Mapping change in a child and family centre in Melbourne, Australia

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Abstract

This paper reports on the Melbourne, Australia component of the International Study of Sensitive Outcomes. One family was recruited from Berry Street Victoria in Melbourne to participate in a case study. A naturalistic case study of the work with this family has been conducted from shortly after intake to termination. The intervention under examination was that of family therapy. The study utilised the principles of participant action research to identify the 'steps-on-the-way' to the identified 'crude outcome' of strengthened family relationships. Important 'steps-on-the-way' included clarification of limits and boundaries to ensure safety in the home, family members becoming more accountable for their movements through more active communication, rituals of nurture being initiated to engage an estranged young adult family member and family strengths and resources being affirmed in therapy sessions. The role of the Family Centre as 'container', along with the evident *synergy* between the Centre and its ecological niche, emerge as instrumental contextual factors in the change process.

Key words: family centre, change, outcome, synergy

Introduction

This paper reports on case study research undertaken as the Melbourne (Australia) component of the Sensitive Outcomes cross-national study. The agency setting is *Berry Street Victoria* (BSV) – a large, long-established and respected non-government organisation in the State of Victoria. BSV began as a foundling hospital in 1877. It now operates a wide range of programmes throughout the State. BSV is perceived locally, and indeed nationally, to be a key service provider in the Australian child and family welfare field with a strong commitment to excellence in service delivery, professional education and research. More information on the fascinating history of this agency and the breadth and depth of its current responses to the needs of children, adolescents and their families can be located at www.berrystreet.org.au.

One family was recruited for the Melbourne Sensitive Outcomes study. The family worked with the *Matters* Programme (Mediation and Therapy to Enhance Relationships) which is based in a metropolitan Family Centre operated by Berry Street Victoria (BSV). The *Matters* Programme aims to prevent adolescent homelessness by working with young people and their families to strengthen relationships and resolve conflict. This may include group work, conflict resolution, family therapy and individual counselling. This Programme offers information, support, referrals and advocacy to adolescents experiencing on going conflict with their families which may cause them to 'drop out' of school and leave home prematurely. If they have al-

ready left home, the *Matters* programme works toward their return – where this is collaboratively deemed a desirable outcome.

Data collection for this case study took place during 2004-2005. The unit of analysis has been the Centre; data collection has targeted a variety of sources: practitioners, family members and the Centre Manager.

Outcomes

The *Matters* Programme aims to actualise adolescent and family strengths. Workers are focussed on improving the self-esteem of parents and young people. They strive to build positive connections within the community. A key aim of the Programme is that of enabling adolescents to live with their families (where this is a safe and viable option); the Programme also assists adolescents to attend school and to stay out of the criminal justice system. In relation to the latter desired outcome, Centre staff have worked to establish a strong and positive relationship with local police officers. As a result of this award winning collaboration, first time juvenile offenders and their families are routinely referred to the *Matters* Programme rather than prosecuted through the court system. The aim of this collaborative scheme, known as BACK UP, is to prevent re-offending and dislocation from family, school systems, and so on; such dislocation is inevitable when incarceration occurs. This approach to intervention has been taken in relation to all but the most serious of offences over recent years; it has met with an enthusiastic response from all parties involved.

Population served

The *Matters* Programme has a wide range of referral sources. It advertises extensively in the local community; this generates both inter-agency and self referrals. The family recruited for this study self-referred to the programme in response to advertising of BSV's family violence prevention programmes in the local newspaper. The mother in the case study family is a single parent who, at the time of her approach to the Centre, had recently separated from her violent partner of twenty years. She hoped that the team might be able to assist her and her three adolescent children in their recovery from longstanding trauma.

Inter-agency referrals to the *Matters* Programme come from many and varied sources. These include statutory child protection agencies, schools, community health services, Child and Adolescent Mental Health Services (CAMHS), church agencies, the police, the Children's Court, youth homelessness services and material aid agencies.

