

New Directions for Family Support and Service in Child Welfare

by Brian Mitchell

RECENT HISTORY

The past 30 years has seen the Australian community undergo significant structural and qualitative changes bringing prosperity and unprecedented standards of living to most citizens. But for some people these changes have left them behind and today their plight has reached scandalous proportions such that the nation's sense of social justice is in question.

Today we are only too well aware of the statistics on poverty, homelessness, child abuse and neglect, drug abuse and community violence. Thirty years ago we would not have thought it possible that sectors of the Australian community, apart from Aboriginal communities, would have such a growing sense of hopelessness and isolation from the mainstream of Australian life.

These difficulties are now pressing upon child welfare services and at a time of expenditure neutrality of the public welfare dollar. More and more as the costs of the welfare state approach crisis point, government and the community in general are being forced to turn to the resources of the family to find solutions to problems of social and personal need. In child welfare the notion of turning to the family and seeking resources or building upon inherent strengths is a new direction requiring a new understanding, knowledge and skills.

Of course service development in child welfare and related fields has not been static since the 1960's. Many significant changes have occurred from the perspective of an agency in Victoria.

Enquiries or reviews have included:

- The Norgard Inquiry, 1974-76
- The Child Maltreatment Workshop, 1976
- The White Paper on Social Welfare in 1978
- The Review of Child Care Services, 1983
- The Legislative and Practice Review of Child Welfare, 1987

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Protective Services for Children in Victoria (Fogarty Report) 1989
The Report of the National Inquiry into Homeless Children (Burdekin Report), 1989

In direct services areas, we have seen the development of preventative family support services, such as childcare, neighbourhood houses and other community based services. Statutory services such as the Department of Community Services Victoria have undergone significant changes – those of regionalisation, de-institutionalisation, corporate management and a rights approach to child welfare practice.

During this period local government has also undergone change through the development of an extensive range of human services. In the voluntary sector, services have been redefined and redeveloped. There has been a substantial relocation of voluntary agencies to accord with regional boundaries and new contractual arrangements with government. Within these boundaries a number of innovative services for children and families in a community context have developed replacing earlier institutional services to children.

We have not sufficiently recognised or understood that saving children is very often a matter of saving families.

CURRENT PROBLEMS

In spite of these developments, inquiries, continual re-organising and restructuring of services, our impact upon alleviating or preventing many of the difficulties impacting upon the lives of troubled children and their families has been less than satisfactory.

Too many young single mothers living in poverty are left to survive on their own.

Too many families of children who have been identified as being at risk remain without proper support and help,

Too many families especially those in poverty are entering the child protection system on the grounds of emotional abuse and neglect of children.

Too few focused services are available to divert families from the child protection and

welfare systems, resulting in too many children and families inappropriately entering these systems.

Too many children and families subject to statutory provisions remain without assistance (workers are not allocated).

Too many children in statutory care are returned home prematurely without change occurring to the family situations which caused placement in the first place.

Too many at risk children return to the notice of protection services. Suggesting support services are either unavailable or lacking in effectiveness.

Too many children in out-of-home care rotate around child welfare system and subsequently the mental health, special accommodation, drug rehabilitation and correctional systems.

Too few long-term support services are available to retain family unity and the integration of the most needy children and families into the community.

Changing community expectations about child abuse and neglect, together with an expanding investigatory child protection system are generating increasing numbers of at-risk children and their families entering into the child protection and welfare systems.

How best to help this at-risk population is the crucial question. Past responses to this question have largely been the placement of children in substitute care. Whilst we do not have good research evidence to inform us about the outcomes of children's placements in reception care, foster care, family group home care and other forms of out-of-home care, our direct practice experience, case reading and reading of the literature, tell us clearly that child placement focused practice has serious shortcomings.

Increasingly, the social, personal and fiscal costs of out-of-home care for children are matters of great concern. In Victoria, the government has attempted to induce an attrition to admissions to placement through policies of normalization and de-institutionalisation. Administrative and management procedures to restrict wardship and its duration, and restrictions on the use of institutional reception care and the return of children to Departmental care have been set in place. Alternatives to the care of children have been sought through supervision

orders, home release, community support and independent living strategies.

