004) noted that, depending upon the measures used, 15-26% of Australia's children are living in poverty, and we might expect a much more significant proportion of the child protection caseload, and hence the IFS caseload, to be affected by poverty.

Staffing and caseloads of programs

These services remain relatively small, ranging from 2-7 workers per program. Most services are seeing fewer than 60 families per year, and if managers are excluded, each worker takes 5-12 families a year. Each extension of time given to a family therefore poses a major challenge to program viability. In 12 programs, workers have 2 families at a time; in 3 programs, they have 2-3 families; in 2 programs, they have 4 families; and in 4 programs, caseloads are 4-10 families at a time. While there was evidence of growth in the indigenous programs in NSW, overall, these are small services in a small sector of the child and family service system.

Figure 1: Service duration



Service duration

We asked about service duration, and the spread of responses is shown in Figure 1. Respondents indicated the minimum and maximum durations of service, and the period between these extremes is indicated by a bar for each agency (less intensive service extensions are shown in lighter shading).

Half of the services follow the IFPS tradition of less than 8 weeks service. There is a tendency, however, to adopt flexible, graduated time-lines, adapted to the family and to the focus of the referral. Placement prevention tends to be given 4-8 weeks, and reunification 6-12 weeks contact, in recognition of the complexity of returning a child from care. Services are also increasingly developing flexible combinations of funding packages to allow

families to move more seamlessly between intensive and less intensive family service programs. The indigenous programs reported offering a minimum of 3 months service. With variable duration patterns, intensity also varies.

Intensity and accessibility

The early IFPS model called for up to 20 hours service to the family per week, at times when the family needed it. The present programs are still relatively intensive, with 11 of the 21 services reporting that each family receives at least 10 hours service per week. Seven of these 11 noted that each family received 20 hours a week service, though less time 'face to face'. Travel time in rural areas greatly reduces the time available to families even if caseloads are low. It is difficult to sustain *both* outreach *and* intensiveness. One respondent reported '4 hours travel for a 30 minute visit 3 or 4 times a week'. What may be an intensive use of resources for the agency may not be experienced by the client family as intensive service.

Because these are very demanding programs in which to work, recruitment of skilled workers is a constant challenge.

The IFS model was designed to respond to and make use of the crisis of impending child placement. Five programs reported waiting times of 24 hours or less; in a further 3 services, families wait 48 hours or less; 8 programs have waiting times of one week to one month; 2 reported variable take-up times, and 3 provided no data. Response is, then, still quite rapid in about half the services represented here. Some agencies have virtually no waiting period for those families who are accepted, largely because they accept referrals only when there is a vacancy. This should not be seen as a lack of demand. Several agencies detailed funding shortfalls, one noting, for example, that 'there are 6-7 referrals for one vacancy'.

On-call availability is still a central characteristic of the model, with 19 of the 21 respondents reporting that their service has on-call or 24 hours/7 days per week service. Fifteen services routinely provide 'after hours' service at times suited to the families. This produces dilemmas about work/home life balance for workers, that may be particularly challenging for rural and especially indigenous family service practitioners. In a recent Masters thesis on staffing and management issues in indigenous family preservation programs, Burchill (2004) found workers were under pressure to be constantly available to their clients, both because of the families' many needs and crises, and because of the strands of allegiance and obligation connecting workers to their communities. So while the early *Homebuilders* model tried to combat bureaucratic inflexibility by opening up service times, for some of today's programs there are competing challenges. For indigenous programs, in particular, it may also be critical for workers to model and rehearse containment, interpersonal respect and crisis management skills with their clients, and for the program design to support workers to build a work/home boundary.

The IFS workforce

Homebuilders drew on both psychology and social work practice theory (Kinney, Haapala & Booth, 1991). The Australian IFS now have a diverse workforce, perhaps weighted toward, but by no means captured by, social work. Respondents listed 101 positions across the 21 agencies. Not all respondents named the workers' qualifications, but when they did, they were as follows:

- 32 Bachelor of Social Work; 2 Bachelor of Welfare; 9 psychology majors (1 registered psychologist);
- 15 TAFE qualifications (youth, welfare, community development);
- 1 teacher, 1 early childhood worker;
- 13 multiple/advanced, eg, 2 Master of Social Work; 7 counselling/family therapy; 2 drug and alcohol studies.

This diversity may be a result of different forces. For the rural programs, there may be a limited pool of staff available. For the indigenous programs, not only are there fewer potential staff with appropriate formal qualifications, but respondents also noted that it is crucial to recruit on the basis of life experience, personal qualities, relevant service knowledge and community credibility. A few programs include volunteers, four using volunteers for family support, mentoring, and practical help, and two reporting that volunteers provide administration support.

Occasionally respondents also noted that there were staff members with different specialist interests or expertise in areas such as drug and alcohol (3 programs), domestic violence, mental health or disability (each mentioned by 2 programs). Since we did not ask about professional development activities undertaken by staff, it is possible that these are significant underestimates of the added value brought to these programs.