Presenting problems include adolescent and family homelessness, domestic violence, alcohol and drug misuse and school related difficulties. The Centre is a designated setting for regulation of parent-child access and for supervised access ordered by the Family Court of Australia. Homelessness is addressed through provision of emergency housing, individual and family counselling and referral and liaison services. Many family members in the *Matters* caseload are living with mild, moderate or serious mental illness. Some of these consumers, though by no means all, are receiving psychiatric services from specialist mental health agencies.

All of the challenges mentioned here confronted the family recruited for this case study.

Theory of change

BSV has a mission statement built on five core practice principles – courage, integrity, respect, accountability and working together. This mission statement has a high profile within the Family Centre and is actively promoted externally within the community it serves. In the course of this research, the Manager made reference on several occasions to the prominent BSV logo which states emphatically that "every child deserves a future".

The BSV mission statement and agency logo would appear to draw upon a theory of change grounded in ecological systems (Maluccio & Whittaker, 1997). The *Matters* Programme is consistent with this and is strongly oriented to the specific practice approaches of family systems interventions and strengths based practice. It aims for democratic empowerment through flexible, responsive programmes. The *Matters* team has a strong commitment to community outreach and to maintaining hope in the face of serious challenge. The team seems to balance this optimism with a realistic perspective in relation to resource capacity; "nothing is too hard for us – but we are not 'a one-stop shop' ". Gender-sensitive family systems practice from the micro to the macro level is emphasized – especially in the area of domestic violence, which forms a significant proportion of the Centre's work.

The power of the group to achieve change for individuals and families is also deemed extremely important by the *Matters* Programme Team; a wide range of therapeutic and educational groups are offered. These include *Standing up against Teenage Aggression*, a group for parents (especially single mothers); *Working Together*, parallel groups for parents and children where the parent is living with a serious mental illness – a programme run in collaboration with local mental health agencies; *Breaking Free*, a group for women living in situations of domestic violence; an anger management group for teenagers; and *Expression*, a music therapy group for mothers and children living in a situation of domestic violence.

There is a strong orientation to family therapy as a primary intervention strategy. Narrative constructivist approaches are especially favored. The team appears to especially draw upon the work of such theorists as Michael White, David Epston, Steve de Shazer and Insoo Kim Berg. The team argue that they are oriented to "small steps" in the change process rather than "rushing families through". They aim to "work at the family's own pace". This latter element in the theory of change would appear to relate closely to the set of meanings ascribed to the Centre as "container" (Berry, Bussey & Cash, 2001; Dawson & Berry, 2002; Cash & Berry, 2003). In this aspect, the ecosystems approach applied in the Centre's work incorporates object relations concepts at the micro-meso interface (Shuttleworth, 1989). An exploration of the community-based Family Centre as "container" has been central to the research design for this study. Community linkages in the change process are also highlighted by staff. Linkages such as that with the community police noted above would appear to be consistent with the Centre's 'containing' role.

The team cite professional supervision as vital to positive change being achieved. All staff members receive weekly supervision on an individual basis. Group work supervision is conducted separately. Professional training and development is strongly encouraged, supported and facilitated. This would appear to be further evidence of 'containment' in action.

Organisational context

In the course of monitoring *sensitive outcomes* along the way to *crude outcomes* for families, vigilance to the structure and function of the Centre itself and to the shifts taking place within that organisation, seems vital.

The *Matters* Programme is one of a number operated by the Family Centre. The Matters team members are all very experienced and highly trained practitioners. Many have post graduate qualifications in family therapy. There has been little staff turnover for many years – until re-

cently, when there has been small 'wave' of resignations. These resignations included that of my clinical research partner for this research project. His resignation was offered just after the termination of the case study.

According to the Centre Manager, such staff turnover occurs fairly regularly every two to three years. On this occasion, a range of individual personal and professional issues seemed to account for the resignations. All staff leaving apparently made very positive comments about the team, the Centre and the agency as a whole.

