# Supporting families: Tracking interactions between families and professionals in Sydney, Australia

FERNANDEZ, E.

## Abstract

This paper reports an exploratory study which attempts to identify processes and interactions leading to family change. By interweaving narratives of two workers and two parents from Barnardos' Children's Family Centres the paper highlights 'sensitive outcomes' and steps-on-the-way to change. Pervasive life stresses inherent in the deprivations of poverty including inadequate housing and financial resources, sole parenthood, absence of social supports and the experience of domestic violence reduces parents' coping skills. The supportive and accessible environment of the Family Centres worked effectively to contain the families in crisis. Key messages from this study are the need for services to recognise the multiple and overlapping nature of stressors and disadvantage experienced by parents so that support can afford containment and tackle stressors at the child, family and community levels simultaneously. That service users can provide insightful input on their needs, their experience of service interactions and service effectiveness, and contribute usefully to service planning is acknowledged.

Key words: family support, family centres, worker-family interaction

## Introduction

This paper reports research undertaken to identify and conceptualise intermediate outcomes or steps-on-the-way for families involved with family support services. Following an overview of the context and significance of family support services, and a description of an Australian-based Children's Family Centre, this paper draws on case studies to track the journey of two families and their respective family support workers to chart 'steps-on-the-way' to long term outcomes.

## International and national context of family support

International and Australian research have demonstrated that support for families in the parenting process helps to create a healthy environment that fosters children's life-time development and reduces the risk of abuse and neglect (Holman, 1988; Miller & Whittaker, 1988).

Family-based services enable families to remain intact while addressing issues that threaten child well being (Berry, 1997). With increases in notifications of child abuse and neglect, a major focus of practice has been on systems to identify and protect children from harm. Critical of the residual focus of child protection interventions and reporting systems, alternative discourses have emphasised responses that are child-centred, family-focused and neighbourhood-based (Armstrong & Hill, 2001; Fernandez, 1996; Gibbons, 1995). In the light of research findings and legislative changes there have been noticeable shifts in policy and efforts to 'refocus' services to locate child protection within the wider context of prevention and family support.

In Australia and elsewhere, initiatives have emerged which emphasise prevention of abuse and enhancement of the parenting potential of families and the community. The UK Department of Health Parenting Initiative and its Framework for The Assessment of Children In Need and their Families (Department of Health, 2000) reflect this dual emphasis. In the USA family preservation services emphasise family support and shared care in place of the exclusive focus on child protection (Wells & Biegel, 1991). Parallel trends are evident in Australian child welfare reflecting a range of family based services. Illustratively the New South Wales Government launched 'Families First' in 1998 to support parents and carers raising children 0-8 through an integrated network of prevention and early intervention services (AIHW, 2001; Fernandez, 2005). Subsequently it introduced the 'Vulnerable Families Project' an initiative which combines professional home visitation, access to day care, therapeutic support for children and parents, access to centre-based community networks to promote peer support, networking and building connections to the community. Also available is the 'Stronger Families and Communities Strategy' which offers early intervention programs for families and communities with particular emphasis on those at risk of social, economic or geographic isolation (DFCS, 2004).

Children's family centres are an important inclusion in the repertoire of family-focused intervention models and community-based provisions. They are 'one-stop shops' intended to serve as "holistic, multi-service community centres" which "aim to provide a local, non-stigmatising family support service that encourages families to proactively seek assistance" (Tomison, 1997, p. 25). There is a growing body of literature that elaborates on the potential of family centres to protect children and enhance family and neighbourhood wellbeing (Cannan, 1992; Pitthouse et al., 1999). A variety of models of children's family centres are operating in Australia. The research reported in this paper focuses on the Barnardos' Children and Family Centres which comprise an integrated set of family support programmes to meet the needs of vulnerable children and families identified as being in need or at risk of abuse and neglect. A significant number of the families accessing services are characterised by sole parenthood, social isolation, homelessness, debt, and alienation from family networks (Fernandez, 2002).

# Barnardos children's family centres

Barnardos Australia is a non Government (not for profit) agency which provides direct welfare services to children and families through a network of services supported by federal and state funding and its own fundraising efforts. Barnardos has pioneered the development of integrated family support programmes in Australia termed Children's Family Centres. The first Centre was opened in 1974 in Auburn (NSW). Since then three others have been developed: Penrith (NSW), South Coast (NSW), and Canberra (ACT). The Centres offer a range of family support initiatives, which are managed in a way that makes them seamless to clients. The Centres aim to provide resources that are missing in the lives of the families referred to enhance their choices and their potential to parent adequately. Each of the Centres is unique in that it reflects the local community's services needs and cultural profile.

Agency policy stresses least intrusive methods when intervening with families, and child-centred practice. Underpinning philosophies relate to values of partnership, empowerment and the acceptance of "good enough parenting". Barnardos holds the premise that the vast majority of parents have high aspirations for their children and want to be good parents. Providing parents with the opportunity to do things differently is characteristic of their approach. The emphasis is on strengthening families and engendering a sense of empowerment. The program adopts a dual focus, that of reducing factors that might contribute to neglect and maltreatment and building protective factors to enhance the family's resiliency and ability to cope. Respecting clients' right to know the agency case plans; encouraging clients' participation in determining and executing action plans; and acknowledging the expert knowledge the family has about their child/ren and the individuality of their situation are other key principles guiding intervention (Barnardos Annual Review, 2003).

