PREVENTATIVE CHILD WELFARE SERVICES IN VICTORIA

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THE PREVENTION PRINCIPLE OF CHILD WELFARE -

The idea of prevention in child welfare is not new. The prevention of substitute placement of children whether on a temporary or long-term basis has been a fundamental principle of child welfare we have held to for many years in Victoria.

However, it is only in the last decade that this principle is actually being carried out in practice by a number of voluntary agencies. For many children placement is still commonly used as a solution it is easier to place a child than to promote change within many multi-deficit families.

A fundamental question in any discussion of prevention is when to intervene in a family's affairs or how to use limited resources for the most effective results. Over the past five years the present Victorian Government has chosen to put priority upon general community based programs which reach families early when they display some degree of risk - programs including day care, child care centres, neighbourhood houses, family aide services,and after school programmes.

THE DECLINE OF TRADITIONAL CHILD WELFARE PRACTICE -

Government support for traditional child welfare, counselling and therapeutic services which have traditionally targeted upon those families whose children are at imminent risk of placement has correspondingly declined - these services being located at the tertiary level in the child welfare system.
This trend has been fostered by Government policies of de-institutionalization, fiscal incentives and by policies which value the family and protect it from unwanted Government intrusion. These latter policies have had grass roots support such that parent and community groups have aligned themselves with the Government and criticized the perceived over reach of professionals and organizations which have been seen to assume responsibility for the community's children.

Nevertheless, our political and administrative systems in Victoria have yet to demonstrate any real commitment in preventative child welfare. We have no strong preventative policies. Our tertiary child welfare services are based on the belief that intervention should occur only when a family can no longer provide for its children. In Victoria to qualify for help, potential recipients must first prove they and their families are inadequate before help is forthcoming. Moreover when it is provided it is categorical - potential recipients must be classified into the types of problems they represent:.

- foster care
- residential care
- youth service
- correctional
- child protection.

SHORT AND LONG TERM FAMILY CENTRED SERVICES -

In Victoria our tertiary child welfare services could and should be
providing a range of preventative or better described as family preservation services. That is, services which
. 1. Prevent children from being placed in substitute care.
2. Strengthen families and prevent breakdown and child placement.
3. Reunify placed children with families.
These services fall into basically two types - short and long term service. Moreover they may be applied at either the pre or post
dispositional stage for families in the child welfare system.

PRE-DISPOSITIONAL PREVENTATIVE CHILD WELFARE SERVICES -

In Victoria today, the pre-dispositional child welfare services consist of
- traditional child welfare services which are by and large over- burdened with cases and which have not developed effective diversionary technologies.

- general community support services such as
  child care
  day care
  neighbourhood houses
  district nursing services
  family aides etc.

Often these single and unco-ordinated services are required to tackle family difficulties beyond their capacities and resources. The services are located at the secondary level of the child welfare system -

- institutional reception care and reception foster care.

The lack of diversionary services means reception care is being used unnecessarily and inappropriately resulting in the system being bottled up.

Accordingly a range of new preventative pre-dispositional services are required and their development would mean many children and families benefitting by being diverted from court and child placement. These services - long and short term, would aim to strengthen and maintain families and prevent family breakdown and out-of-home placement of children. They would work in partnership with general community based services and would be offered to families to voluntarily accept or refuse.

SHORT TERM PREVENTATIVE SERVICE -

The technology of helping families effectively is now available if not in this country, it certainly is in the U.S.A. In the United States there are increasing numbers of family centered child welfare services across the country making a significant impact upon child welfare practice. They are from both statutory and voluntary sectors and their services lie outside the traditional social service delivery system. These new family centered services are designed to respect and protect the integrity of families and move them through the system as quickly and effectively as possible. The services incorporate the technology of family therapy, teach skills and help families obtain basic services such as food and housing. They are called in-home or intensive family services, family based prevention or family preservation services.

They vary in target populations, serving families of pre-school youngsters, adolescents, children at risk of abuse and neglect, youths with developmental disabilities, disturbed youngsters and juvenile offenders.