It does seem possible, however, that there may also be some generic factors involved in the turnover noted. One hypothesis is that staff working in the *Matters* Programme are subject to the notoriously lowly paid Social and Community Services Victoria (industrial) Award (2000). Practitioners, such as the majority of the *Matters* Team staff, who have post graduate qualifications (in some cases at Masters level) and extensive experience, are unlikely to work under these industrially inequitable conditions indefinitely.

During data collection for the case study, several staff members mentioned poor climate control in the office and cramped working conditions as health and safety challenges. It seemed possible that these issues played a part in at least one departure.

Mid-career change is also a definite possibility in a staff demographic such as the *Matters* Team. Team members are mostly aged between thirty-five and fifty years; as a group, they present as professionals who are keen to explore their potential as fully and creatively as possible.

Reduction of working hours on the part of the respected Centre Manager necessitated a programme re-structure during the latter part of the data collection period. This meant that her direct supervisory responsibilities were reduced from six programmes to two programmes. Two new Team Leaders were appointed to oversee the programmes she relinquished. This might, perhaps, have been viewed by some staff as a portent of change in the management regimen. Whether this contributed to staff turnover is unclear.

Ultimately, the stress of practice in child and family community centres cannot be underplayed as a major factor contributing to personnel change. Practitioners who choose to remain in the field for much of their working life appear to find the challenge stimulating. However, it must be acknowledged that working with troubled children and families, often in situations of crisis, is extremely demanding at both personal and professional levels. "Burnout" and/or urgent need for time out are well recognised occupational hazards in the field.

Community context

The Family Centre operating the *Matters* Programme is housed in a suburban shopfront. The shopfront and attached upstairs office space is leased by Berry Street Victoria. The Centre occupies a high profile position on a busy suburban shopping strip in the north eastern suburbs of Melbourne.

The community in which the Centre is located is ethnically, socially and economically diverse. There is a high level of trans-generationally inherited poverty in certain pockets of the catchment area. Some of the oldest public housing in the City of Greater Melbourne is located very close to the Centre. This area includes the notorious Olympic Village Housing Estate. Housing there was originally constructed for the Melbourne Olympic Games in 1956. After the Games it was quickly redeployed as Melbourne's first public housing estate – a somewhat desperate response to the acute post war housing shortage in the city. It almost immediately assumed the status of "urban ghetto". The estate has continued, ever since its inception, to be enormously challenged by the classic social problems that characterise poorly planned and unsupported neighbourhoods. The parlous state of the Olympic Village Estate is consistent with housing made available to marginalised families around the world for centuries. Interestingly, as Melbourne prepares to host the Commonwealth Games in 2006, a similar Village is under

construction – this time on the edge of the CBD. It too, is destined to become largely public housing after the Games are finished. Many in the Melbourne child and family welfare community have grave concerns that this new Village will become Melbourne's next "public housing disaster".

In extreme contrast to its public housing areas, the community boasts some of the most affluent neighbourhoods in Melbourne. This Centre must therefore be prepared to meet the needs of middle and upper middle class service users – admittedly presenting in somewhat smaller numbers – as well those of poorer families. There are also large areas of working class and lower middle class self-purchased housing in the Centre's catchment area. The family recruited for this case study might be described as middle class in terms of education of the parents, housing situation and lifestyle. At the point of marital separation, the financial status of the family suddenly became extremely precarious, as the unemployed mother assumed sole care giving responsibility for her children. The challenge of such a traumatic transition, for both parents and children, is common to many service users of the agency. The case study family sought Social Security assistance for the first time in their lives; the family also took in a number of student boarders to augment their income.