The services offered by the Children's Family Centres combine the crisis orientation of intensive family-based services and the diversity of services and long-term support associated with family preservation programmes. Home visits and agency-based services, practical and clinical interventions are included in the continuum of complementary crisis oriented and preventative strategies employed by the service. While a substantial number of referrals come from statutory child protection services the centre maintain their voluntary character as an essential part of ensuring the most vulnerable families can access services, and return to the centre whenever they feel they need the assistance.

Interventions are multidimensional and include home-visiting, semi-supported accommodation, childcare (day care), respite care, counselling services, mentoring programs, group work, and crisis services. The service also includes Temporary Family Care which provides twenty-four hour crisis or respite care. Rapid return of the child to the family is a primary goal, except where safety of the child is an issue (Fernandez, 2003; Tregeagle & Tolley, 1997).

# Design and methodology

The challenge of evaluating complex family support services is compounded by their multifaceted nature (Berry & Reed, 2004) and raises questions as to which services lead to what outcome. However, with family support services all parties of the helping process contribute to a greater whole. Workers, facilities, programs, resources, and families contribute to produce the milieu of support. Focusing on final outcomes only thinly describes practice and client gains. In attempting to gain an understanding of the intervening processes that contribute to the steps towards change, there needs to be a thickened description of interactions from the stakeholders in the helping process. The development of thick descriptions of intervening steps-on-the-way helps to highlight aspects of family centres that contribute to outcomes that maybe less tangible and unnoticed by workers or clients (Warren-Adamson & Lightburn, 2004). The aim of the present research was to investigate family support interventions by comparing the views of families and their family support workers with respect to the perceived benefits and outcomes of the services offered. Of specific interest to the researcher were the steps-on-the-way.

Qualitative research (Strauss & Corbin 1998) was chosen for understanding the process of interactions between service users and providers, and evaluating intermediate and long-term outcomes. This included the grounded theory approach developed by Glaser and Strauss (1967) with its emphasis on 'close up' observations of the natural world and identification of concepts that emerge from the data. A multi-strategy approach, or 'triangulation', where the emphasis is on combining a number of accounts of everyday events was also incorporated into the design (Hammersley & Atkinson, 1983). The research strategy also drew on the work of Yin (2003) who advocates the use of case studies for answering 'how' and 'why' questions that deal with the operational links that need to be traced over time rather than mere frequencies

and incidence. The limits of case studies with respect to generalisability are acknowledged by Bryman (1993).

The intervention was researched over a 12-month period following the experiences of families routinely referred to the service from two different Children's Family Centres. Researchers based at the University of New South Wales and independent of the agency undertook face-to-face semi-structured interviews with the parent/caregiver and the child (at the family home), and with the key worker (at the Family Centre) at the initial and mid-stages of intervention and at closure.

The process of data collection entailed audio-recorded, in-depth semi-structured interviews. In accordance with the ethics approval for this study from the University of New South Wales, participants were made aware that the interviews would be recorded for the purpose of transcribing; and names would be changed to ensure anonymity in reporting findings.

The qualitative data from interviews was analysed using the computer software AnSWR developed by the U.S. Department of Health & Human Services Centers for Disease Control and Prevention. Main themes were developed through the coding of the interview transcripts, beginning with open coding then moving toward core categories until each category was saturated and no new data emerged (Strauss & Corbin, 1990).

# Theoretical framework

Strauss and Corbin (1990) advocate the use of theoretical literature as a means of enhancing theoretical sensitivity to the phenomenon studied. In this enquiry, concepts of containment, stress and coping and the ecological perspective provide a framework of sensitizing concepts for illuminating the transactions between worker and family, and the process of change. Drawing on attachment theory, Warren Adamson et al (2004) elaborate the notion of 'containment' to characterise the 'holding' or supportive activity of family centres. Attachment theorists refer to the sensitive responding involved in secure attachment and the emotional containment through which parents/caregivers enable a child to develop a sense of self (Winnicott, 1964; Bowlby, 1988).

It is suggested that Winnicott intended a wider application of the concept of holding to incorporate the therapeutic environment of a range of settings in which children and families are helped (Greenhalgh, 1994, cited in Ward, 2001). Family centre clients experience issues related to violence, trauma, loss, alienation and abandonment and sometimes have had troubling childhoods presenting workers with confronting challenges in the helping process. In the view of Ward (2001, p. 34).

> 'what needs 'holding' in these settings is not only the individual child or parent and their own distress, but also groups of children and parents, and their interactions with each other and with their communities and broader networks, as well as the group of staff, whose own strong feelings both as individuals and team members, will be aroused through working with the children and families'.

In recent literature there has been a developing interest in specific responses to stressors and mediating factors. In their theory of psychological stress and coping, Lazarus and Folkman (1984) note the role of emotion and cognition in stress. The meaning of 'life events' and 'daily hassles', and appraisals of these events and available resources have come to be identified as being important in assessing stressful experiences and coping behaviours. This multi-dimensional approach to stress and coping and the transactional models proposed by Lazarus are gaining support with much of the current research based on his formulations emphasising a focus on process-oriented as opposed to outcome-oriented research design.

