FAMILY SUPPORT WORK

*–The Alys Key Family Case Model –**

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Alys Key Family Care is a Family Support agency that aims to facilitate change within families experiencing severe problems in rearing their children, so that parents are empowered to take control and responsibility for rearing their children adequately. The Centre was established by the Children's Protection Society (after the Society ceased to run the Victorian welfare-based Protective Service) as a 3-year Demonstration Project with a built-in research component. The research has not only enabled testing of the overall effectiveness of the service in meeting its stated goals, but has created a climate of questioning of practice within the area of Family Support.

This paper outlines the key components of the Alys Key Family Care service, and the rationale behind the service model that has developed.

Introduction - Why Establish a Service Like Alys Key Family Care (A.K.F.C.)?

In October 1985, the Children's Protection Society relinquished the contract for Victorian welfare-based Protective Service to Community Services Victoria. The Children's Protection Society had held the mandate to receive reports of child abuse and neglect, to make investigations and to take action to protect children within Victoria, for almost 90 years.

What became patently evident during this time was that despite the best held motives, rescuing children from maltreating families may have procured their immediate safety, but it frequently did not help them in the long term.

The maltreated children seen were the damaged children that entered the State system. Taking with them the wounds of emotional hurt, behaviour disturbances and developmental delay, these children tested their substitute caretakers, often going from one placement to the next, accumulating the sense of failure, and ultimately returning home to their hurting parents who'd had no therapeutic help in their absence. All too often, the Society would be called to intervene again when these children themselves became parents, maltreating their own children.

The Society concluded that it could make a more positive contribution to protecting children, by establishing a service that could effectively assist families who would otherwise lose the care of their children. The service was planned with a built-in research component, so that the effectiveness of the service could be tested and the positive aspects of practice identified. Whilst funds only permitted the service to be established in one small area (the municipalities of Heidelberg, Diamond Valley and Eltham) it was felt that the research would highlight effective models and practice that could be used by other Family Support agencies.

Prior to setting up the Service, the Society consulted with service providers in three regions of metropolitan Melbourne which had consistently registered a high demand for protective service intervention, the North-East, Inner Urban and Western regions. In response to the consultation, the Heidelberg, Diamond Valley and Eltham sub-regions of North-East were chosen. The Research Unit of Melbourne Family Care Organisation (now Family Action) carried out a Formative Research Study (Martin and Pitman (1986)) that helped the Society to refine its initial Service model.

What the Literature Says about Services that Work with "High Risk" Families.

In establishing the new service, the Society reviewed the child abuse literature looking for evidence of the appropriateness of services for families where children were at risk of maltreatment. Whilst the literature about outcome studies on services for complex family situations where maltreatment was evident was scant (Cohn 1977; University of California 1986) we made the following conclusions about service design and operating principles.

Service Design

The following factors and intervention philosophies were followed in designing the program.

- Specialist resources must be concentrated on the intake, assessment, planning, case review and co-ordination functions.
- Because families where children are at risk, are not a homogenous group, individual programmes and interventions must be tailored to meet the needs of individual families. Many different strategies can be effective and more successful outcomes are obtained where families use a variety of service components, e.g., family aide support, parent education, financial counselling, developmental play with children in addition to family counselling.
- Long term intervention (minimum six months) is required for many families.
- Time is an important resource to give people. The most appropriate time for crisis work is at the time of the crisis. Effective help provided at a time of crisis can assist a family to avert a similar crisis in the future, and also encourage the family to work towards change. Consequently caseloads need to be controlled.
- The programme should include lay counselling, e.g., family aides.
- The programme should include volunteer supports.
- The programme should include a self help, mutual support and learning component.
- The programme should have a group focus as well as an individual focus.
- The programme should have a parent training focus, particularly centred on parent child interactions.
- Programmes should include both parents and also provide for direct work with children.
- The programme should contain both centre-based and home-based services.
- Interventions should be directed not just within the family, but include efforts to reduce the family's social isolation and assist the family to use community resources.
- Interventions should attempt to alleviate environmental stresses on the families.

Operating principles

To operationalize the design, the following definitions were used.

