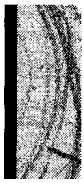


Mapping the Life Space of Children Living in Multi-Problem Families

CINZIA CANALI & TIZIANO VECCHIATO

Abstract

In this article we describe a new tool called "Map of Subjects and Resources" (MSR) and present findings from research in which this tool was applied to a group of multi-problem families with children. The MSR was developed as a response to the growing demand for assessment of the life space, with specific attention to relational and socio-environmental dimensions. One of the MSR's main goals is to offer an assessment tool that enables a detailed and comprehensive description of the child and family. Professionals (mainly social workers) can use this tool at different times to measure changes in involvement of people (family members, formal and informal workers, volunteers, and others) and organisations who might help to tackle the problems of the person or family in need. Through the findings, the article also highlights the challenges professionals face in assessing potential within the individual and family life space.

Key Words: multi-problem families, social network, life space

Introduction

Many children grow up in a multi-problem environment; that is, they are being raised in families where one or more family members is experiencing social or health problems and where neglect, maladjustment and marginalization are to be found. There are various definitions of a multi-problem family. For example, Bortolotti (1995) argues that such a family presents multiple problems of different types, and that those problems affect both adults and children and are connected to each other. The members of these families may be in contact with several services and institutions, and often seek intervention for problems related to drug and alcohol addiction, or seek help in long-term problem conditions due to loss of job or a relative. It is often the case that people in multi-problem families do not initiate contact with social services, and instead withdraw into themselves. Moro (1995) talks about families that face marginality due to poverty, unemployment, social mobility or deviance. In such families, relationships can be seriously impaired.

In a recent study, the multi-problem family has been characterised by a set of specific features (Gioga & Pivetti, 2008). The features listed incorporate strengths and potentialities along with a range of problems: several social and health problems; dependency on social services; inappropriate parenting; imbalance between resources and problems; lack of coping mechanisms;

lack of primary support networks; refusal or incapacity to recognise and face existing problems; "chronic" relationships with services and institutions. Some authors have highlighted other experiences of deep suffering that present "communication problems along with a perception of interventions by services as illegitimate, intrusive, and abusive; a complex scenario, which is made even more complex by the denial of problems as a defence mechanism from the outside world" (Ammirati & Salerni, 2008).

Regardless of their definition, these conditions need to be assessed using instruments that enable us to observe them from different angles, ensuring a global vision that uniformly encompasses many dimensions: the organic, the functional, the cognitive, the behavioural, the socio-environmental, the relational, and the one of values (Canali, Rigon & Vecchiato, forthcoming). In recent years, many studies have focused on interventions with families and children (c.f. Maluccio et al., 2003; Pecora et al., 2002; Pine et al., 2002; McAuley et al., 2004), but not sufficient attention has been given to supporting professionals to make best use of new knowledge. In this paper we describe the "Map of Subjects and Resources" (MSR) used in working with a group of multi-problem families and their children. The families took part in a wider study, in which the main goal was to test professional and organizational solutions as home-based interventions within the integrated network of welfare services. In particular, this study focused on assessing the effectiveness of personalized projects for multi-problem families. A group of researchers from the Zancan Foundation developed the MSR as a response to the growing demand for assessing the life space of people, with specific attention to relational and socio-environmental dimensions. One of the MSR's main goals is to offer appropriate assessment tools that enable a detailed and comprehensive description of the child and family (Pompei, 2004; Pompei, 2005; Zeira et al., 2008). The paper describes how the MSR was used with the above mentioned group of multi-problem families; these families are often assessed primarily for their problems without considering that they have also strengths and potentialities that could guide the professionals in defining a tailored care plan.

Considering the Life Space: Other Countries' Experiences

The need for a comprehensive perspective is not a novelty in the socio-environmental field. Lewin (1951) proposed a life space perspective as a means of understanding the interpersonal dimension. He described the social environment as a dynamic field and investigated the changes arising from interactions and forces involved in human relations. With his approach, the interactions can be represented using the map of the life space (topological approach) in terms of needs and responsibility (psychological and moral approach) and for explaining group dynamics (a psychosocial approach). His approach to considering variables describing complex situations is a useful strategy for measuring how much the person is involved in the problem and in its solution.