In attempting to change direction, much child welfare practice in Victoria has run into difficulties. We have not sufficiently recognised or understood that saving children is very often a matter of saving families. The imposition of a supervision order, or family attendance at case planning and review meetings, or the home release of children without support or service to the family is ineffective practice. Our problem seems to be both caseload constraints and a lack of knowledge of what to do. On the latter point, the devaluation of casework practice throughout the 1980's has left us without adequate practice experience, knowledge and skills to remedy parent or family related child welfare problems.

If we are to prevent the separation of at-risk children from their families and successfully eliminate the abuse and neglect from occurring, a great deal of sensitivity to the human and social dilemmas facing us will be required.

It may be argued that the statutory protection service has a legally mandated responsibility for ensuring that preventative, evaluative and interventive programs are responsive first to the needs of the abused and neglected children and then to the needs of their families.

Even with the responsibilities of protecting children who are dependent on adults for their safety and well being, care must be taken to avoid setting the needs of children and parents in antithetical terms. Most often it is by responding effectively to the family that a child protection problem is addressed.

The principle here is to ascertain whether supports provided can protect the capacity of the parent to sustain the child or whether we have to find a substitute for the parent because of severe affliction, impairment or inability to parent or irreversibility of the problems involved.¹

The supports which can be provided to parents may be classified as either preventative family supports or diversionary and remedial family services.

FAMILY SUPPORT

Bernice Weissbourd, President of the Family Resource Coalition in Chicago, describes family support programs as **providing services to families that empower and strengthen adults in their roles as parents, nurturers and providers.**²

Significantly, the content of helping relationships is akin to that of friends, relatives and neighbours – namely the provision of information, emotional reassurance, physical and material assistance, and a sense of self as an object of concern.³

In the manner of informal support networks, these services are preventative in nature – preventing family and children's

problems from occurring rather than treating them.

In Victoria, these programs vary widely in their service provision, constituency, organisational auspice and management structure. Some such programs include:

- Child care services
- Parent education and support services
- Neighbourhood House and Drop-In Centres
- Self and mutual help groups
- Hospital and community based ante-natal support and education programs
- Parents Anonymous
- Family Aide programs
- Mother/child playgroups
- Financial and family counselling
- Foster grandparents, Big Brother, Big Sister programs, etc.

In the main, the development of these Victorian family support services goes back to the early 1970's, but their origins extend far back into history. For centuries, extended family, friends, neighbours and other groups have provided families with emotional support, advice, role models, help in solving problems and material assistance.⁴

Researchers such as Bronfenbrenner and Weiss argue that a primary function of family support programs should be to strengthen informal systems and networks, so that ultimately they will fulfill the function now performed by the more organised programs.⁵

Family support programs are essential components to efficient and effective child protection and welfare services. They prevent entry into the protection and welfare systems and they are complementary to the more formal pre-court diversionary and post-court remedial services. Their preventative functions are reflected in the research findings of Garbarino, who claims that child abuse and neglect are more prevalent among families that lack supportive networks.⁶

Ideally, the community as a whole should provide parents and children with specific supports, education and information throughout the child rearing years to help them cope with demanding family roles. An important function for communities in providing these services is to identify what is needed, when and what works well. This should be seen as a continuing effort in co-operation with many different disciplines and areas of expertise concerned with child abuse and the protection of children.

Some areas for the development of family support programs in Victoria might include:

- Ante-natal programs to prepare individuals for pregnancy, birth and early days of parenting.
- Parenting education programs to provide parents with information about early childhood development and to assist in developing skills necessary for the care of young children.
- Early intervention through regular and periodic screening measures to identify

and treat physical and developmental problems in children at an early age.

- Self-help and mutual aid programs at a community level encouraging neighbourhoods to get together and reduce the effects of isolation.
- Community education on child abuse and neglect to heighten the level of awareness in the community about types of abuse and neglect and exploitation of children and adolescents and to provide specific information on how the public can act and how abuse can be prevented and where parents can turn for help.
- Community development to increase local opportunities to reduce stress on families. These activities should include job and skills training, employment, community health services and other local initiatives that support families.
- Community co-ordinating bodies to monitor and consider appropriate measures to reduce the incidence of child abuse and neglect.
- Prevention education to give professionals and volunteers some knowledge of the dynamics of abusive families and the information on how to develop strategies for prevention.