Skilled and Effective Service Provision

This implies that the organisation obtains quality staff and that staff skills are maintained through appropriate on-going training and staff development, supervision and support.

The multi-faceted service approach requires team building and maintenance between staff of various disciplines. Sharing and good communication is essential within the organisation. This requires time.

Accessible Services

Services need to be accessible to families and operate at hours appropriate to the user. Policies should enhance the capacity of service users to participate in the programme. Services need to be well known and integrated with the helping service network. This requires considerable liaison between programme staff and other service personnel.

*** An earlier version of this paper was presented at a seminar on Prevention - Focus on Family Support, Children's Bureau of Australia and St Anthony's Family Service, 1988.**

Services must be flexible and responsive
Different families have different needs and existing resources need to be sufficiently flexible to be relevant to a range of families.

Services need to be well co-ordinated and well integrated
Services should have built in linkages between various service components and all services need to make up an integrated whole approach to families. This requires planned "family team meetings" where goals and tasks are planned and responsibilities made explicit, both with the family and within the agency.

Services need to be properly accountable
Good accountability rests upon adequacy of planning, objective setting, information collecting and evaluation systems. Accountability to service users should be first priority, with clear reporting to auspice bodies, funders and the wider community.

Alys Key Family Care attempts to implement much of what the literature suggested, in addition to the recommendations of the Formative Research Study (Martin and Pitman 1986).

THE ALYS KEY FAMILY CARE SERVICE

A.K.F.C.'s Program goals
(Alys Key Family Care has four clear program goals, and the success of the work done with families in the program is measured against the achievement of these goals through the inbuilt research component in the program.)

1. To retain children within the care of their natural families without them being subjected to severe abuse or neglect.
2. To enhance parenting skills and empower parents to nurture and care for their own children.
3. To improve children's physical, social, emotional and intellectual development.
4. To improve overall family functioning, both in relationships within and outside the family unit.

The Clients of A.K.F.C.
Whilst the Society wanted to work primarily with families where there were generational histories of child maltreatment, it was felt that limiting the client group so narrowly, would be destructively labelling to potential client families, and could discourage families from using the service. It, therefore, chose to work with "families experiencing severe problems rearing their children".

For research and practice purposes, it has been useful to group families at the point of intake into three groups. This allows for easy screening of referrals at the point of intake, and access to the Service to be prioritised, enabling the most needy families to be seen. Efforts are made to redirect referrals of Group 3 families to other community services.

Information provided by the family at the first meeting with the allocated Family Counsellor and by the referrer at Intake is used to decide whether a family is operating within Groups I, II or III.

Family Groupings

Group I - Families with severe and chronic problems in family functioning where the children are likely to go into State Care without significant intervention and change.

Group II - Families with one or more severe problems in family functioning but where the family is not likely to lose the care of their children.

Group III - Families that basically function well, but because of some particular crisis, require short-term task focused intervention.

A.K.F.C. rarely sees Group III families, and Group I families are given priority access to the service. It is expected that Group I families will require the full team input of Family Counsellor, Family Aide and Child Care Worker, in addition to involvement in the Group Programs for lengthy periods of time, usually no less than one year.

With Group 2 families, the aim is to negotiate time limited intervention of no longer than six months, using whatever service components seem appropriate.