Other writers advocate an ecological framework which recognises the influence of environmental factors on family functioning (Bronfenbrenner, 1979; Garbarino & Eckenrode, 1997). This framework facilitates understanding of complex relationships between families and their ecological environments to identify those interfaces where there is stress and encourage practitioners and families to mobilise potential enriching formal and informal support networks, and promote positive change by utilising family strengths (Mulroney, 1998). Underlying assumptions of a strengths perspective are that 'humans have the capacity for growth and change' and that 'human beings are resilient' (Early & GlenMaye, 2000, pp. 2, 3). Clearly all of these concepts are important to this research which aims to illuminate the process and intermediate outcomes of helping interactions in family centres. They can offer an overreaching framework for thinking about practice and the interactions portrayed in the two following case studies extracted from the research.

# Findings: Case studies

The two case studies discussed here were developed out of the qualitative data from research interviews and map two workers' interventions with the families. Both clients (mothers) had experienced violent physical abuse perpetuated by their partners. One of the clients was mandated to the service by the Department of Community Services (DoCS, the statutory child protection agency for New South Wales) as a step towards reunification with her children, and the other was seeking assistance with housing and had also been referred to the Family Centre by the same Department. Both case studies highlight the broad issues of child protection, partner abuse and inadequate support systems. The first, Jameela, comes from a family centre situated in a multicultural area of Sydney, largely Arabic, and the second, Lisa, is from a centre situated in the city's Western Suburbs, largely Anglo-Celtic. In the case studies presented here, one cannot presume to have been able to tell the whole story of the families' experiences or the family centres' endeavours, however they attempt to shed insight into some of the steps-on-the-way.

## *Case study: Jameela*

### The family at the time of referral to the family centre
Jameela is a single mother from an Arabic background with three school-aged children – two boys, aged 14 and 12 years, and a girl, aged nine years. Jameela had separated from her husband due to violence. The family was struggling in the private rental market, and barely meeting the day-to-day living expenses on welfare payments. Jameela's struggle to provide for three children had put her into debt with her family and a local creditor. Because the children were falling behind in school, Jameela was also attempting to meet tutoring expenses. Jameela's situation was further compounded by sporadic and threatening visits by her former partner and her family's lack of emotional support with this issue. Any financial support from her family came with pressures to comply with traditional roles and remain with the abusive husband.
Jameela's initial contact with Barnardos Family Centre was through a referral by the Department of Community Services (DoCS) – the statutory child protection agency for New South Wales. Jameela described to the researcher the initial context of the referral.

> 'Everybody was scared... problems sleeping... [We] wanted help to get out of the house. The first thing, I'd like to see myself out of the house... I just can't handle it... Things to be calmer... see the kids happy' (Jameela)

The stressors in Jameela's life were overwhelming both for her and the children. Jameela and the children were paying a heavy toll due to the lack of social support from her extended family. Yoshihama (2002, p. 431) outlines the risk for women in some cultures in relation to separating from a spouse.

> '... Such acts may incur serious familial or societal sanctions, such as being ostracized by members of their families or community. For some, confronting their partners, asserting their rights, or seeking outside assistance may mean going against their cultural norms and values'.

## The first two months of intervention

The overriding themes in Jameela's case were her own safety, the safety of her children from an abusive ex-partner, and her ability to support her family financially and emotionally. Furthermore, Jameela seemed to be experiencing a reduced level of emotional functioning because of what she experienced as an imminent threat of violence from her former partner's sporadic visits, and the reduced support from her family. Prior to meeting the Barnardos centre worker Jameela was not aware of the options that were available to her in regard to accessing formal agency support. This seemed to be a turning point for her.

> 'I never knew things like that were around... I was going through it all by myself and I didn't know what to do or where to go. And all of a sudden I knew that somebody was coming to court with me. Somebody who could help me with a lot of things... There's all these things available for us, and we didn't know all about it. Even though I was brought up here. And educated here... I never knew anything about it. Just till when (worker) rang up.' (Jameela)

The family support worker spent the first six weeks working with the family conducting home visits twice a week. She built a supportive, trusting relationship with the family members in completing the strengths based, comprehensive assessment framework, 'Supporting Children and Responding to Families' (SCARF), (an adaptation of the UK Framework for Assessment of Families of Children in Need to the Australian context). The Framework, grounded in ecological principles, promotes a holistic and participative approach to assessment (Fernandez & Romeo, 2003). Jameela commented positively about this process:

> 'I think it was quite good actually. She sat with the kids. And she stayed there with the kids. It was quite good... She's also given them free tickets to the Teddy Bear's Picnic, and things like that, so they're getting happy with her, and, they like her... She's quite good'.

The worker highlighted Jameela's achievements and her continuing concerns in this phase of working with her.

> 'I think one of the strengths is that the mother notices a difference in the children's age and talks to them accordingly... explaining what they've done wrong and then having consequences. My biggest concern is that she's depressed and tired and unsupported and that she's going to crack... she's going to be so tired that she's just going to let them do what they want'. Jameela confirmed these concerns.