Despite these measures, the family came very close to losing their home of twenty years, as a result of not being able to meet mortgage payments. Fear of losing their much-loved home added enormously to the family's stress. During home visits I was taken on tours of the garden to view the children's "birth trees" – which had been lovingly planted years ago as each of the babies (now in adolescence and early adulthood) came home from hospital; I was also invited to inspect the children's bedroom murals painted by the mother in the family. All of this reinforced to me the very real fear felt by this family at the threat of losing a home that was at the core of its identity. At that time, members were struggling with the threat of further family violence, marital separation, drug and alcohol abuse and serious mental health issues. The loss of the family home was narrowly avoided after the mother was offered financial counselling by the Centre. This family's situation was not atypical. Many single parent families in the Centre's caseload faced similar challenges.

Anglo-Celtic families still dominate the local cultural landscape, but the ethnic mix of the Centre's community has undergone something of a shift in recent years. African refugee families have been living within the community for some time now, along with longer established families of European origin – most notably second generation Italian and Greek families.

Currently, more Asian and Southeast Asian families are moving into the area and the agency is trying to work differently to better engage them. It was a source of concern to management that there was only one staff member of Asian ethnic background working on the *Matters* team. This staff member was the clinician working on the Sensitive Outcomes project. As mentioned above, his was one of the resignations tendered just after the conclusion of the case study.

National context

This non-government child and family Centre is largely dependent upon government funding for its income. Some of the centre's programmes, such as the *Matters* programme, are federally funded, whilst others are state funded. Despite the fact that the State of Victoria is currently governed by the Australian Labor Party, a nation-wide political party with espoused socialist values, the Centre operates in a context of stringency and uncertainty in relation to funding.

As has been mentioned, during the period of data collection for this study the party governing the state of Victoria was ostensibly on the opposing side of the political fence from that governing Australia as a whole. However, in terms of child and family welfare rhetoric, there appears to be a remarkable consistency in philosophy between these two governing bodies. A

"blame and shame" critique of parenting and of child/adolescent behaviour appears to dominate contemporary Australian social discourse. The mother in the case study family was acutely conscious that she was being held accountable for her children's mental health problems and their inability to attend school for long periods of time. It is almost twenty years since Betty Carter, one of the maverick team of feminist family therapy researchers in the Ackerman Centre Women's Project in New York, pointed out that when children have problems at school, mothers almost invariably take the blame (Carter, 1988). Little appears to have changed in the interim. That education was valued enormously in this family's sub-culture made the mother's pain even more intense. The essentially homeless and risk-taking lifestyle adopted by the oldest child in the family proved to be yet another source of anxiety and shame for this overburdened primary caregiver. The case study family also presented many features of the "patriarchal father absent" family described by Luepnitz (1988). In such families patriarchal meanings are ascribed even when the father is physically or emotionally 'absent'. In the case study family an apparent longstanding emotional absence on the part of the father was accompanied by verbal and physical abuse. He ultimately departed from the family home. It seemed that patriarchal values continued to dominate, however, in the family's values and beliefs; this was also evident in the manner in which the family was structured. Over the period of intervention however, there seemed to be considerable shifts taking place in relation to gender issues. The mother and daughters gained greater confidence in asserting their need for support, whilst the son in the family took up dancing. There had apparently not been 'permission' for this boy to pursue his longstanding passion for ballet while his father was at home.

Recently, race-related riots have broken out in Australia, for the first time in over a century. These riots, along with urban unrest amongst aboriginal youth, have evoked strong criticism of the socialization styles perceived in families of diverse cultural backgrounds. The Manager of the Centre has been critical of the advent of federal government initiated compulsory parent education as a "quick fix" to the complex challenges associated with raising children in multicultural Australia.