These short-term services have proven to be cost-effective compared to foster care and residential care, and effective in outcome compared to other alternatives. Through these services, public agencies in America are more and more emphasizing supportive as against substitute care services.

THEORETICAL BASES -

Whilst most services are based upon an ecological family systems approach, there is a diversity of intervention models based upon particular forms of family therapy. These models might include behavioural, client centered, communication,social learning, strategies and structural models of family therapy.

The approach to service is one of focusing on families rather than individuals. These services bring together the roles of family therapist and social worker. Here the services aim to both strengthen the family's internal functioning as

well as the family's ability to relate effectively to organizations and resources in the community.

CHARACTERISTICS OF SHORT TERM FAMILY PRESERVATION SERVICES -

SERVICE IS TIME LIMITED -

The length of involvement might vary between 4 weeks to 6 months. The service is crisis-oriented and families are seen as soon as possible after referral. As families are motivated to change whilst in crisis, services make optimum use of this motivation. Time limited service is also seen as minimizing intrusion into family life, as well as supporting family's sense of self-reliance.- Short term service is also cost effective.

LIMITED GOALS-

Goal setting is limited and in accord to what the families see as important. The belief is that goal attainment in one part of the family system affects other parts of the system.

HOME BASED SERVICE-

Most services are provided in the families homes. Here the workers see what is actually happening in the family dynamics and workers are trained to take advantage of interruptions which may occur. Working in this way gives the family a sense of control and relevance. Workers make frequent visits convenient to each family's schedule.

SMALL CASELOADS -

Each worker carries a small caseload at any given time. Sometimes the staff members work in teams of two providing each other with support and easing the demands of their irregular schedule. The small caseloads may vary between two to six families at any one time. This also allows significant family contact with workers utilizing 60% of their time in face to face work with the family.

ACCESSIBILITY AND DURATION OF SERVICE -

The workers respond to families around the clock maintaining flexible hours seven days a week. The length of service may vary between 4 weeks to 12 weeks, sometimes extending to 6 months. As the services are crisis orientated, each Family is seen as soon as possible after referral is made. Although caseloads are small the short duration of service does enable each worker to assist a minimum of 24 families each year.

ASSESSMENT, TREATMENT AND TERMINATION -

These are open ended phases carefully mapped out so that the workers know exactly where they are going from the initial interview to the point of termination. The workers are well trained and are provided with on-going in service training.

CASEWORK RELATIONSHIP -

This is the key to success. It is based upon respect and confidence in the family's ability to make changes. It is not so much the method of intervention but rather the quality of the worker's relationship with the family that counts. These relationships are collegiate. Dependency is not upon the therapist but on the skills which the therapist teaches. Here the task is seen as one of teaching families skills through a social learning process so that new behaviours are learnt and families remain intact. There is a fundamental belief which these services adhere to in that families are not seen as hopeless nor are they seen as pathological but rather deficient in skills and knowledge.

OUTCOMES OF SHORT TERM FAMILY CENTERED SERVICES -

For the families there is improved functioning and problem solving fewer children are placed in care, there is less abuse and neglect,a reduction of family breakups and there is greater permanency for children remaining with their families.

For the services there are cost benefits. There is less Government intrusiveness into family life and less substitute care. The service effort shifts away from court oriented protective services to voluntary intensive and self help oriented services. Both statutory and non-statutory services claim high success rates and success is measured in terms of the children remaining with their families after the termination of treatment or intervention.

For example, Florida Social Services claim 86% of children remain with their families six months after the termination of service. A voluntary organization, Homebuilders in Seattle, claim 90% of children avoid placement twelve months after the termination of service. Insofar as cost benefits are concerned, State social service departments such as in Oregon claim that for every dollar spent' in short term intensive family centered service, 1.78 dollars are saved amounting to a saving of 2.1 million in any one year.[1] In short these services divert children from costly substitute care and at the same time, treat them humanely in the context of their families.