The worker characterised her work with Jameela as follows:

> 'Some of it's practical, but mostly it's emotional. And increasing the mum's self-esteem. When the mum's feeling confident things seem to be better. She's stronger, she's able to take more control of the situation. That's about building up her confidence.' (Worker)

At this point the worker concentrated on the more urgent activities. These included the worker attending court as a support person as the mother applied for an Apprehended Vio-

lence Order against her estranged husband, while at the same time working with the mother on a priority housing application.

In this case, the worker's own experience as an Australian of Arabic decent and a woman helped her connect with Jameela who was of the same background. The worker formed her plan around the client's perception of the problem, and continued to also acknowledge the client's strengths which she identified as Jameela's preparedness, against the norms of her cultural background, to break away from an abusive partner and her competent and consistent care for her children. The jointly negotiated case plan included resolving her housing situation; addressing the threats of violence; providing Jameela with counselling support to work through her depressive episodes; and arranging counselling for the children.

The helping relationship between worker and client involves building trust on both sides of the relationship, acknowledging the client's strengths, and starting from where the client is at (Brun & Rapp, 2001; Saleebey, 1992). Summing up her approach the worker commented.

> 'I think it's important to be able to see the bigger picture... so the family as a whole network, the whole group. A little bit about reading between the lines is important. And knowing the system, to help the families play the game... Being non-judgmental, a real passion for social justice, a feminist approach... So the impact has been that I'm constantly reminded to put my theory into practice. And do those things, to not-judge, and to empower.'

In the next four to six months with the support of the worker Jameela began seeing a counsellor at the community health centre for her depression. Her self-esteem gradually increased. At this stage the worker was able to support Jameela with issues relating to debt, with court proceedings and also succeeded in getting the family prioritized for community housing. The family were again rejected by the Department of Housing. However, this time Jameela was not alone in her feelings of rejection. Acknowledging that not everything had always gone smoothly, the worker reflects on her own sense of powerlessness in a parallel process with the client.

> 'Just that we don't have power within the government agencies to make any real changes so we feel that real sense of frustration the way families do.'

There was however some success at this point in the intervention. The youngest child gained a position with the Family Centre's weekly after school one-on-one tutoring program, 'Homework Help'. Also the children benefited from many recreational outings accessed via the Centre, such as 'mystery airplane flights' and became increasingly aware of the worker's role. The children affirmed this in interviews with the researcher.

> 'They just explained that they'd be working with the family and... how they'd be working with the family. Like, to make things better.' (Child female 9 yrs)

> 'If we need help with things... Um... the holidays and stuff, and the aeroplanes and stuff like that (excursions).' (Child male 14 yrs)

> 'For my mum.' (Child male 12 yrs)

In the final phase, the family support worker continued helping out with legal issues. As a short-to-medium term accommodation solution, the worker negotiated Family Centre Supported Accommodation. This lifted the main financial burden off the family, and importantly, kept them safe from the violent estranged husband.

Jameela's self-confidence as reported by the worker had dramatically increased and the worker attributed this largely to the domestic violence counselling which provided an outlet for her feelings related to the abuse she endured (McKay, 1994). Jameela's contact with the family support worker at this point began to taper off.

There were still areas the worker continued to work on, including getting the middle son into the Barnardos 'Homework Help' program and dealing with concerns that the eldest son was becoming overly responsible for the family, possibly taking on the role of the absent father. Barnardos Temporary Accommodation Program, then took primary responsibility for Jameela's case, which would continue facilitating the family's needs until permanent accommodation became available.

## Gains for Jameela

Jameela came to the services conflicted with the decision about staying in a relationship knowing that she and her children were at risk of her husband's violence. In exploring her situation the worker tuned into the pressure Jameela was experiencing from cultural expectations of her as a woman and mother. This was compounded by the lack of confidence and self-doubt about her ability to manage alone economically and emotionally. The worker and the Centre became for her a transitional family replacing the process of containment her extended family had provided. The worker explored the issues constructively with Jameela in ways that were sensitive to her cultural background. By virtue of having a similar ethnic background the worker displayed a good understanding of the client's cultural and belief systems to understand Jameela's world and what it meant to her to share her deepest worries with staff in the Centre and seek help.

Exposure to the Centre made Jameela aware that other families in need used the resources of the Centre and extended her support network. The worker also continued to explore with her ways of involving her extended family in a supportive way. Also she began to appraise her personal strengths and external supports to cope with the changes and demands. The Family Centre, in this case study, served to contain the family in crisis through multiple support networks, while enabling Jameela achieve her own goals related to safety, housing and education for her children, and enhancement for herself.

# Case study: Lisa

## Background

Lisa came from what could be considered an upper middle class family; she had a financially privileged upbringing. Around the age of 12 her mother informed her that her father was not her real father, and that her real father had died. From this point on she began exhibiting challenging behaviours. She began running away, and was considered by the authorities to be uncontrollable, spending much of her teenage years in residential and foster homes. She perceived her parents' home as being a cold environment with little opportunity to experience being a child. To further compound her alienation from her parents her mother told her, in her late teens, that her father was actually alive but they did not know where he was. Later as an adult she eventually met her father and expressed disappointment in him. By the age of fifteen her grandparents had, through the courts, become her carers. She went on to study at a tertiary level and was employed in her chosen field. However, in the last five years things started to go down hill, through her own and her then partner's drug dependency. The couple during this time were bringing up three children. The violence inflicted on her by her partner brought her to the attention of the Department of Community Services (DoCS). The Department removed two children to care and required her to take parenting classes and attend a drug programme before the children could be restored.