While some of these programs are already available in Victoria, few have formalised their approaches aimed at preventing child abuse and neglect.⁷ Family support programs established for other purposes are inappropriately called upon to undertake tertiary child welfare roles e.g. the family aide solely allocated to the multi-problem family.

The future direction of family support programs in Victoria requires a clarity of purpose and relationship to other services in the human services. A vision of these programs' possible future development to becoming universal services promoting the optimal development of children and families is required.

But the single most important problem for family support programs today is to obtain stable financial support. To obtain this money champions at State and Federal levels are required. Additionally there is a need to look for leadership elsewhere – leadership from the voluntary sector which might weld together a family support movement capable of developing a common ideology, clear vision and purpose. Such a movement could better impact upon both the media and political systems than occurs at present.

DIVERSIONARY AND REMEDIAL FAMILY SERVICES

In the provision of support and services to troubled families there is a direct relationship between the level of concern aroused in the community and its agencies with the degree of focused service required. Even with preventative family support services, the higher the family's risk situation, the more focused family support becomes.

Accordingly, once notification of child abuse and neglect is made to the protective authorities, helping services become more focused and selective in nature. In Victoria, these services include:

Non-Government Organisations – pre and post-court services for voluntary and statutory children and families.

Community Services, Victoria – guardianship services for statutory children and families.

As outlined earlier there are lacks and gaps in these services preventing children and families receiving optimal help with their difficulties.

Again, as with preventative family support programs, a diversity of child welfare services and practice models currently exist in Victoria.

However two practice models of child welfare service demand particular attention and development. These are Intensive Short-Term Family Services and Comprehensive Long-Term Family Services.

INTENSIVE SHORT-TERM FAMILY SERVICES

There are a number of families in the child welfare system who have had a prior level of adequate functioning but who have begun a cycle of maladaptive behaviour which could be overcome by change in one or two areas of functioning with a concerted, time limited effort by well trained workers. These families could regain their equilibrium and function independently again.

The service may be intense initially but likely to be completed by referral to appropriate family support services in a short term frame. Without appropriate intervention the families tend to continue the cycle of maladaptation with the children ultimately being placed in care.

In describing these short term family services, one might understandably ask: "So what is new?" The idea of working from strengths, visiting families in their homes, doing what it takes to get the job done, believing in people, taking the time to find out what makes them tick and knowing that children are best nurtured by a family is fundamentally a back to basics approach.

However, what is new about this model of service is not so much the elements of service, but how they are packaged together to make an effective focused service for families in crisis. Focused services which specifically divert families from entering the child protection system or diverting them out of the system following investigation or court are not currently available in Victoria.

Throughout the United States of America, these services are rapidly becoming an integral component of social service delivery systems. The development of these home-based family centred services has been assisted by the powerful argument that these services divert children from costly out-of-home care and at the same time treat them

humanely in the context of their families.⁸

This model of practice is derived from general systems and communication theories, drawing upon various approaches and ecological concepts.

It is an approach to the provision of services that focuses on families rather than individuals. Services are intended to strengthen and maintain families and to prevent breakdown and out-of-home placement of children. The resources of the agency are focused on assisting families in regaining or maintaining family autonomy.

The intensive family service concept is based on the following assumptions about children and families:

- 1) children need permanency in their family relationships for healthy development;
- 2) the family should be the primary caretaker of its children;
- 3) child welfare services should make every effort to support families in this function.

The objectives of intensive family service are:

- strengthening and maintaining families
- preventing family breakdown
- to work for the unification of children placed out of home
- to reduce the dependence of families on the welfare system by promoting family self-sufficiency

Intensive family services are characterised by:

- (i) Services being time limited – measured in terms of weeks.
- (ii) Workers have small caseloads, generally around 4-6 families. High priority given to face-to-face work.
- (iii) Accurate family focused assessment including the family's ecological context.
- (iv) Optimum timing – the flexibility to be available at critical times creates effective crisis intervention.
- (v) Ecological systems approach – involving the whole family and community resources to provide sustaining support. Combines relationship building and family dynamics with mobilisation and use of community resources. They are not clinical services.
- (vi) Target population – serves families where out-of-home placement of children is imminent or where the reuniting of children with families is required.
- (vii) Limited goal setting – goal attainment in one part of the family system may affect other parts and the system as a whole.
- (viii) Relationships between workers and families are collegiate – they work things out together. Dependency is not created upon the workers, but upon the skills which the workers teach.
- (ix) Home based service – workers see the families at home and meet the families' needs and schedules, not the workers or agency's schedules.