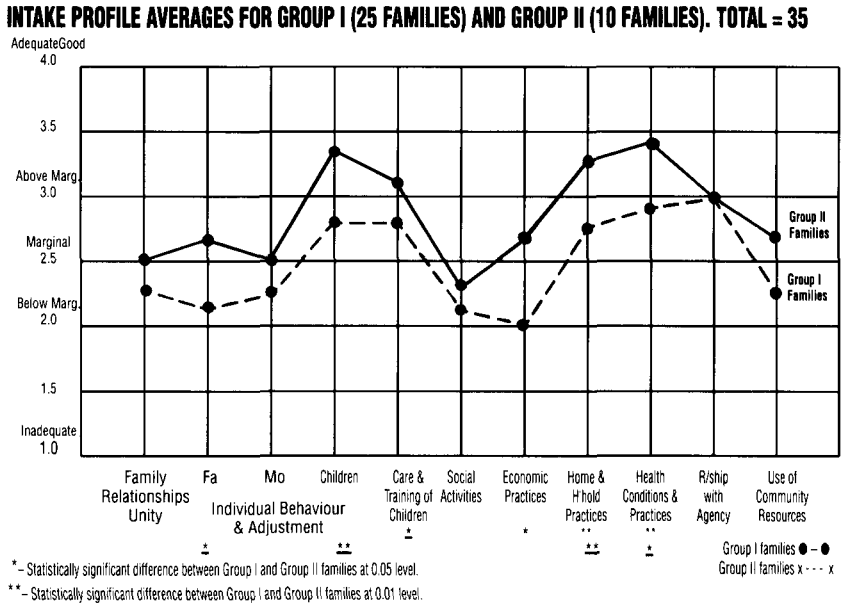
The Families' Functioning at Intake

Some very interesting differences have emerged between the functioning of Group I and Group II families at Intake. As part of the research, the allocated family team completes the Geismar Pre-Coded Schedule of Family Functioning (Geismar 1980). This is a 169 item questionnaire on how the family manages in nine areas - Family Relationships and Unity, Individual Functioning of Dad, Mum and the Children, Care and Training of Children, Social Activities, Economic Practices, Home and Household Practices, Health Conditions and Practices, Relationship with Worker and Use of Community Resources. The graphing of the family's completed questionnaire provides a good overall picture of how the family is functioning at that point in time. Within the service, the Geismar Schedules are completed at Intake (two months into the program) and then at subsequent three monthly intervals by the teams working with the family, so that the family's functioning can be monitored over time.

Graph A represents the Intake Profile Averages of 25 Group I families and 10 Group II families. Geismar (4) predicts that families scoring below the 2.5 "Marginal" line are likely to be breaking up, and social control agencies will be intervening. The Group I families score near to, and below the marginal line, whereas the Group II families score significantly better in all areas of family functioning except for Relationship with Worker.

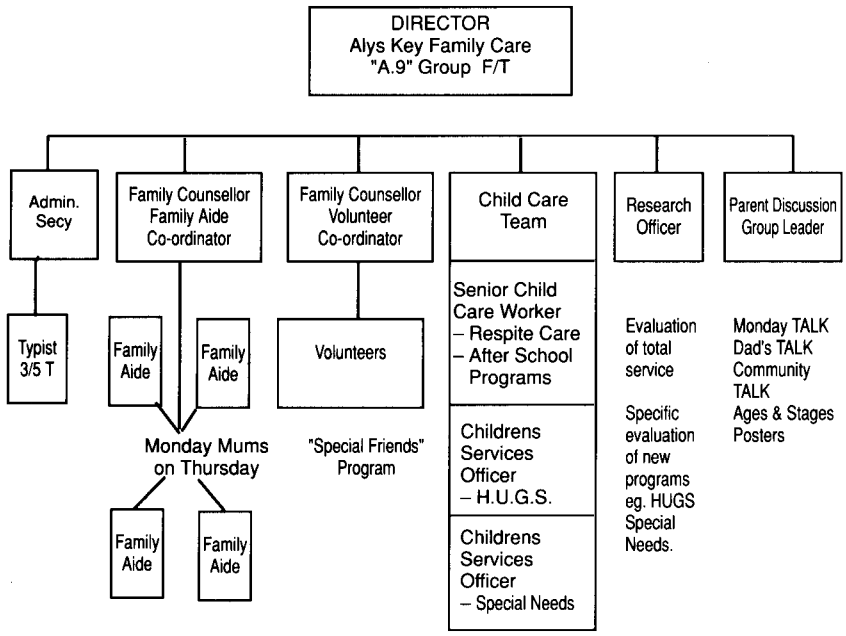
This finding suggests that by using one factor alone - the likelihood of a family losing the care of their children, workers can predict that the family will have multiple problems across most, if not all, areas of family functioning. A larger sample of families will, of course, be necessary to validate this hypothesis. However, these early findings certainly pose serious questions for the appropriateness of different practice models when handling the Group 1 families. The chance of one sole helping professional being an effective change agent with these families would appear to be minimal. Short-term task focused work is likely to have limited long-term benefits for families so overwhelmed and encompassed by such extensive and frequently entrenched problems.