## The family at the time of referral to Barnardos family centre

Lisa recounts to the researcher events leading up to the removal of her children to care.

> 'At that time, gee. Yeah, we'd been through a really traumatic lead up before all the girls were taken. My partner, the youngest baby's father, there were drug issues. We were both amphet-

amines abusers at the time. He lined my children up when I was walking them to school, with a thirty-thirty rifle, and was going to shoot them. Yeah. And because I was unable to keep my kids, like put them in a safe environment and stop things like that happening, they were put into care until I got my act together, and what not...'. Lisa went on to elaborate on her experience of the domestic violence.

'I didn't have the power to leave him... And my family chose to turn a blind eye and ignore it. They knew what was going on, but they just shut off from it all. Yeah, the kids' schooling suffered. Their behaviour patterns changed and what not... They got aggressive and nasty. One of them withdrew really, really bad. And just shut herself in her room, and wouldn't respond to anybody or anything.'

Following a comprehensive SCARF Assessment the worker summarised her case plan as arranging safe interim accommodation for the family; working towards financial and housing stability; arranging counselling for the girls; facilitating the girls' fuller involvement in school and arrange ongoing supportive counselling for Lisa.

The Family Centre was able to offer Lisa supported accommodation promptly. This gave Lisa a safe environment for herself and for her children to have access visits, until such time when reunification was considered appropriate. At this stage the worker didn't feel she had achieved very much for the client. She credited Lisa herself for addressing many of the issues associated with the reunification of her children. The worker was also inclined to minimise her own input. The worker recognised that Lisa was a very strong and resilient person.

However Lisa takes a different view of the input of the worker and that of the Family Centre. Lisa went on to reflect positively on the response of the worker and the family Centre to her pressing need for accommodation and support.

'... because it was sort of self-sufficient (supported accommodation). And because the support was just a pager away. It was all self-contained, we had our own space. But yet if anything sort of, or if I thought it was a bit much to handle, I could ring them. You know, there was someone there. It was good... Cindy (worker) is very compassionate, very, very understanding. Yeah, nothing you told her sort of phased her. She would help no matter what. Yeah, I think the more honest you were with her, the better advice for you. She was great.'

The worker seems to have experienced some difficulties in engaging Lisa and speculated on reasons why she (Lisa) might have held back.

'I suppose I tried to work with her the way I worked with everyone else, but she was... very difficult to engage... I think in some ways she saw us as an intrusion. I think she knew we had to be there, because that's what DoCS (child protection services) wanted. I think she saw us just as a part of the process.'

It seems that the worker and client had differing perceptions around the helping relationship and intermediate outcomes. When Lisa was asked by the researcher about any positive or negative changes in the children's lives since being involved with the Family Centre, she said

'It was good for my kids actually. They got to see other kids, the other children that were there, they got to see other kids in crisis as well, and realised that they weren't the only ones. Other kids do have a harder time than they had, and others not so hard. They enjoyed it, it was good for them. To have people around that were going to help. They could see that. Things happened. They didn't just make all these empty promises, things actually did happen. And that was really good for them, they needed that boost. Yeah it's been great... Their behaviours are great now. The stability, kids need it. They are great. Excellent.'

We can begin to see an aspect of 'containment' and 'holding' that is important to Lisa: that is, that somebody is there for her and her children, somebody who follows through on what they say. Lisa has been let down in the past and has not placed much trust in others. She stated her only social networks were her family, and they had not been very supportive, or honest. Lisa found it difficult to ask for support and this was something that worried the worker. The worker was acutely aware of the emotional toll of having the children removed from her care, and the coping strategies Lisa might have adopted to deal with the stress and pain engendered by this crisis. The worker notes.

> 'She didn't share much of herself or ask for much... Just that I suppose that she's probably trying too hard to be perfect or appear to be perfect and not asking for help... I suppose because she's lost the kids in the past and she doesn't want that to happen again. And she's fairly committed that she does give them the sort of upbringing she would like them to have.'

However, the worker recognized that on occasions Lisa's responses to her children were not always appropriate. In relation to an incident at School, the worker notes that Lisa's stressors at times lessen her ability to be discriminating in her actions.

> '... sometimes the way she approaches things can be a little bit inappropriate. She had an incident where she witnessed some girls ostracizing her eldest girl. And she actually said something to them. And also then told (her eldest girl) that she was, more or less to get involved in a fight, these girls were bullying her, to fight back...'

The incident presented the worker with an 'in the moment' opportunity to communicate with the parent about dealing with conflict in everyday interactions, capitalising on formal and informal times to offer supportive input to families, a characteristic of the family centre approach (Ward, 2001). Lisa's growing involvement with the children's schooling and their teachers also become evident.

> 'But yeah, I get on fine... I see them everyday, because I pick them up and take them... I made sure they all got a run down on what's happened, so that if anything comes of it, they (her children) get moody or whatever, you know, they've had a hard time...'