An example of "Labor conservatism" within the State Government – perhaps permeating from the national Government's preference for individual responsibility – has recently emerged. This is the suggestion that parents separated from their children will have only six months in which to make changes deemed necessary for them to re-assume their rights and responsibilities under the newly introduced Victorian Children, Youth and Families Bill (October, 2005). It seems important to put these changes into international perspective. At the Seminar of the International Association for Outcome Based Evaluation and Research in Family and Children's Services in Italy in September, 2005, US and UK researchers expressed concerns about an alarming attenuation of timelines for families to achieve the changes deemed necessary for them to reassume parenting while their children spend time in "out of home" placements. Professor Marianne Berry, Chief Investigator for the Sensitive Outcomes cross-national project, reiterated this concern at the Australian Child and Family Welfare Association Conference in Melbourne in October, 2005. She reported that US families must now achieve designated goals within one year, under threat of having their children permanently removed. Remarkably, the US process would appear to pale somewhat in comparison with Victoria's own new Children, Youth and Families Bill. The Bill suggests that vulnerable families, along with the overtaxed child protection staff and non-government agencies assigned to work with them, must overcome what are often Herculean social and emotional challenges, within a six month time frame. The Family Centre engaged in this case study is, in fact, one of the non-government organisations likely to be charged with this responsibility.

Another major child and family welfare challenge for the national conservative government has been growing community opposition to the mandatory detention of refugees entering Australia. The Australian Government has taken strong measures to prevent refugees, especially those from Iraq and other Middle Eastern countries, arriving by boat via Indonesia – often as a result of "people smuggling". Over 800 refugees remain in detention centres across Australia

at the time of writing: (Australian Government Department of Immigration and Multicultural and Indigenous Affairs website: http://www.immi.gov.au/detention/facilities.htm-updated 23/12/05.) In August 2005, as a result of strong cross-party political pressure and unrelenting media exposure of the appalling living conditions in the camps, all women and children in detention were released into the community. Centres operated by agencies such as BSV have assumed responsibility for foster care, housing and general monitoring and supervision of these highly traumatised refugee families.

Method

This case study is qualitative and descriptive in nature (Strauss & Corbin, 1998; Reason & Bradbury, 2001). In designing the study, I have adapted Munford and Sanders' (2003) "Three Stage Model" for conducting qualitative research in community-based Centres. I have also attempted to rigorously apply the principles of *participant action research* that they and others advocate. Amongst those espousing those principles are the Australian qualitative research theorists O'Neil (2001) and Wadsworth (1998). In collaborating with a single parent family of domestic violence survivors, I have been especially mindful of the feminist approaches to research described by Reinharz (1992). I have also drawn heavily on Wolcott's (2001) inclusive qualitative "tree" of ethnographic research techniques.

At the outset of the research, I met with the family and the practitioner. Together, they identified the "most hoped for" outcome for the work they were beginning together – that of *strengthened family relationships*. This outcome was designated the study's *crude outcome*. Progress towards this outcome was then monitored closely with a view to identifying *steps-on-the-way*. The single intervention identified for attention was that of family therapy. In exploring *steps-on-the-way* to the one *crude outcome* of the intervention (Warren-Adamson, 2002) a range of qualitative approaches have been employed. These included semi-structured interviews with the practitioner (including two file reviews and a termination review), organisational briefings with the Centre Manager, three home visits, four observations of family therapy sessions and a focus group on the Programme's 'theory of change' with the *Matters* team.

Key findings

Careful mapping of this Centre's work with an individual family has proved its worth as a sharply focused lens through which to observe *steps-on-the-way* to the *crude outcome* identified. Over the period of data collection, the Family Centre as an organisation, the community it serves and the national context in which it operates, have also been closely monitored.

Frequently, the interaction between Centre staff, family and community has been observed to have a certain *synergy* that is 'greater than the sum of the parts' (Wigfall & Moss, 2001; Warren, 1997) and which creates an 'energy and a permission amongst the parts to interconnect creatively' (Warren-Adamson & Lightburn, 2005). Along with identifying specific changes along the way to a crude outcome, the case study has proved to be a beginning exploration of this vital, but often elusive, phenomenon of Family Centre *synergy*. It is this *synergy* which appears to provide the essential context for positive change.

The family

The family recruited for this case study consisted of a single mother and her three adolescent children. The father in the family had left the home some three months earlier, after a twenty year-marriage dominated by continuous domestic violence. A court intervention order was in place preventing his returning to the family home. As a result of this injunction, a joint team and family decision was made to delay any attempt to engage the father in the intervention process till the situation had stabilised. His direct engagement in the helping process did not eventuate however. Despite this, relations with the father improved gradually over the period of study.