INTAKE PROFILE AVERAGES FOR GROUP I (25 FAMILIES) AND GROUP II (10 FAMILIES). TOTAL = 35



*– Statistically significant difference between Group I and Group II families at 0.05 level.
**– Statistically significant difference between Group I and Group II families at 0.01 level.

ORGANISATIONAL STRUCTURE OF THE SERVICE



The Service Model - The Importance of Teamwork

Dale & Davies (1985), Dale, Waters, et al (1986) has highlighted the importance of teamwork and the use of Family Therapy concepts in effective work with maltreating families. Dale & Davies (1985) and Molin have highlighted how the helping service network can mirror the dynamics in dysfunctional families, and can collude with the families so that change does not occur. The A.K.F.C. Service Design is based on the premise that family patterns of parenting are resistant to change, particularly in Group 1 families, and that sole workers are quickly placed in a powerless position against entrenched family systems.

The Service Model incorporates a team approach to families. Depending on the particular needs of the family, a team of Family Counsellor, Family Aide and Child Care Worker can be established to work with the family. In addition, a variety of group programmes are available at the Centre and volunteer "Special Friends" can be linked with selected children. Fortnightly Family Team meetings to review, plan and evaluate the on-going work with families, are a key feature of the model and essential in maintaining cohesive team work.

Chart B provides a flow diagram of how the families progress through the service.

The Role of the Family Counsellor

After accepting a referral, the allocated Family Counsellor is introduced to the family. The Family Counsellor has the task of assessing with the family the problems that exist, what needs to be changed and how the service can assist in that process. The Counsellor's aim is to fully engage the family in the change process, whereby agreement is reached between the family and the agency about mutual goals, and a working contract specifies how these goals are to be achieved.

Other team members may be used in the assessment process, but this is optional. A full team is introduced to work on the strategies for achieving the goals, once a working contract is negotiated.

In on-going work the role of the Family Counsellor includes directing the team, providing whatever counselling is indicated, e.g., marital counselling, family therapy or individual work, advocating on behalf of the family, negotiating with other, crisis intervention work. The Family Counsellor is always the team member to raise protective concerns with parents and to ensure that these are fully addressed so that the children can safely remain at home. The Family Counsellor is responsible for organising six monthly reviews with the family, in relation to their progress and the relevance of each team member's work. These Review Meetings are chaired by another Family Counsellor who is not directly involved with the family.

The Role of Family Aide

The Family Aide provides practical modelling and guidance in establishing household routines, in budgeting, shopping, cooking and in completing other household chores. The Aide provides emotional support and offers suggestions on child management, frequently being present in the home when problems arise between parents and children. Her frequent presence allows her to interrupt a negative interaction and encourage parents to try more positive approaches.

Family Aides are excellent at linking parents in with other community resources. In our program, the Aides frequently provide nurturing and mothering, encouraging, prompting and, at times, pushing of the parents to take control over their own lives, and their children.

The Role of the Child Care Worker

When the Service first commenced, it was hoped the Child Care Worker would be able to assist the parents to understand better the needs of their children, and encourage parents and children to play and join in activities together. Quickly we learnt that this did not succeed with our Group 1 families. The parents were simply too overwhelmed and pre-occupied with their own problems to even recognise their children as other people with needs to be met by them, when so many of their own needs remained unmet.

Consequently we modified our approach and now offer a variety of group and individual sessions to the children at the outset of families coming into the program. All too often, the children are developmentally delayed or they exhibit behaviour problems, so that direct work with the children is necessary immediately. Only when some of the parents' worries have subsided, and they can appreciate their children's needs, do we now attempt to bring the parents and children together in activities.

Three Child Care Workers are employed within the Service, one full time and two half time and each have specific co-ordination responsibilities for different group programs, and sibling groups.