Lisa become increasingly conscious about her children's needs and aware that the past few years had left them fragile (Wolfe et al., 1986). However, in talking about her children having a hard time, she could also be talking about herself. Lisa recognised that the stressful events her children faced made them more vulnerable to everyday events, as it had herself.

In the final phase of the worker's intervention Lisa made the transition from the Family Centre Supported Accommodation into private rental accommodation. She was also receiving more support from her family around child care. The worker at this stage gradually withdrew contact with the family; she had tried to ensure the services the family needed were available to them. In her concluding comments to the researcher the worker elaborated on the slow but eventual development of trust in her and the Centre by Lisa.

Lisa did contact the Family Centre subsequently for help to pay an electricity bill. She was pleasantly surprised when they agreed. However Lisa was disappointed that the worker had not stayed in touch, and that the intervention had ended so suddenly. Lisa observed

> '... they haven't followed up, even with a phone call, to say how are things going. I mean I know they're extremely busy and they have a lot of ins and outs there, but still, even a phone call would have been appreciated.'

The overriding theme in this case was one of establishing trust and establishing how much should the worker intrude into the client's world. Because there were statutory protective is-

sues Lisa may have experienced the Family Centre as an extension of the mandatory arm. This seems to have made relationships from the worker's perspective very difficult. The worker desired to support the clients in her goals, yet sometimes experienced the offers of support rejected. In this case Lisa may have experienced received support as a sign that she was not coping, considering the previous removal of her children. The initiative on the worker's part to withdraw a little and respect Lisa's abilities by empowering her (eg. giving her the phone numbers of counsellors to follow up when she is ready and supporting her desire for private rental against the wishes of the Department of Community Services), seemed fruitful.

Lisa was able to use the environment of the supported accommodation as a springboard into a new way of being. In considering change in relation to time, Lisa expressed that when things were becoming worse in her life it was so gradual it was difficult to see. Lisa had so little support in her life to foster positive changes, or to recognise the negative ones.

### Gains for Lisa

Lisa, like a substantial number of users of the Family Centres, was referred by Child Protective Services to address child protection concerns. Not unlike many parents involved with statutory services Lisa presented in a way that, to her worker, appeared to be guarding against these painful experiences, and it took sustained and sensitive work on the part of the worker to achieve trust. Through her work with Lisa, the worker illustrated the need to respect, empower and work in partnership with parents and acknowledge the impact of adverse parenting and childhood experiences of trauma and their impact on parents' capacity to cope with and nurture children (Bower, 1995). An important focus of the work was on enhancing Lisa's coping abilities and developing the physical and emotional parenting environment to enable Lisa to resume care and build her relationship with the children.

# Discussion

What is striking about both cases presented is that they both have experienced reduced familial support as a result of violence perpetrated on them by their partners. Barnardos recognises that 'Family support must offer practical services designed to make up for inadequate social support characteristic of "at risk" families' (Tregeagle & Voigt, Barnardos Monograph 20, p. 1). Anderson et al's (2003, p. 830) longitudinal study of 94 women separating from abusive partners also recognized that '... social support was the most effective personal resource...' Both case studies presented here emphasise this need to enhance their coping resources and strategies.

Jameela highlights from a cultural perspective that the support of the family can be withdrawn if cultural norms are not accepted. Family acceptance in Jameela's case could have meant continuing physical abuse from her partner and risk of abuse for her children. The extent of Jameela's strength and conviction to break away was recognised by a worker of the same background, and therefore Jameela was provided with alternative support systems that could enable her to support herself and her children independently. The revelation of available formal support systems seemed to empower Jameela, therefore enabling Jameela to make choices in regard to her own safety and the safety of her children.

Lisa also suffered from inadequate social support, and as the worker surmised, found it difficult to receive or ask for help. The Family Centre and supported accommodation offered an environment where Lisa could be surrounded by formal and informal support, experience a culture of caring and feel '... self-sufficient... self-contained...' (Lisa), a space to practice what she had learned through different parenting programmes, and concentrate on her own goals, and as she stated.

'If I thought it was a bit much to handle, I could ring them'.

The Family Centre had created a supportive environment that enabled Lisa to eventually establish herself and her children in an economically viable and supportive context that she felt she could sustain. Since moving into a rented house, Lisa had been able to resource her own supportive environment by accepting help from her family, especially around child care.

Of course both Jameela and Lisa are not at the end of their journey in addressing aspirations for themselves and their children. However, in the case studies presented we can see some of the steps on their journey. Some of these are leaps, others are stumbles. Furthermore, some of the ground gained by clients may not always be recognised by the client or the worker.

The Family Centres portrayed in the case studies presented seemed able to contain the family in crisis, and supported the clients in achieving their own goals. The families were able to experiment with new ways of being, in a safe environment, and replaced supports that had been pulled away. The support offered to Jameela and Lisa appears empowering and has helped them to be independent without being isolated. Jameela discovered a support network that more reasonably ensures her safety and that of her children, and Lisa was able to reconnect with and utilize her own family network, which was previously inaccessible. A number of useful points emerge from the two case studies that offer guidance for effective work with families.

