

7. Family support programs

Family support programs made up the largest category of programs (44 per cent) in the Audit, with the sample encompassing a wide range of interventions, conducted across a diverse range of settings.

Primary programs

Only a small proportion of family support programs adopted a universal, primary prevention and/or health promotion focus (6 per cent – 46 programs), while a further 4 per cent of the programs (excluding Child and Family Centres) had been developed to address the needs of universal, ‘at risk’ and maltreating clients (primary, secondary and tertiary levels). The latter included generic telephone counselling services such as Kids Help Line and various State-wide Parent Lines.

Most of the programs were located in universal services attempting to cater to the everyday needs of the local community and directing their services to all family members (more often younger families), rather than targeting any particular ‘at risk’ group, or only particular family members (for example, only children and young people). Often well-established in the local community, the host agencies provided a range of generic services such as family counselling, play groups, parent education and support groups. In some ways they can be perceived as smaller versions of the Child and Family Centres, but as offering a limited, universal service.

The programs that were offered often focused on improving parental self-esteem or life skills; playgroups in which both children and parents participated, where the intention was to improve parent–child attachment in an enjoyable environment; and included a variety of parent education courses.

Family/Relationships Services Program (including domestic violence counselling, groups and education), Goldfields Centacare, Kalgoorlie (WA). The Family/Relationships Services program provides counselling, support and education on an ongoing basis to individuals (children, adolescents and adults), couples, families and for groups (for example, anger management, stress management, self-esteem, assertiveness training). Community education and awareness programs are also conducted throughout the year (for example, talking to high school students about preventing abuse in relationships). The program also runs a domestic violence perpetrators program. Services are culturally sensitive.

Family Support Program, Anglicare Preston (Vic.). The Family Support Program aims to assist families to prevent family breakdown and abuse of children by strengthening and empowering all family members. The service is a family-focused, child-centred practice which ensures the wellbeing and safety of the child within the family. The service provides primary, secondary and tertiary intervention. Family counselling, family support workers, group work and financial counselling are all employed to achieve the objectives of the program.

New Parenting Groups, Wentworth Area Health Service, Community Health, St Clair (NSW). Offering a community nursing service for first time parents, the program was developed to promote social networks and to increase parents knowledge of child and family health issues. The goal of the program is to enhance the wellbeing of parents with babies up to 12 months of age within the Wentworth area. The program objectives are: to increase parents' skills and knowledge of parenting; to facilitate the development of social networks/support among parents; to promote realistic concepts of parenting; to increase parents' awareness/access to health services; and to promote health and well being. The program runs for six weeks, back -to -back, all year round in at least four community health centres/venues. Course content will vary depending on participants needs. The program has a primary prevention focus on reducing isolation and increasing knowledge of parenting and support networks for parents, thereby decreasing the number of 'children at risk'

Somerville Community Services, Somerville Community Services Inc., Casuarina (NT). Somerville Community Services offer counselling, psychotherapy and family support. The objective is to empower individuals and family groups to participate in society at the greatest level to which they aspire and are capable of achieving and thus exert control over their lives. This is a generalist service and the interventions vary greatly. A primary goal is to break patterns of dysfunctional behaviour to change the cycle of intergenerational abuse and unsatisfactory relationships.

Secondary prevention

The majority (88 per cent) of the programs were secondary prevention services, many of which catered to the needs of particular 'at risk' groups (see *Special populations* below).

Early Intervention Program, Benevolent Society of NSW (NSW). A home visiting service that aims to support vulnerable families as they adjust to the arrival of a baby. The program focuses on strengthening the parent–infant relationship by working with parents on issues affecting their ability to nurture and protect their infant. The Early Intervention team is multidisciplinary and draws on expertise from a range of disciplines including: psychology, social work, nursing, physiotherapy, occupational therapy and psychotherapy. A worker meets regularly with the family sometimes in the centre, but usually at home. Groups are also offered from time-to-time. A special feature of the program is parent–infant psychotherapy. Those who join the program include: new parents who are feeling stressed and/or depressed; parents who worry that their own experiences in childhood might make parenting difficult for them; parents of premature babies; parents of a child with a disability.

Strengthening Families¹⁸, Children's Protection Society in conjunction with Berry Street, Reservoir (Vic.). Strengthening Families is a State-wide, case management service designed to divert vulnerable, high-needs families from the statutory child protection system. Many of the families in the program have had a child protection notification where a community, rather than statutory response, is considered likely to be more effective in strengthening the family unit and preventing further abuse. Based on a solution-focused approach, the program offers an in-home support and brokerage service and relies on other community/professional supports being engaged and managed in a cohesive manner. The program is practical and offers assistance to families in creative and pragmatic ways to meet needs the family has identified as most pressing. Services are outreach-focused and most service provision is in the family home.