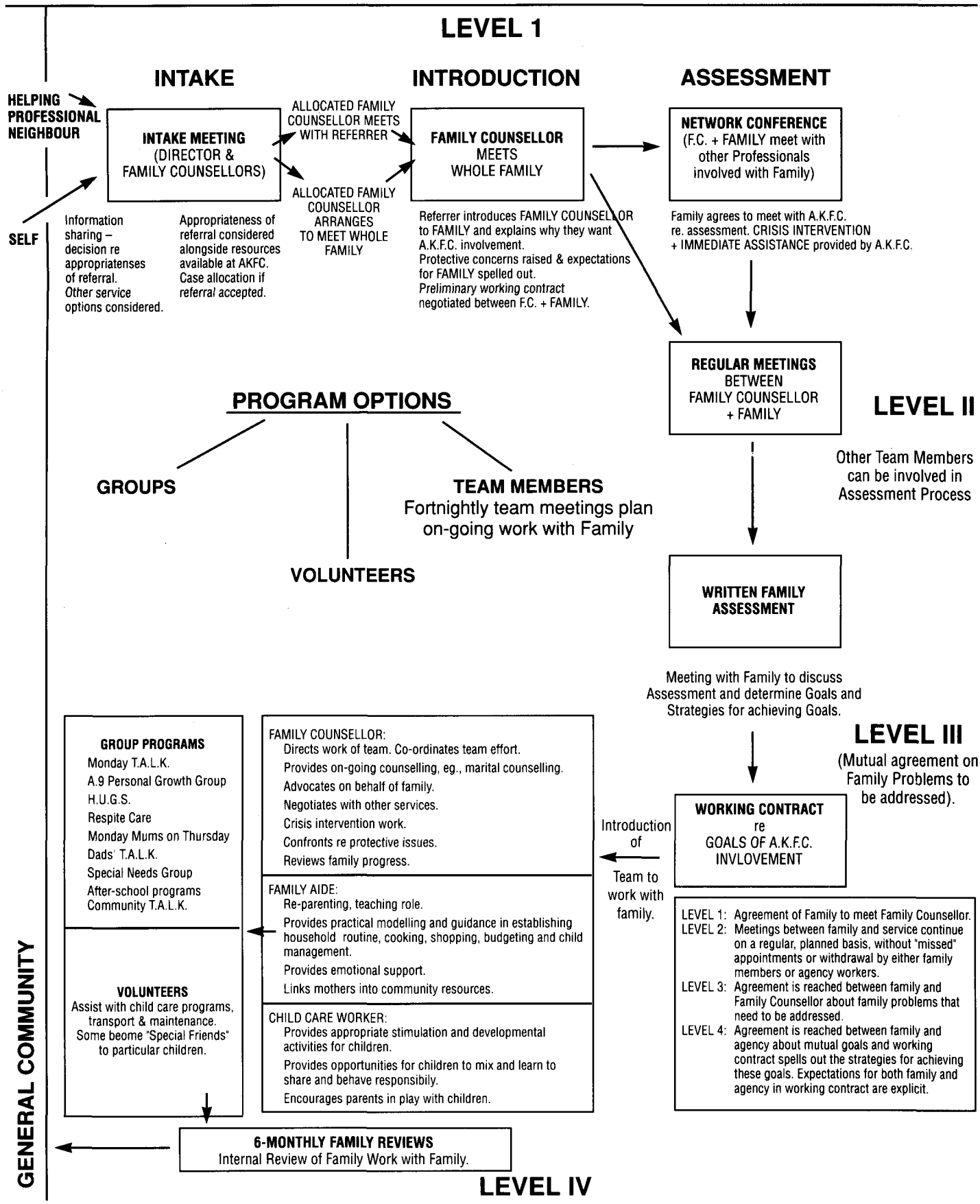
The Group Programs

The following is an abbreviated description of each of the group programs offered at the Centre. A fuller description is available in the Second Year Research Report (McIntosh 1988).

T.A.L.K. (Talk and Action for Living with Kids)

T.A.L.K. is our approach to parent education. It involves personal growth activities and helps Mums and Dads to develop confidence and sharing in a group, as well as looking at parenting issues. It is not a parenting course. There are three T.A.L.K. groups - Mums' T.A.L.K., Dads' T.A.L.K. and Community T.A.L.K. The Mums and Dads groups are held at the Centre continuously, but Community T.A.L.K. runs for approximately a school term, from different community venues, such as the Neighbourhood House, Schools, Infant Welfare Centres and Pre-schools.