# Key messages from the research

## *Stress of parenting in poor environments*

Although maltreatment occurs across socio-economic boundaries several writers posit links between child abuse and neglect and poverty, isolation and social disadvantage in their analysis of the disproportionate numbers of children and families who become mired in protective care systems (Garbarino & Ekenrode 1997; Fernandez, 2005). They have argued that the pervasive life stress inherent in the deprivations of poverty, including inadequate housing and financial resources, sole parenthood, absence of child care alternatives and inadequate social support, reduces parents' coping skills and serves to trigger maltreatment. A high degree of social support is a key protective factor in this context (Sheppard & Grohn, 2004). A key message in this respect is the need for centres to recognise the multiple and overlapping nature of stressors and disadvantage experienced by parents so that support needs to operate on a number of dimensions, tackling stressors at the child, family and community levels simultaneously. Despite living in poor environments and confronting many stresses and challenges the two parents in this research manifested high levels of concern for the wellbeing of their children and were keen to access opportunities and services that would help them in the parenting task and further their children's well being.

## *Universal vs. targeted services*

Clearly family support support services afford containment to adults in their roles as parents with problems that threaten the family stability and child well being (Helinckx et al., 1997). However as Gilligan (2000, p. 18) notes 'social support cannot make up for inadequate housing, inadequate educational opportunities... or shortcomings in the fabric of local neighbourhoods'. Undoubtedly universal services are needed in addition to targeted services to provide families with an appropriate safety net.

## Beyond the early years

Families do encounter difficulties and fall through the net after their child moves beyond the early years into latency and adolescence. While the current emphasis on intervention in the 'early years' is important, it is equally important to recognise the vulnerabilities of older children so that they are responded to in the early stages in the potential development of psychological and social difficulties. The paucity of counselling services for children in both case studies was alluded to by the workers.

## Dialogue with service users

Research interviews with parents and children enabled this study to view outcomes from their perspective. The data from these interviews illustrated that service users can provide insightful input on their needs, their experience of service interactions and service effectiveness, and thereby contribute usefully to service planning.

## The parent/provider relationship

The case studies highlighted valued service provider qualities and competencies. Both parents acknowledged their worker's attributes such as understanding, warmth, openness, non-judgemental attitudes, dependability and acceptance, affirming trends in previous research (Macdonald & Wilson, 2000; McCurdy & Jones, 2000; Ribner et al., 2002). Acknowledgments by clients of the significance of these qualities underlines the need for Family Centre management to ensure workers receive adequate levels of supervision and support and manageable caseloads to maintain these qualities and competencies. Providing a 'holding environment' for staff through supervision and support is seen as integral to the infrastructure of care provision to children and families. In this regard Ward cites the views of Miller (1993), 'the quality of the holding environment of staff is the main determinant of the quality of the holding environment that they can provide for clients' (Ward, 2001, p. 35).

# Conclusion

Both parents came to the centre with powerful stories of trauma and alienation and both clients and workers constructed different approaches to telling their stories. Through these helping encounters avenues were created for the worker and family to co-construct new narratives evolving in the context of adversity, disadvantage and differential power relations arising from class, gender and culture. Through planned and purposeful, as well as 'opportunity led' interactions, both Centres worked with the families in meaningful ways providing a holding environment for parents so that they could in turn provide emotional containment for their children.

### References

ANDERSON, D.K., SAUNDERS, D.G., YOSHIHAMA, M., BYBEE, D.I., & SULLIVAN, C.M. (2003). Long-term trends in depression among women separated from abusive partners. *Violence Against Women, 9*(7), 807-838.

ARMSTRONG, C., & HILL, M. (2001). Research review: Support services for vulnerable families with young children. *Child and Family Social Work, 6*, 351-358.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2001). Child Protection Australia 1999-2001. Canberra: Australian Institute of Health and Welfare.

BARNARDOS ANNUAL REVIEW (2003). Barnardos caring for Australia's children: 120 years of caring. Australia: NSW. Website: http://www.barnardos.org.au Accessed Nov., 03, 2004.

BERRY, M. (1997). *The family at risk: Issues and trends in family preservation services.* Carolina: University of South Carolina Press.

BERRY, M., & REED, C. (2004). Conceptualizing and enacting research: A family support centre schema. Fourth international seminar on outcome-based evaluation in child and family services. Cross national research initiatives. Abano Terme, Italy, Sept. 2004.

BOWLBY, J. (1988). *A secure base: Clinical applications of attachment theory.* London: Routledge.

BRONFENBRENNER, U. (1992). Ecological systems theory. In R. VASTA (Ed.), *Six theories of child development.* London: Jessica Kingsley.

BRUN, C., & RAPP, R.C. (2001). Strengths-based case management: Individual's perspectives on strengths and the case manager relationship. *Social Work, 46*(3), 278-288.

BRYMAN, A. (1993). *Quality and quantity in social research.* London: Routledge.

CANNAN, C. (1992). *Changing families changing welfare: Family centres and the welfare state.* Wheatsheaf: Harvester.

DEPARTMENT OF FAMILY AND COMMUNITY SERVICES (DFCS) (2004). Stronger families and communities strategy. Website: http://www.facs.gov.au Accessed Nov. 03, 2004.

DEPARTMENT OF HEALTH (2000). Framework for the assessment of children in need and their families. Website: http://www.dh.gov.uk/Home/fs/en.