Services provided

All programs reported that they provide in-home work, emphasising outreach, but eleven include group-work and seven include office-based work. Within that general mode of working, there are many different interventions employed. The 'snapshot' tool asked respondents to rank a number of interventions frequently reported in the IFS literature from most to least common (see Tables 1 and 2).

Table 1: IFS most common interventions (ranked 1 or 2)

Intervention	Mainstream service	Indigenous service	Total
Solution-focussed	7	4	11
Family systems	5	1	6
Model parenting skills	5	1	6

Table 2: IFS least common interventions (ranked 6 or 7)

Intervention	Mainstream service	Indigenous service	Total
Cognitive/behavioural	3	4	7
Social network	4	0	4

This is an interesting picture, giving prominence to solution-focussed therapy (SFT), which perhaps unites a disparate workforce through its clearly articulated, strengths-oriented interventions, that attempt to counter the hopelessness that comes with a focus on family problems (see, for example, Berg & Kelly, 2000). The strengths-based approach it offers is inherently consistent with the value base of IFPS as it was first imported from *Homebuilders*:

> *People are doing the best they can;*
>
> *Clients are our colleagues;*
>
> *Our job is to instil hope.*

Perhaps, too, SFT offers similar strategies to the long-established cognitive-behavioural tools of IFS but in a more family-friendly, digestible way.

Case management, the assumption of responsibility for overall integration of case planning and service delivery to the family, and practical assistance were each marked by some respondents as most common and by others as least common; they were more often given priority by indigenous services. The relative importance of case management and practical assistance in the indigenous programs may be in part a feature of the newness of some of the programs. The salience of practical assistance, however, may also reflect the enormity of the practical issues with which the families are struggling. The focus on case management in indigenous programs may be in part because some families are referred from the community and do not have another agency providing case management. In non-indigenous problems, the client group was more likely to be referred from child protection, and there is a different connotation to the term and an expectation in many cases that the statutory worker has an over-riding case management responsibility. It is a limitation of this small study that the many ambiguities in the terminology of case management were not addressed.

Worker training appears to have a bearing on the content of interventions provided by workers in IFS programs. Family systems interventions were the most common programs with staff having psychology, counselling, family therapy, and social work qualifications. There also appears to have been a slight emphasis on family systems therapies in those programs working over a longer period with families. In comparison with the early days of IFS programs, which adhered staunchly to the 4-6 week maximum intervention period, and eschewed time-consuming attention to family history in favour of resolving here and now crises, many services now have a little more time to move beyond the crises and workers appear to try to put family troubles and family achievements in the context of the legacies of the family of origin.

Innovations in IFPS

Respondents were asked to identify program innovations. How they defined these was left to the respondents, and they appear to have named intervention approaches that have been grafted on to the *Homebuilders* foundation over the last decade. The following innovations were mentioned.

Family intervention methods:

- strengths-based, narrative methods;
- mediation;
- couples therapy;
- single session work.

New service arrangements and forms of delivery included:

- using the IFS to support children in care and their foster carers by employing one worker as a therapeutic placement support worker;
- employing a community nurse and providing community education;
- offering groups as well as in-home service (eg, self esteem, young parents, parenting and school, carer support). Several workers commented that their agencies planned to undertake group-work, but had been unable to get this going yet for funding or other reasons. Among these were planned groups for couples, men's violence groups and relaxation groups.

Respondents also named innovations in their administrative procedures, including:

- clients keeping copies of case-notes about their family;
- blending the IFS approach with less intensive work after an initial assessment;
- using the Reder and Lucey (1995) assessment framework in every written report;

- using the 'Children in Need' assessment framework (Wise, 2001);
- undertaking peer reviews between staff; and
- building an action learning team, using a collaborative approach.

In the indigenous programs, innovations listed included culturally appropriate methods, such as:

- close networking with other indigenous programs;
- using a hunter-gatherer metaphor for casework;
- extended family work; and
- celebration through song and dance.

Community-based governance was also regarded as an important innovation in indigenous programs, in that the programs were not simply seen as creatures of the statutory child protection service, but as valuable family services directly accountable to the communities served.

Perhaps most significantly ... the core model is under challenge from what are perceived to be the increasing complexities of the clientele.

Funding issues

Remembering that these are, on the whole, fairly small programs, it is not surprising that workers reported a general insufficiency of program funds, resulting in waiting lists or unmet referrals. While most programs receive their core funding from the statutory child protection/child welfare authorities, several workers reported that their agencies have to top up government funding from agency-generated resources (essentially community fund-raising) for basic program infrastructure, such as cars and telephones, and for therapeutic and assessment tools and brokerage for client-related expenses. Some respondents attributed these funding problems to a loss of interest by government in this service type.