A.K.F.C. - PROGRESS OF FAMILIES THRU' SERVICE



The "A.9" Group (so called because there are nine great A words, e.g., acceptance, acknowledgement, assertion, action)
"A.9" is a personal growth group which uses sculpture, role play and gestalt methods for women who have been through T.A.L.K. and who need to be challenged a bit more.

H.U.G.S. (Happiness, Understanding, Giving and Sharing)
H.U.G.S. is a special group for parents and pre-school children where every activity invites interaction between parents and children, and the facilitators encourage this to be positive, and new ways of managing children are suggested. This Group is especially appropriate for parents who have little concept of relating to their children, or where there is difficulty expressing affection and caring.

Special Needs
Special Needs is a program for six developmentally delayed pre-schoolers. The children work on a one to one, staff to child ratio within the group, and the activities followed are those suggested by external consultants - a physiotherapist, speech therapist and a psychologist, who assess the children's behaviour at six monthly intervals. Significant progress is being achieved with the children in this program.

Respite Care
Respite Care is just that - and a bit more. Respite Care is a weekly program for children aged one to five, with the essential purpose of "giving mum a break", but with the added motive of providing the children with extra stimulation, enjoyment and friendship within a safe nurturing environment. The group runs every Wednesday morning for two and a half hours. The children are collected from their homes and cared for at Alys Key Family Care by child care staff and regular volunteers.

Monday Mums on Thursday
Monday Mums is a women's support group for those women involved with Alys Key Family Care who otherwise are socially isolated, very insecure and ill-equipped with even basic social skills. The group provides an opportunity for women to mix and socialise in a safe and familiar place and to grow with a sense of belonging.

After School Groups for Children
On four nights a week, school age children come to the Centre for activities. Two of the groups cater for a mix of children from a number of families, but most are for sibling groups. Whilst the initial idea behind these groups was providing additional stimulation and opportunity for enjoyment for the children, the groups are now more focused and therapeutic in their activities. For example, certain children have completed Life Books (O'Brien 1988) as a means of piecing together their disjointed past and making sense of their current family situation. Others have learnt about Body Rights (American Guidance Service1986).

The Research
Alys Key Family Care's Evaluation Design Document (McIntosh 1987 (1)) outlines how the overall service model and program goals are being evaluated. The first Year Research Report (McIntosh 1987 (2)) describes aspects of the overall evaluation in more detail, and the Second Year Research Report (McIntosh 1988) documents the development of the group programs, and gives a progressive look at the program evaluation.

Having the research aspect in the Service has meant that the staff have had to specify what they hope to achieve. It has led to greater planning, and critical scrutiny of the programs we offer, and of our practice with families. Having client opinions of our work fed back to us anonymously through the research, provides great motivation to constantly refine our work, so that the Service is truly empowering, goal and change oriented, rather than supportive of the status quo, and at the risk of offering the same, even when it is no longer relevant or appropriate.

CONCLUSION

Alys Key Family Care is now into its third year of the Demonstration Project. The staff and the majority of the families who have linked with the program are proud of the Service, and of the progress that the Service has made possible.

Since commencing in 1986, Alys Key Family Care has worked intensively (i.e., provided both team and group program input) for 84 families, including 228 children. Thirty-five of these families were regarded as Group 1 families at the point of intake, i.e., those likely to otherwise lose the care of their children. In only six of these families have the children been removed, and in four of these families the action was at the instigation of Alys Key Family Care because it became evident that the children were being seriously harmed within their families. In one further family, the children were removed after the family left the region - the mother maintains she could have managed with the ongoing support she received at Alys Key Family Care.

Graph 1 shows the pattern of progress for ten Group 1 families, over a period of 12 months, including the picture at Intake and then at the three, six and nine month subsequent intervals, using the Geismar Pre-Coded Schedule to score each family's functioning. Further evidence of effectiveness is documented in the Second Year Research Report.

In 1987, Alys Key Family Care was awarded the Inaugural Presidential Award of the Children's Welfare Association of Victoria for Innovation and Excellence in Child, Adolescent and Family Services. The Service has gained widespread credibility and we are being continually approached for information about our model, programs and evaluation.

We look forward to a future beyond the Demonstration Phase.

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