DEPARTMENT OF COMMUNITY SERVICES (DoCS). Website: http://www.community.nsw.gov.au Accessed Nov, 04, 2004.

FERNANDEZ, E. (2002). Protecting children through family support services. In T. VECHIATO, A.M. MALUCCIO, & C. CANALI (Eds.), *Client and program perspectives on outcome evaluation in child and family services* (pp. 132-149). New York: Aldine de Gruytere.

FERNANDEZ, E. (2005) The challenge of child protection. In M. ALSTON, & J. MACKINNON (Eds.), *Social work fields of practice* (pp. 176-193). Australia: Oxford University.

FERNANDEZ, E. (1996). *Significant harm: Unraveling child protection decisions and substitute care careers of children.* Avebury: Ashgate Publishing.

FERNANDEZ, E., & ROMEO, R. (2003). *Supporting children and responding to families: Implementation of the framework for the assessment of children in need and their families. The experience of Barnardos.* Australia, Sydney: University of New South Wales.

GARBARINO, J., & ECKENRODE, J. (1997). *Understanding abusive families: An ecological approach to theory and practice.* San Francisco: Jossey-Bass Publishers.

GIBBONS, J. (1995). Family support in child protection. In M. HILL, R. KIRK, & D. PART (Eds.), *Supporting families.* London: HMSO.

GILLIGAN, R. (2000). Family support issues and prospects. In J. CANAVAN, P. DOLAN, & J. PINKERTON (Eds.), *Family support: Direction from diversity.* London: Jessica Kingsley Publishers.

GLASER, G., & STRAUSS, A. (1967). *The discovery of grounded theory.* San Francisco: Aldine Publishing Company.

HAMMERSLY, M., & ATKINSON, P. (1983). *Ethnography: Principles of practice.* New York: Tavistock.

HOLMAN, B. (1988). *Putting families first.* London: MacMillan.

LASARUS, R.S., & FOLKMAN, S. (1984). *Stress, appraisal and coping.* New York: Springer Publishing.

MCCURDY, K., & JONES, L. (2000). *Supporting families: Lessons from the field.* Thousand Oaks, CA: Sage.

MCKAY, M.M. (1994). The link between domestic violence and child abuse: Assessment and treatment considerations. *Child Welfare, 73*(1), 29-39.

RIBNER, D.S., & KNEI-PAZ, C. (2002). Client's view of a successful relationship. *Social Work, 47*(4), 379-387.

McCurdy, K., & Jones, E.D. (2000). *Supporting families: Lessons from the field*. Sage: Thousand Oaks, CA.

McMahon, L., & Ward, A. (2001). *Helping families in family centres: Working at therapeutic practice*. London: Jessica Kingsley Publishers.

Mulroney, L. (1998). Family support: A vital link in the chain. *Children Australia, 23*(1), 19-28

Pitthouse, A., Lindsell, S., & Cheung, M. (1999). *Family support and family centre service: Issues, research and evaluation in the UK, USA and Hong Kong*. Aldershot: Ashgate.

Pitthouse, A., & Holland, S. (1999). Open access family centres and their users: Positive results, some doubts and new departures. *Children and Society 13*, 167-178.

Saleebey, D. (1992). *The strengths perspective in social work practice*. White Plains, NY: Longman

Sheppard, M., & Grohn, M. (2004). *Prevention and coping in child and family welfare*. London: Jessica Kingsley Publishers.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. London: Sage Publications.

Tomison, A.M. (1997). *Preventing child abuse and neglect in NSW: Findings from a state audit* Sydney: NSW Child Protection Council.

Tregeagle, S., & Voigt, L. (1996). *Empowerment of families through family support*. Monograph 20. Australia: Barnardos Australia.

Tregeagle, S., & Tolley, S. (1997). *Children's family centres – Integrated family support services to prevent abuse and neglect of children*. Monograph 34. Australia: Barnardos.

Ward, A. (2001). Theory for practice in therapeutic family centres. In L. McMahon, & A. Ward (Eds.), *Helping families in family centres: Working at therapeutic practice*. London: Jessica Kingsley Publishers.

Warren, A., Adamson, C., & Lightburn, A. (2004). Sensitive outcomes, and the development of practice protocols for evaluation. Fourth international seminar on outcome-based evaluation in child and family services cross national research initiatives. Abano Terme, Sept. 2004.

Winnicott, D.W. (1964). *The children, the family and the outside world*. London: Penguin.

Wolfe, D.A., Zak, L., Wilson, S., & Jaffe, P. (1986). Child witness to violence: Critical issue in behavioural and social adjustment. *Journal of Abnormal Child Psychology, 14*, 95-104.

Yoshihama, M. (2002). Battered women's coping strategies and psychological distress: Differences by immigration status. *American Journal of Community Psychology, 30*(3), 429-452.

Yin, R.K. (2003). *Casestudy research: Design and methods*. London: Sage Publications.

## Author note

**Elizabeth Fernandez, Ph.D.**
School of Social Work
Level 15 Mathews Building
University of New South Wales
Sydney NSW Australia 2052
Ph: +61 2 9385 1865
Fax: +61 2 9662 8991
E.Fernandez@unsw.edu.au