In America today these services are beginning to make a significant impact on child welfare programmes. The public agencies, State by State are adopting these services as a means of meeting the requirements of the Adoption Assistance and Child Welfare Act of 1980. This Act has reformed child welfare in America and provides the legislative base for family centered services. It mandates the States to provide family centered services to

1. Prevent unnecessary substitute placement.
2. To offer rehabilitation and reunification services to restore families whose children are in substitute care and
3. To assure permanent plans for children who cannot be reunited with their parents.2-

These short term intensive family centered services present as exciting new developments both for voluntary and public child welfare systems. There is a high degree of job satisfaction for staff for the work is intellectually challenging and furthermore, success rates are high -
intervention really works. The public agencies are now more and more emphasizing supportive as against substitute care services.

THE APPLICATION OF SHORT TERM SERVICES TO CHILD WELFARE PRACTICE IN VICTORIA

Whilst there are cultural and other differences between America and Australia in the field of child welfare, there are also many similarities. There is much to be learnt from the.American experience and applying this to child welfare practice in Victoria.

At present we are still in the middle of a self-help and community based movement in the human services. In recent years this has been supported by the Victorian Government's devaluation of professional practice. This devaluation has arisen out of the cost of professional services and the perceived stigmatizing and clientization of families in need by professionals. As a result, we have seen the development of community based programmes emphasizing community control and self-help.

These attitudes are now beginning to change and there is a growing public and professional climate of opinion which accepts both community based services and brief non-intrusive treatment methods which adopt family empowerment principles. Family centered child welfare services that use parent groups, para professionals, family aides and brief intervention strategies fit with this. Other reasons for fitting family centered services to child welfare practice in Victoria might include the widely accepted concepts of normalization and the least restrictive alternative. These concepts lend support and legitimacy to family centered welfare services. Serving children in their homes is more normal and less restrictive than removing them.

What is needed now is a contract between community based organizations with child welfare agencies to help provide family centered services. In this way the professionals

might tend to the internal family difficulties while the community based agencies might attend to advocacy for better housing, education, for nurturing informal and natural helping networks and for obtaining social security benefits etc.

LONG TERM PREVENTATIVE SERVICES -

Long term family support services may be equally preventative in their approach, preventative of family breakdown, of child placement, of total family disintegration and of cyclical generation by generation impoverishment. To some extent our current practice problem is to differentiate which families or family states are appropriate for long or short term help.

In broad terms, our practice experience tells us that families with multiple difficulties require long term help as against those families with specific crises being assisted through time limited help.

In making differentiation between family states, there is nothing wrong or stigmatizing towards the families making these distinctions. Our difficulty is that we are as yet- unskilled in doing this. So many of our programmes fail to differentiate. Too often our thinking is to process or programmatize individuals and families we seek to help. We see them and treat them the same. We do not individualize.

It is time we cast aside the anti professional ideology of the 196O's which called public attention to intrusive and judgemental social work practices and to the ethnic and socio-economic distances between professionals and those whom they sought to help. It is time the revolution of community based service delivery and self-help movements-of the 197O's and 8O's were put into proper perspective in that these services on their own, are no more panaceas to resolving the difficulties of troubled families than earlier clinical approaches. Nor can they lay claim to empirical evidence of success any more than the more traditional social work practices.

There is a great need for a coming together of social work, therapy, community based and self-help modalities in the quest for helping these families in great need. Much more work lies ahead in developing model services and structures of service delivery appropriate to different family states.

What we do know both here and in the U.S.A. is that for the small minority of multi-deficit or excluded families in the child welfare system, long term help,in terms of years,is required. Such families are characterized as follows -

1. They have multiple deficits at personal, family, social and organizational levels.
2. These deficits occur generation after generation.
3. The families thwart many attempts of others to help them.
4. They are alienated, they do not belong.
5. They are long standing welfare consumers.
6. They have a hopeless set of assumptions that they are not needed, that they have no right to exist and that there is nothing that they can do.
7. They are economically impoverished.
8. They are socially impoverished, the parents having been exposed to poor care as children themselves; they lack personal and social resources; they have little knowledge or capacity to manage; and parents have lacked love and security as children resulting in a lack of trust in others today.

THEORETICAL BASE -

These multi-deficit families have severe structural and functional deficits which greatly affect parenting, recruitment and maintenance of friendships and integration and survival in the community.