¹⁸ This service is offered across Victoria, under regional contracts to various non-government agencies.

Family Support Program, Anglicare (Vic.). The Family Support Program provides services to families with parenting issues and other related concerns. The program is a voluntary agency which provides a range of family support services to under-resourced local families in the context of their own goals for change. The service provides crisis intervention, telephone counselling, formal assessment and support groups. Advocacy and community development to address systemic and structural issues are also seen as important aspects of the service.

However, the reality was that most 'secondary' level programs (in many cases funded by government departments) were actually accepting both 'at risk' and maltreating (tertiary) clients¹⁹, and despite some recent changes to redress the balance, the majority of clients appeared to come from the tertiary sector, often referred by statutory child protection services. This trend, evident since the mid-1990s, has resulted in a scarcity of resources being available for true secondary prevention initiatives, such as early detection or preventative services for those 'at risk' families who actively seek help prior to the development of abusive or neglectful concerns (Mitchell 1996; Tomison & McGurk 1996; Scott 1998). This issue is discussed further in the *General discussion* below.

Tertiary programs

Approximately 5 per cent (41 of 784) family support programs had an entirely tertiary-level focus. These consisted of programs that worked to provide a secure, positive experience to children on access visits with a parent; a variety of substitute care programs (including emergency and respite care, foster and residential care and reunification programs); and various support services for victims/survivors of maltreatment (usually sexual and physical abuse and witnessing domestic violence) and their non-offending caregivers.

Safe Families Program – An early intervention approach, Southern Child and Adolescent Mental Health Service (CAMHS) (SA). The Safe Families program is a therapeutic program in CAMHS for families in which child abuse has been confirmed and where there is a moderate to very high risk of abuse recurring, but where the child is not in imminent danger nor is the child being considered to be removed from his or her family. Safe Families is complementary to those services, such as Family Preservation, which primarily support families in which a child may be removed. The aim of the program is to maximise family relationships so that the possibility for further family violence becomes diminished and the family is able to promote the safety and wellbeing of the child. The explicit focus of therapy is the central question: 'What assistance do you need as parents and what needs to occur so that the safety of the child/ren is maintained?'

Going Places: Children who have experienced domestic violence, Child at Risk Assessment Unit, Social Work Dept, Canberra Hospital (ACT). Going Places is run by the cooperative effort of staff of three agencies that offer services to women and/or children in the ACT who have experienced domestic violence. Going Places operates as a concurrent group model, offering two groups, one for mothers and one for children. These groups are run in parallel, with complementary content. The group's aim are to normalise the children's experiences of domestic violence in their homes, to reduce feelings of isolation, and to address their sense of uniqueness in witnessing domestic violence. The children's sense of guilt, blame, shame and responsibility is explored and the program works to increase the children's ability to cope with anger. The goals of the

¹⁹ One exception is the Benevolent Society's Early Intervention program, which adheres to a strict policy of only accepting 'at risk' families in order to maintain program integrity.

mother's group include to increase women's understanding of the effects of domestic violence and to enhance women's self-worth, increasing their parenting skills.

Parent Assessment and Skill Development Service (PASDS), Child and Family Services, Ballarat (Vic.). PASDS is part of the High Risk Infants Project (Dept of Human Services Victoria). Its aim is to improve the quality of child protection intervention with high risk infants. The target group consists of parents or caregivers with children under two years of age, who are clients of Child Protection Services, and who present with high needs and complex issues. The service has two components. First, it assesses parents' capacity to parent and, second, it implements and monitors parent skill plans. Parent skill plans maximise parents' opportunities to develop and build on their parenting skills and facilitate positive parent-child interaction. The involvement is individualised and may involve weekly contact of up to twenty weeks duration. Attention is paid to the child's physical health and wellbeing, emotional development, social development and safety. PASDS aims to provide infants at high risk the opportunity of improved physical and emotional safety in their natural family environment. Alternatively, when this is not possible, infants are given the opportunity of early placement according to the principles of permanency planning.