Program difficulties

Related to this concern about funding is what appears to be a policy shift away from government funding of a series of discrete programs, toward more 'seamless' integrated systems of service delivery, in which IFS sits on a continuum along with other forms of family support service. While IFS workers may understand the need to integrate IFS better with other family service options to allow flexible responses to the range of family needs, it appears that it has been difficult for them to lose some of the benefits of specialisation, such as peer support and sound, continuous training and development. This echoes Kelly and Blythe (2000) who have argued that a major threat to embedding IFPS with other services in the USA has been model drift and loss of 'training and technical assistance that maintains a focus on the model and its target audience' (Kelly & Blythe, 2000, p.33). Loss of apparent policy affirmation, combined with small programs and low intake capacity, also means that it is difficult for some of these programs to maintain a viable profile with their major source of referrals, the child protection service. This is especially so when the child protection service itself loses program knowledge through staff turnover. Keeping these programs vibrant requires constant effort and strong alliances.

At the direct service level, several respondents reported limited follow-up options for families after they had completed work with IFS. Others highlighted the special challenges faced by both families and workers in rural programs, notably their visibility and accessibility in the community, the work/home balance, and excessive travelling time. Because these are very demanding programs in which to work, recruitment of skilled workers is a constant challenge.

Perhaps most significantly, as indicated earlier, the core model is under challenge from what are perceived to be the increasing complexities of the clientele. How is a crisis model of 4-8 weeks' duration able to respond to the interplay of child protection issues and family violence, substance abuse, mental illness and/or homelessness? Is it the job of these services in isolation to build the links to specialist services, or is it a much larger policy and planning problem that is felt especially keenly in intensive home-based work?

CONCLUSION

To summarise, there has been some recent growth in IFS program provision in Australia, especially within the indigenous services, but in other respects the older programs appear to have reached a plateau or to have lost some of their definition. Australian IFS have adapted to environmental changes and have been modified in the light of experience over the last decade, but there does still appear to be some commitment to keeping a part of the child and family service system dedicated to late-stage placement prevention and family reunification work. They still attempt to meet the core IFS program requirements of relative intensity, in-home provision, tight targeting, and rapid response. Adjustments include longer duration as necessary, pathways into less intensive and longer-term support, some group-work (but less than respondents would like to see), and some in-office counselling, in contrast to their initial formulation as intensive in-home services. These adaptations have similarities to the program changes reported by Berry,

Cash & Brook (2000) who identified the need to distinguish short-term intensive services for families with acute conditions, from longer-term but still intensive services for families with chronic conditions.

In 2002, Canadians Hayward and Cameron wrote:

> One of the least explicable phenomena [in] the history of IFPS programming is the expectation that the model would be sufficient assistance on its own for most families served. Even the most cursory consideration of the nature and diversity of the pressures in the lives of these families, in the light of the short-term nature of IFPS, would eliminate this expectation. Whether the IFPS program model is intended to bridge family crises, or to improve family functioning, or both, it must be understood as one stage of continuing assistance to families ... there is an important place for programming that brings relatively intensive, short-term and in-home supports to families in a non-coercive fashion (Hayward & Cameron, 2002).

That these things are happening at all ... is a tribute to the ingenuity of workers who continue to keep the needs of children and families at the centre of their thinking as they weave together disparate funding lines and pursue creative linkages

This Australian 'snapshot' suggests that this need for voluntary access to flexible and responsive services is more than evident to Australian IFS providers, who experiment within their funding and accountability constraints, and seek to maintain model integrity while developing flexibility, including opening up this service type to voluntary referrals. The current move to a more diversionary response that might include a voluntary clientele poses the problem, in that *intensive* family service can be highly intrusive, and needs to be used with caution. Yet the original model of IFS, involving referral from child protection services just prior to the point of child removal, can be seen to stigmatise and to delay help for some families who could really benefit from intensive assistance. Child protection intervention can be an effective spur for action, but a system that allowed – even encouraged – families in grave trouble to shop for the help, skills, connections and resources they need, might be more free to focus on positive family development, and less constrained by what must first be undone, that is, some of the secondary difficulties that arise in the course of statutory intervention itself. It appears that there are some moves to recognise this.

In the context of 'hard-end' statutory referrals, it is interesting that IFS workers turn to strengths-based models of practice to shape the working relationship. It may be timely to look further into the detail of how these methods are employed and their effects. We need excellent analyses of the detailed interventions encompassed within the 'solution-focussed' framework if we are to understand better, and be able to defend, just what it is that is offered, and just how families benefit.

As a relatively small-scale tertiary service, there is a risk that IFS will become increasingly marginalised as policies change and early intervention is, quite rightly, given renewed attention. As these respondents have suggested, having easier transition points between services that are intensive and less intensive, brief and extended, enhances their utility within the service spectrum. However, the IFS are not, and cannot be expected to be, the answer to the broad range of family support needs. Yet these services offer powerful help to extremely disadvantaged families and have much to offer families with complex needs. To keep up with the serious issues they are asked to address, the present writer suggests that they need to bring specialist clinicians (eg, drug and alcohol, mental health) into the centre of in-home work, just as they need to take specialist family workers into clinical settings. None of this is new, but it is proving extraordinarily difficult to embed systemically. That these things are happening at all in the service system at present is a tribute to the ingenuity of workers who continue to keep the needs of children and families at the centre of their thinking as they weave together disparate funding lines and pursue creative linkages. □

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