ADVANTAGES OF INTENSIVE SHORT-TERM FAMILY SERVICES

(a) These services have consistently demonstrated their ability to maintain and strengthen families that would otherwise have been separated.

(b) Intensive family services also consistently demonstrate significant cost savings when program expenses are compared with foster, group home and institutional care costs.

Conclusion – These short-term services are appropriate to meet the needs of some needy families. They are not a panacea for the ills of traditional child welfare services. Nevertheless they pose as an important means of effectively helping many families currently unassisted or receiving extended poor quality help.

COMPREHENSIVE LONG-TERM FAMILY SERVICES

These services relate to families who have problems or needs in numerous dimensions of personal, family and community life. Pre-eminent among these are parenting difficulties and child protection issues.

These families are multiple long-term users of human service agencies. They lack a prior level of adequate functioning and without effective assistance, family breakdown and child placement are highly likely to occur.

Given a comprehensive family service which addresses personal and social impoverishment as well as co-ordinating community resources, these families' situations can be stabilized with dramatic family developments occurring over time.

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.⁹

Service is through helping teams which 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 time 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

The team approach uses many staff abilities to meet diverse needs of families. The teams are support systems as well as limit setters. They provide a nurturing environment for the families.

The duration of service is measured in years and services provide 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.

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

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 complex
- having staying power over the long term of service
- 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.

Evaluation of these services is complex but possible. A small number of comprehensive family service organisations in Melbourne have evaluated or are in the process of evaluating service effectiveness. Findings to date are very positive. Similarly, the cost benefit of these services is equally encouraging. 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 otherwise be placed in care were it not for the provision of long term comprehensive family service.

If the quality of child welfare service is to improve in this state, two principles must apply. They are: Practice based leadership and Standards directed practice.

Conclusion – These long term comprehensive family services are an excellent investment for the community. Through such an investment, these services help families who would otherwise need the services of the criminal justice, mental health, housing and social security systems.

The cost benefit is properly stated not only in savings in child welfare dollars, but also of costs that would otherwise be incurred by these other systems.

SUGGESTIONS FOR NEW DIRECTIONS FOR CHILD WELFARE IN VICTORIA

1. Family Oriented Child Welfare Service.

Much child welfare practice in Victoria fails to work with and in relation to children's families. Instead much practice is what can be described as being dispositional – the dispositions being residential care, foster care, youth refuges, hostels and the home based dispositions of home release and supervision orders.

Usually the services are discrete entities in themselves and do not relate to or effectively work with families. Often it is a case of placement being equated with treatment.

Consequences of this form of service include lost opportunities to work with families and avoid child placement in the first place. Similarly, returning placed children to unchanged family situations increases the possibility of further family breakdown and children rotating through the child welfare system.

Effective child welfare service requires a family oriented approach to assist parents learn and enact family functions such as leadership, physical and emotional care of children, emotional support between themselves and relationships with the outside world.

When the State and those to whom it delegates responsibilities, intervenes in the lives of children and families, it should be guided by and held accountable to reasonable standards of practice.

2. Understanding the Population to be Served

Understanding the children and their families, their characteristics, differences and similarities is a starting point to good service.

In Victoria much child welfare service treats families as if they were the same. Otherwise understanding and resultant service have been based on sociological type descriptions (single parent families) or upon singular events or characteristics of the individual (the youth offender, the single mother).

For practice purposes these classifications are not too helpful. Instead, distinctive statements or descriptions of family situations require to be developed to guide practice.

3. Practice Leadership and Standards of Practice

Throughout the 1980's there has been an increasing discontinuity between the policy,

management and practice domains in Victorian child welfare services. Particularly, but not exclusively, this has been so for statutory services.

Reform in child welfare in the 1980's has been in the management and legal domains. The courts and the rights industry have also had an expanded role in overseeing child welfare services.