Family Preservation Program, Port Pirie Central Mission (SA). Family Preservation Services incorporate a range of intervention strategies geared to strengthening families, so that children and young people can continue to live, or return to live, with their family. Family and Community Services' District Centres and service provider workers work in partnership to achieve desired outcomes. Options include: mediation and early intervention (responding to the risk of unnecessary and preventable placement of a child/young person); reconnection (encourages the retention and strengthening of relationships between families and their children in placement); reunification (provides intensive work with families and their children in placement to prepare and support them to achieve a safe return home); respite (consists of a support service for families aimed at preventing placement and a support service for foster carers). When a referral is received for family preservation, goals are developed in liaison with the FACS social worker to ensure consistency with the case plan. Goals will ensure that risk factors and safety issues are adequately addressed.

Parent education

Educating parents on appropriate methods of childrearing, problem solving and home management, combined with a reduction of parental stress via the enhancement of parents' social support networks underpin many of the family support programs currently in operation (DePanfilis 1996; Reppucci et al. 1997). It was therefore not surprising that parent education was identified as a key component of most family support programs (85 per cent) in the Audit. The *Triple P Positive Parenting Program*, one of the more rigorous (and popular) parent education programs was well-represented in the Audit. Developed at the University of Queensland by Associate Professor Matt Sanders and colleagues (for example, Sanders & Markie-Dadds 1996), 21 of the 40 Triple P programs identified in the Audit were based in that state.

Triple P Positive Parenting Program, PECAN, Casuarina (NT). The Triple P parent education program was recommended by PECAN as appropriate for the Northern Territory and endorsed by Territory Health Services. Triple P aims to promote the social competence of children by enhancing parents' knowledge and skills. As a result Triple P (primary prevention) is currently being implemented through Infant Health Clinics and Family Support Services in government and non-government agencies in Darwin and Katherine. Another element of the NT plan that has recently been

implemented is to offer (via the funding of several appropriate non-government agencies) an enhanced behavioural-family-intervention Triple P program for families entering the child protection program with parenting issues that may place children at risk of abuse (secondary/tertiary level).

Enhanced Triple P behavioural family intervention for families at risk for child maltreatment, Parenting and Family Support Centre, University of Queensland (Qld). The program represents a comprehensive multimodal model of behavioural family intervention designed to address the specific needs of parents at risk for child maltreatment. The standard Triple P program consists of four two-hour group sessions with four follow-up phone calls. The enhanced program involves eight two-hour group sessions with four follow-up phone calls. It incorporates additional sessions on anger management and attribution training (which helps parents to identify negative dysfunctional attributions of their children's behaviour). The evaluation of the enhanced program will include a clinical trial comparing the efficacy of standardised group parent training (Triple P), with the enhanced group behavioural family intervention.

Intensive Family Intervention Team (IFIT), Intellectual Disability Services Council, Specialist Intervention and Support Service (SA). The primary aims of IFIT are to prevent family breakdown and the permanent, premature out-of-home placement of the child with intellectual disability and to strengthen the family's knowledge, skills and resources to enable them to continue to care for their child at home. The program is targeted at families with a child under 18 years with intellectual disability who are experiencing significant difficulties coping. The intervention is expected to cover a 24–26 week period.

CRISP, Children raised in safety program, Pregnancy and Family Support and Anglican Crisis Care (Qld). CRISP is a community-based home visitation program that aims to support families. CRISP is an intensive, early intervention and prevention model staffed by trained volunteers. Following referral and an initial home assessment by the coordinator, the program involves the placement of a trained volunteer in the client's home. The volunteer works with the hospital/community health social worker in carrying out a 'care plan' to help restore or strengthen family functioning.

Hearth, Wesley Mission Perth (WA). The program provides in-home drug rehabilitation for parents with significant addictions. The program is designed for parents: to access treatment without lengthy separation from their children; to develop new solutions for the problems that led to addiction and problems caused by addictions; and to focus on the recovery of both the parents and the children, given the latter have also been affected by the parent's addiction.

Education for Parents and Children, Orange Family Support Service, (NSW). Orange Family Support Service provides a range of parent and child education programs that address general parenting issues, parenting in step-families, parenting adolescents, self-esteem building, teenage parents' issues, and the Rainbows group peer-support for children who have lost a parent. The service is also in the process of establishing new groups to address the needs of children whose parents are suffering from a mental illness and children who are at risk of engaging in inappropriate or self-harming behaviour.

Home visiting programs

Home visiting programs are another key element in family support work, constituting an important facet of a cohesive child abuse prevention strategy. Ideally, they offer a universal primary preventative service with the flexibility to cater for the needs of 'at risk' or maltreating families (Vimpani, Frederico, Barclay & Davis 1996). Such services

have had some success carrying out an 'early detection' role and identifying families at risk before family dysfunction reaches a level requiring protective intervention (Olds et al. 1986a; Olds et al. 1986b; Olds et al. 1997; Chalk & King 1998).