The structure of the family consists of its members and clusters of members (sub-systems) and how they are linked through the family's system of roles. The family here is seen as a social system with a boundary. Family function on the other hand relates to the meeting of basic needs such as food and shelter; the meeting of members effective needs; the teaching of age appropriate skills and imparting knowledge; and the socializing for family and non-family roles.

There are also tasks or jobs associated with these functions. These tasks are allocated to different roles within the family.

When the systems component parts are missing or when they do not mesh with each other or when the systems boundary is drawn too tightly or too loosely, the system fails. Under these circumstances it may be said that the family suffers structural and functional deficits.

When there are structural deficits, a burden is placed upon the remaining family members to carry out the tasks. Such structural deficits can lead to functional deficits.

These structural deficits can occur by family members being physically absent through divorce, separation, death or imprisonment. On the other hand members may be physically present but not able to perform their roles and carry out their tasks on account of psychiatric illness, intellectual impairment, alcoholism or they may be socialized into parental roles. Again, the dynamics of family relationships may prevent individuals from occupying anappropriate role though they may be capable of doing so. For example, a defacto spouse occupying parental role may not be permitted by the other spouse to enact that parental role. Finally, there are environmental factors which may inhibit family members from performing tasks and achieving family functions. Unemployment or poverty or social isolation may give rise to child neglect or abuse. Accordingly. failure in the performance of essential functions seem to result from deficits in family structures. Therefore there is a need to change the structure and so help the family.

This may be achieved by planned early entry into the family system to effect change. This in turn may be achieved by directly bringing about a change to the structure of family roles, for.example, family management of day to day activities and routines or of how members communicate or of how and by whom the children are reared or how the family relates to schools, health services and other facilities in the community.

Change may also be brought about by workers influencing the departure or reuniting of family members or the mobilization of cut-off kin to re-enter the family system and provide support. Such changes have consequences to the family structure and may in turn bring about changes to family functioning.

In bringing about change in the family's structure and function, we have learnt that there are telling indicators of the family's difficulties about which we can measure change and about which we can do something. Such indicators may involve the family's social network of primary and secondary relationships or the family's sense of solidarity or the family's role allocation and performance.

THE HELPING PROCESS -

The nature and magnitude of these family's needs demands a different approach than that for families in specific crises. More is required than a cognitive learning process of imparting skills for parenting and communication. It must be remembered that these families are very damaged. Parents may be afflicted or impaired with severe physical, mental, emotional or addictive difficulties. They may also be suffering from the residual effects of destructive emotional or socialization experiences.

The helping process may involve the nurturing of parents who have suffered gross developmental lags because they have not received adequate nurturing from their own parents. Or the process of help may require resocialization of the parents to provide them with the strength and sustenance to care for their own children.

Helping at these levels necessitate emotional relatedness and a preparedness of the worker entering into dependency relationships with families. There may be phases in the helping process where the worker accepts an executive role in the family's life by assuming a decision making role in the quest of keeping a disintegrating family intact. In structural functional terms the workers must be willing to enter into the family system and use themselves in the growth process; In entering the family system in these ways, the worker's principal aim is to enable families to take responsibility for their own affairs and decision making. Only in exceptional circumstances do workers do things for families. Rather the course of action is to work as partners with families to solve problems. The worker helps families to identify their needs, prioritize them, put them in charge of what needs to be done to resolve their problems. Families need to be involved in the planning and decision making processes of the help they are receiving.

The foundation of all of these actions is a trusting relationship. Through trust families may lower their defensive barriers and allow themselves to belong to a community of caring people and perhaps for the first time in their lives, find a sense of security.
It is only when people feel secure and are physically and mentally well that they will have the energy to invest in learning, exploring and adapting to changing circumstances in their lives. The stage for change to occur may then be set. The possibility for family change lies firstly with the inner resources of individual family members That is their confidence and aspirations for self-realization and development. Secondly, with the outer resources of social support, material assistance etc.

Invariably, trust and ultimately change first comes through active practical help to these families rather than counselling or therapy. In other words, concrete relatedness comes before emotional relatedness.