There has not been the same commitment to reform at the practice level.

If the quality of child welfare service is to improve in this state, two principles must apply. They are: Practice based leadership and Standards directed practice.

A back to basics casework form of practice is required. Here the tested social work maxim of seeing people in their situation holds true. Today we may name this 'competency centred casework'.

(i) Practice Leadership

Quality and appropriate practice depends upon strong leaders who understand the core technology. Practice leadership needs to have a more influential input into processes which define social problems, plan services and determine criteria of success than currently exists. Such leadership needs to be developed by the statutory and voluntary sectors.

(ii) Standards of Practice

In Victoria, there are no laws, codes or normative criteria about what is good child welfare practice. As a consequence there is a wide variation of practice competency throughout Victoria and too often service is provided at the lowest common denominator.*

When the State and those to whom it delegates responsibilities, intervenes in the lives of children and families, it should be guided by and held accountable to reasonable standards of practice.

4. Competent Casework Practice

In Victoria today much service to needy families and their children is case management rather than casework. It focuses on procedure of court hearings, case planning and case reviews – the decision making points in the helping process. Insufficient attention is given to the everyday learning of child management, interpersonal relationships and communications, personal growth and development and appropriate linking and use of social and community resources.

Difficulties are also encountered in engaging and assessing children and families needs. Without engagement there is no mutuality of goal setting or commitment to problem solving. Without assessment there is no direction to service.

A back to basics casework form of practice is required. Here the tested social work maxim of seeing people in their situation holds true. Today we may name this 'competency centred casework'.

Competency centred casework may be described as working in partnership with families, showing care, acknowledging people's strengths, and involving them in decision-making processes. Empowering and assisting people to accept responsibilities for their actions and organising or creating resources in the environment all combine to form an effective form of practice.

5. Professional and Lay Helping Partnership

An important factor in improving child welfare services for many needy children and their families lies in the ability to combine professional and lay helping resources.

The importance of kith, kin, neighbours and significant others, to motivate, educate and support people through life's vicissitudes is well documented.

Current child welfare practice in Victoria either does not do this or does not do it well.

We need to make changes here, by activating, restructuring or organising the social networks of families we seek to assist. We need to identify competent people currently or potentially in the lives of the families – the forgotten or cut off relatives, the occasional friend, the natural helpers in the school, workplace, neighbourhood or community. These people can be mobilized as allies with professionals and provide effective help to children and families in need.

6. Organisational Appropriateness for Service

Non-Government organisations have a key role in child welfare services when children are assisted in the context of their families in the community.

More than statutory services, the human face of non-Government organisations can deal with people's hopes, aspirations, growth, difficulties and failures. It is through the everyday and continuing face to face, 'family-like' relationships which N.G.O.'s can relate to families, that well being, development and capacities for adjustment are promoted.

Impacting in these ways upon the lives of needy children and families will not come from the legislature or the bureaucracies routines and procedures.

7. Volunteerism

Non-Government organisations have constituencies to gain sustenance, motivation and support in their helping roles.

It is through the constituencies of church, club, community group, that volunteerism is drawn – this is largely unavailable to the state. The challenge for many N.G.O.'s is to rediscover their natural constituencies and once again draw upon their support.

8. Diversifying Service

Voluntary child welfare organisation should start to explore how they might use the resources from other sectors in the community e.g. the aged and the handicapped. Aged organisations should see how they can work with children and families at risk. Handicapped organisations have facilities and potential for children and youths at risk to assist. Child welfare organisations can similarly provide the opportunities for the aged to meet their particular needs.

The integration of such services may well be difficult but the gains and enrichment for children and families with a mixture of needs is readily apparent and worth the effort to work through such difficulties.

9. Relationship to Government

Voluntary child welfare organisations ought negotiate a new relationship with government. Essentially, the government's role should be to fund, plan, co-ordinate and contract service out to the voluntary sector to a greater extent than presently occurs. The voluntaries, on the other hand, should be accredited to provide an appropriate and effective service, the monitoring, standard setting and evaluation of which should be the responsibility of an appropriate statutory based body.

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* The Victorian Branch of AASW (ph: 03 663 3889) has produced recommended standards for Social Workers in Child Welfare (Cost \$4.00) Ed.