Home visiting services have been found to be effective in detecting and identifying maltreating families and/or in the alleviation of concerns once cases are 'known' (Olds et al. 1986a; Olds et al. 1986b; Nelson, Saunders & Landsman 1993; Olds et al. 1997; Chalk & King 1998). Home visiting services, whether they be similar to the home visitor service operating in the United Kingdom child protection system, to infant welfare nurses, or to family aides or volunteer family support personnel, are well placed to monitor the family over time. Where resources allow, they are also able to support and educate parents in situ, and are much more likely to detect problematic changes in family functioning (Drotar 1992; Tomison 1999). Often, they can alleviate the family situation without involving child protection services (National Research Council 1993; Vimpani et al. 1996). A consequence of the economic depression of the 1980s was the abolition or cutting back by governments of many of the services which had been conducting home visits, offering respite care, or other forms of family support (Goddard & Carew 1993). However, most Australian States and Territories maintained some form of postnatal home visiting program, albeit usually of limited duration.

More recently, the Australia-wide trend of redressing the balance between child protection and the role of family support (as discussed above), in conjunction with a greater recognition of the benefits of home visiting programs (for example, Vimpani et al. 1996), has led to a resurgence of interest in the development of home visiting programs. In Victoria, for example, Maternal and Child Health Nurses have received increased funding (and greater service flexibility) as the value of the service has become better recognised by governments.

In the Audit, one-quarter of all programs incorporated a home visiting component, the vast majority (90 per cent of all home visiting programs) being family support programs (52 per cent of all family support programs). It should be noted that only 12 per cent of the home visiting programs involved nurse visitors, the vast majority of programs used volunteers with professional services providing supervision and back-up. The following program summaries highlight the diversity of home visiting programs, a feature often documented in previous assessments (for example, Vimpani et al. 1996; Tomison 1997b).

Maternal and Child Health Service, Colac Otway Shire - Maternal and Child Health Services (Vic.). The Maternal and Child Health Service identifies 'at risk' families, provides family support services, and parent education as required. When 'at risk' families are identified, the service will implement prevention and early intervention strategies as required. The service cooperates with, and refers families to other agencies as required.

Rockhampton Home Visiting Service, Rockhampton Child and Family Health (Qld). The Child and Family Health offers home visits to new parents/caregivers referred from hospital staff/other agencies. Visits are initiated in the postnatal period and extended to families who meet the home visiting criteria. Objectives of the service include: to support the family in their environment and provide continuity of care; to provide assessment of the infant and family utilising the child health nursing care pathway; to promote and support breast feeding; to enable the parent/caregiver to develop age-appropriate child rearing practices; to establish a shared plan in collaboration with the client.

Home-Start, Family Action Centre at The University of Newcastle (NSW). Home-Start is a program within the Community Services section of the Family Action Centre. It is a voluntary home visiting service which offers practical support and friendship to families with children under the age of five years. All Home-Start visitors offer their

time voluntarily and are linked, on a one-to-one basis, to families whom they visit regularly to provide support. Volunteers offer both friendship and practical support, such as transport, help with the children, outings and help with the shopping. Families are visited once-weekly or fortnightly. Sometimes visits consist of playing and talking with the children; on other visits it may be important to help the parent cook a meal or go with the family on an outing.

Parent Aide Unit, Royal Children's Hospital (QLD). The Parent Aide Unit provides support to families finding it difficult to parent their children in a safe manner. The unit has a strong child protection focus. Thirty parent aides are trained and supervised to provide this support. They are volunteers from the community. The primary objective is to prevent child abuse and neglect through the following: improving parenting knowledge, skills and enhancing child development and safety, assisting in accessing health and welfare services, decreasing social isolation, increasing self-esteem and family functioning. A second service provides support to families through a paid family support worker who also facilitates throughout the north side of Brisbane. Referrals are received from government and non-government agencies.

'Good Beginnings' Volunteer Home Visiting and Parenting Programs, Good Beginnings National Parenting Program (NSW and nationally). Good Beginnings is a national project that conducts various parenting and family support programs including the Volunteer Home Visiting (in five states – NSW, NT, SA, Tas., Vic.) Program, and parenting programs nationally. The objectives of the project are: to improve access of parents and their children to local resources and increase opportunities to make decisions to strengthen own health and wellbeing; to involve communities in reinforcing families' efforts to raise responsible, productive, confident, joyous children; to encourage neighbourhood development where residents watch out for each other regardless of diverse cultural values; to facilitate strong links between institutions that serve children and their families, advocating for government and community-based organisations to focus on children, youth and families; to develop a national network of Good Beginning Programs and to encourage an ongoing commitment by the community for the community.