ORGANIZATIONS TO ASSIST THESE FAMILIES -

The organizations which offer a comprehensive range of services are the most appropriate to provide help to these families. Services which combine the psychological (individual, group and family counselling) with environmental interventions including socialization and education services are the most appropriate to meeting these families needs. These comprehensive services do not separate out environmental and personal problems. It is not possible to sweep away immaturity or emotional or relationship problems with material aid, money or mops and buckets. Nor can skilled psychological help be successful without concrete help and the provision of goods, teaching and community supports.

The helping team may include core support services such as social work, family aide, day care/child care, foster care, residential care and education. Specialists in family therapy, psychological and psychiatric assessment, sexual abuse etc. may be called on by the core team and become part of the family service team when their expertise is needed.
In terms of goals, these services do not set goals around any one crisis. Long term goals are required such as:

- to eliminate child abuse and neglect,
- to keep the family intact,
- to avoid child placement,
- to enable the family, with sufficient structure and resources to ensure a safe secure home life,
- to ensure the family survives and is integrated into the community.

These services necessitate a team approach to work on a co-operative basis and use many staff abilities to meet diverse needs of families. The teams are support systems as well as limit setters for team members and the teams provide a nurturing environment for the families.

The duration of service can be anything from one to five years or whatever it takes." The provision of nurturance to parents so that they can meet their children's needs, build self-esteem, reduce social isolation and environmental stress and break the poverty/ deprivation/ abuse cycle takes time.

Working with these families again requires small caseloads,; approximately 10 cases per caseworker is the optimum caseload. Low caseloads allow for the development of strong working relationship. between workers and families. The worker becomes a trusted accepted friend rather than a detached professional.

ADVANTAGES OF LONG TERM COMPREHENSIVE SERVICES -

These long term comprehensive services offer many advantages such as:

- continuity of care,
- a range of methods and approaches,
- ability to serve more than one member of the family,
- the meeting of a variety of needs whether limited or the complex,
- to offer long term involvement, in providing the use of teams for intensive long term work,
- take advantage of skilled workers
- gives generalist workers opportunities to observe, participate in and learn treatment interventions specific to the speciality area,

- the family pathway from entering into the child welfare system to its exit has few if any diversions.
- workers are assigned to and work with the family throughout, co-ordinating the use of resources of the agency and the community.

SERVICE EFFECTIVENESS AND COST BENEFIT -

Evaluation of these services is complex. A small number of comprehensive family service organizations in Melbourne have commenced evaluating the effectiveness of these services by measuring changes in family functioning. The cost benefit of these services whilst evident, has yet to be empirically researched. The cost benefit is evident in the sense that the unit cost per family per year is markedly less compared to the unit cost per year for the substitute care of.children whom would be placed in care were it not for the provision of these long term comprehensive services. It.may be stated that these long term comprehensive services are an excellent investment by the community. Through such an investment these long term comprehensive family services help families who would otherwise need service of the criminal justice, mental health, housing and social security systems. The cost benefit is properly stated not only in savings of the child welfare service dollars but also of costs that would otherwise be incurred by these other systems.

CONCLUSION -

The development of preventative child welfare practice in Victoria requires radical change from present dispositional child-focussed practice. Currently many services, especially statutory services are management focussed and dispositions are the Service (i.e. residential care, foster care etc.) Here placement is equated with treatment. Our practice experience should inform is that such dispositional models have not and cannot adequately meet the needs of children and their families.

The challenge is to break away from the dispositional.model of child welfare practice and instead develop a range of preventative services such as in the foregoing.

Obviously more appropriate resources are required and convincing governments in the merit of making the necessary resources available is an even greater challenge.

REFERENCES

1. Mitchell B., 1987 "Helping Families in Great Need:
An American Perspective." (Monograph), St. Anthony's Family Service. Footscray. P. 5c
2. Edna McConnell Clark Foundation, New York, 1985 "Keeping Families Together: The Case for Family Preservation." P. 15
3. Scott D., (1986) "Family Structure and the Child" in Clements A., (Ed) 1986 Infant and Family Health in Australia, Churchill Livingstone, Melbourne. P. 204

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