The mother sought help, as she struggled to keep her children emotionally safe and in school in the aftermath of the separation. The nineteen year old elder daughter in the family had attempted to take her life not long before her mother's approach to the agency; the middle child, another daughter aged sixteen, had been admitted for psychiatric help in relation to depression. She had ceased attending school at that time, as had the highly anxious youngest child in the family, a twelve year old boy. The mother herself had also been admitted to an adult mental health facility for treatment of alcoholism and depression.

Upon meeting the family, the worker assigned to the case described the members as "not joining together – they were people scattered around". Both he and the family were keen to redress this situation as a matter of urgency. Hence their joint identification of the crude outcome of *strengthened family relationships* as the central focus for their endeavours.

All parties agreed that at the point of termination, important *steps-on-the-way* to the identified *crude outcome* had been achieved. The family responded enthusiastically to the democratic and respectful style of the Centre. They were especially excited by the creative and empowering family therapy offered; they repeatedly contrasted this with some negative experiences of "helping" in the mental health domain. This would appear to be a not uncommon contrast made by families experiencing both mental health and welfare challenges (Jones & Warren-Adamson, 2002).

Consistent with the principles of participant action research, it is appropriate to present the narrative of this case study through the voices of the participants. This, I have attempted elsewhere (McNamara – forthcoming). I will therefore present here in summary the *steps-on-the-way* which both family members and practitioner identified as significant areas of change on the journey to the *crude outcome* of *strengthened family relationships*.

The commonly identified steps-on-the-way included:

- The family having begun to plan outings and activities together – learning to be more sensitive to one another's preferences.
- The family having been coached to a heightened sensitivity of one another's needs for space and privacy.
- The mother in the family assuming greater responsibility for family management and parenting. She courageously addressed her alcohol addiction, completed a tertiary course of study and acquired work close to home, based on her qualifications.
- The mother being supported to establish and maintain clear legal and physical boundaries between herself, the children and their father, now permanently living separately from them.
- The children and mother gradually feeling relatively safe from the daily exposure to domestic violence that they had experienced for most of the twenty-year marriage.
- The family becoming more responsive to one another's needs – sharing household chores, for example.
- The two younger children in the family successfully transferring to new schools more accommodating of their special needs for pastoral support.
- All family members participating in a very successful surprise ritual of love and welcome for a visit by the 'prodigal' eldest child in the family. This ritual partially offset her brother's immobilizing fear that his sister might be "killed, raped or drugged"; it also somewhat as-

suaged her sister's concern for her level of unhappiness and dread that she might once again become suicidal.

- Family members agreeing to stay in close contact with one another through text messaging, telephoning and other means of regular communication.
- Rules about respectful styles of communication in the family being implemented.
- Family members seeing that they are actually an "extraordinary family" with enormous strengths and resources – not just an "ordinary" family with many problems. This was the message the worker gave the family at the end of a family therapy session early in the data collection period.
- Family members allowing others – including both the practitioner and myself, as researcher – into the home; this was a major shift in trust and intimacy. The family had, in the past, manifest the "no entry tradition" of many marginalised families described by Evan Imber Black (1988).
- The family feeling welcomed, affirmed, empowered and supported by the Centre. The mother felt that coming to the Centre had made the family feel that they were "strong people who can do things – not just sick little people with problems". The children repeatedly described the agency reception area as having a warm and caring ambience.

The family centre

Throughout most of the data collection period this Family Centre appeared to be very stable and settled in terms of staffing. Centre policy and lines of managerial accountability appear to have been well defined for many years. Overall, the agency presented a very solid and predictable 'persona' during most of the data collection period.