Early intervention

As described in the Introduction, early intervention strategies are often closely linked with universal services, and are one of the most effective ways to ameliorate the effects of maltreatment (Widom 1992; Tomison & Wise 1999). Eighteen per cent of the predominantly secondary family support programs included in the Audit incorporated an early intervention approach, generally targeting families with children aged from 0 to 8 years²⁰.

Management of Young Children Program (MYCP), Education Queensland (Maroochydore MYCP Centre) (Qld). The Maroochydore MYCP centre operates at Maroochydore Primary School, offering a service to parents of children aged 2–7 years, in the Maroochydore region. The Management of Young Children Program is an individual training and support program for parents of behaviourally-difficult children. MYCP is a practical approach aimed at restoring a parent–child relationship, where the child has taken control through oppositional behaviour. The MYCP

²⁰ For a detailed assessment of early intervention programs in the mental health field, see the two National Stocktakes undertaken by AusEinet (for example, AusEinet 1999).

program can effectively change children's behaviour and so prevent difficulties in the early years developing into more serious and pervasive behaviour problems in the school years. Parents attend 45-minute sessions which involve training, practice of skills, coaching and video feedback. Parents leave the program when they have demonstrated competency in the skills being learned.

Families and Schools Together (FAST), Kildonan Child and Family Services, in partnership with FAST International, Australia (Vic.). FAST is an 8-week, multifamily program with structured activities to build social connections and reduce social isolation. The program targets children aged 4–9 years, identified to be at risk of educational failure, delinquency, substance abuse and family problems and focuses on addressing risk factors and building protective factors for children, parents, family and the broader community. It is an approach based on family systems and community/school collaborations to enhance the child's functioning at school, at home and in the community. The goals of the program are: to enhance family functioning; to prevent the target child from experiencing school failure; to prevent substance abuse by the child and family; and to reduce the stress that parents and children experience from daily life situations. To implement a FAST program, a community collaborative team is trained over a two-day period by a certified FAST trainer. Implementation is supported by three site visits, feedback and weekly support to the FAST team leader. A comprehensive FAST manual is provided to trained team members.

SMART – Strategies for Men And Relationships Today, Children's Protection Society (Vic.). SMART is a new initiative, funded by the Commonwealth Department of Family and Community Services – Men and Family Relationships Services Program. These programs aim to assist men in their relationships with partners and children. The SMART program aims to develop culturally sensitive approaches to engaging men in strategies around parenting and relationship issues. It specifically targets men in marginalised communities, who have limited access to mainstream services due to cultural and linguistic diversity, working hours, socio-economic status or as a result of life experiences. SMART will develop these strategies in consultation with men from specific groups and service providers. The idea behind the program is that it will be informed and responsive to the experiences and issues raised by men themselves.

Kidlink Early Intervention Program, Kidlink Early Intervention Program Inc, Kwinana (WA). Kidlink provides three major types of programs. Early education, family support and health support. The service aims to enhance parents' skills and confidence and is primarily aimed at the families of children aged 0–8 years. The service strategies include regular home visits, on-going parent groups, parent workshops, playgroups, assistance with transport, provision of information, and advocacy for parents, particularly with children's health and education. The programs incorporate a case work model approach and include a home-based visiting scheme. Workers also facilitate group sessions in community settings. Services include assisting parents in preparing their children for successful entry to and participation in school. There is also provision of play and social activities for children.

In summary

Constituting the majority of programs in the Audit (as has been the case in previous Audits [James 1994; Tomison 1997b]), family support programs could be characterised as secondary-level initiatives with a strong parent education focus, and often employing a home visiting component. Two other trends are worthy of note.

First, as has been noted in previous audits and other publications, there was a strong increase in demand for child protection and family support services in the mid-to-late

1990s that effectively swamped the professional system. This in turn led to tertiary clients effectively removing most of the opportunities the non-government sector had for working with 'at risk' families (secondary prevention). From the Audit it appeared that although the demand from the tertiary sector remains high, governments and agencies had attempted to re-focus on secondary prevention, funding and developing more services dedicated predominantly, to working with 'at risk' families.

Second, as part of the renewed valuing of child abuse prevention (as a function of neurobiological research; the recognition that a forensic child protection approach, in isolation, was not an effective means of preventing maltreatment; and evidence of the cost effectiveness of prevention programs), it was apparent that early intervention projects had (once again) become more salient as a result of the renewed focus on intervening in the early stages of life.