Consistent with this stability, there is a very clear message from the case study family that the Centre offered them a high degree of 'containment' (Warren-Adamson, 2002). The family's description of the containment they experienced is very similar to that suggested by Warren-Adamson and Lightburn (2005). Family members indeed appeared to find the Centre "a safe haven, a holding environment that supports *and* challenges".

The organisational profile of this team and the Centre as a whole was, however, somewhat different at the outset of this study from how it presented at the end, some eighteen months later. Coinciding with the conclusion of this, the first case study for the Melbourne component of the Sensitive Outcomes project, it became clear that the Family Centre was undergoing a period of at least minor organisational change. The changes appear to have been largely brought about by shifts in personnel necessitating internal restructuring.

It will be interesting to focus on the implications of these organisational changes during further case studies. Will the essentially new team join together quickly under the banner of the agency mission and adopt the same "containing" role or will this take time to achieve? Will containment, in fact, be as a high a priority for this team as it was for the team for the first case study? How will the new team manage contemporary policy changes at state and national levels?

It would seem that this Centre as an organisation, and the *Matters* Programme as a unit within that organisation, have long typified the attribute of Family Centre *synergy*. Just how much the emergence of *synergy* is resultant from consistent personnel and how much it depends upon other elements of Family Centre continuity is as yet unclear. In conducting the next case study we shall be once again observing the "steps-on-the-way to change" as a result of service delivery interventions; it will be important to also maintain sharp focus on the evidence of Family Centre *synergy* in what would appear to constitute something of a "new era" for this Centre.

Context

Along with the intra-organisational changes, it is vital to acknowledge those taking place within the community this Centre serves, along with relevant socio-political shifts at the state and national level. Comment has been made on the ethno-demographic changes taking place within the Centre's community. More families of Asian and South East Asian background are settling in the area. At the conclusion of data collection it was evident that "goodness of fit" between the Family Centre's ethnic mix and that of the community could be improved. Representation of Asian culture and ethnicity on the *Matters* team, and within the Centre overall, will no doubt facilitate the maintenance of the high level of Family Centre *synergy* which appeared self-evident during the study. The Centre Manager is acutely aware of the need to address this deficit as a matter of urgency. That she and other staff present a heightened level of responsiveness to changing community needs suggests that they are, in fact, consistently striving to maintain the energy, creativity and interconnectedness that has become synonymous with excellence in family centre practice.

All legislative and policy changes discussed herein have direct implications for the Centre under study. Both state and national governments are implementing major child and family welfare policy shifts that will impact on this Centre. The Centre offers out-of-home care for children and adolescents, parent support programmes, youth housing, programmes addressing domestic violence and drug and alcohol support services. It works to reunite and preserve families referred from protective services. It services several public housing estates which accommodate refugee families. As mentioned earlier, the Centre is also a designated facility providing legally supervised access and handovers under the provisions of the Family Law Act. This role requires Family Centre staff to supervise non-custodial parents having access to their children where such supervision has been deemed essential by the Family Court of Australia. It also involves supervision of the handover of children from one parent to the other in situations of special sensitivity or potential volatility. Under the terms of the revised Family Law Act, shared parenting is to be actively promoted. This change will no doubt heighten the demand for this Centre's role in statutory supervision.

Conclusion

This case study would appear to have been extremely successful in identifying *steps-on-the-way* to *one crude outcome* in a Melbourne child and family community Centre. Exploration of these 'steps', along with the Centre's theory of change and the organisational and contextual issues influencing its practice, has opened a new window of research opportunity. This is an opportunity to further examine not only the critical shifts taking place during the change process, but also the phenomenon of Family Centre *synergy*. *Synergy* emerges from this study as that special brand of energy and creative interconnectedness between Centre, family and community.

Paradoxically elusive yet omnipresent, *synergy* appears to have a vital role in both containment and change at all levels of Family Centre practice – from the micro to the macro. It is perhaps this *synergy*, and the changes made possible when it is present, that has enabled the community-based Family Centre to become the success story of the field over the past twenty years (Warren-Adamson & Lightburn, 2005).

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