The positioning of a person within the limits/potentialities of his/her life space aims at three objectives: first, it puts the person in the context of his/her relations with the family and the environment (Bronfenbrenner, 1979; Costa Zezzo, 1997; McNamara, 2006); second, the measures of the life space describe the characteristics of the world the person lives in and help link them to his/her life experiences; last, by describing the level of responsibility of one person, it is possible to consider his/her position in that space.

In the everyday practice of human services, it is less common that life space is considered for the evaluation of need and the following evaluation of outcome, measuring the changes over time, although interesting experiences of this kind do exist. Figure 1 presents the Social Network Map (SNM), developed by Tracy and Whittaker (1990). This tool was meant originally to provide workers with a method of evaluating the social network and the available resources for multi-problem families. More recently, it has been used in different contexts, for example in

adult mental health services, in drug addiction services and in family care services (Kemp et al., 1997). The tool was intended to respond to several basic questions asked by primary caregivers of high risk families (Tracy & Whittaker, 1990). For example: who can help? (e.g., family members, friends, neighbours, professionals); how can they help? (e.g., practical help, emotional support, information); and why can't we obtain help from others? (e.g., lack of ability, lack of reciprocity, interpersonal conflict).

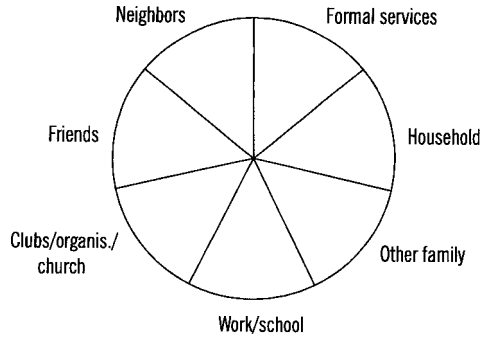


Figure 1
Social Network Map
Source: Tracy and Whittaker (1990)

Recently the Social Network Map was listed among the tools utilized in evaluating the "Take Two" programme in Victoria, Australia (Frederico, Jackson, & Black, 2005; 2006; 2008), with the aim of describing the work with the child. The map is completed before and during the intervention period so that changes can be tracked. The findings of the "Take Two" evaluation of 31 Social Network Maps have highlighted (Federico et al., 2006):

- the importance of the family, even when the children were removed (only 8% of the children that completed the map were living with one or both parents);
- children listing a series of family relationships within their social networks that included both the people they were living with and those they rarely used to see;
- almost one quarter of the children not listing a single parent, although all the children that compiled the map had at least one parent;
- teachers often being recognized as sources of support and, although the children used to change schools quite often, 71% of them still mentioned persons connected with their school;
- 65% of the children mentioning friends as people who are "almost never" used to give them emotional support.

In terms of measuring changes over time, the authors have given special attention to expected transformations in social networks following interventions (Federico et al., 2006). Consequently the outcomes were increase in the number of people considered "close", no variation in the type of support received; most of the children changed more than half of the persons listed in the initial map.

The study described above is part of the *Best Interests Framework* reform of children's services undertaken in 2002 in Victoria, Australia. Among other messages, this reform promotes genograms, maps and temporal trends as very helpful in defining the timing of interventions, because they facilitate cross-references through systematic action (Department of Human Services, 2008; Munro, 2002).

The concept of life space is important also in yet another example, "Family Group Conferences" (FGC) that were introduced in New Zealand in 1989. That model brings together the family after an assessment had been completed by social services. The family group meeting will be attended by the workers assigned to the case, by family members, and other relatives or people

that the family deems helpful to be involved. The goal of the meeting is to give the family an opportunity to discuss the problems highlighted by the assessment. The family is asked to clarify the critical aspects and, further, to offer its own solutions, which are to be discussed with the workers in order to find out options for intervention. In fact, the number of people touched by the problem during these meetings determines the process of intervention, along with the contribution they can guarantee and the "weight" of responsibility that they can assume for managing the project (Connolly, 2006a; 2006b).

Contrary to regular services where social workers define the desired outcome of the intervention, this model allows families to become aware of their responsibilities in finding solutions for their own problems. In fact, developing a project centred around the family, when dealing with cases of child protection, can lead to a possible, although fragile, balance between the needs of the family as a whole and the need to protect and care for the child. It is not easy to resolve such problems, especially when the needs of parents clash with the needs of the children (Connolly, 2006b).

Referring to FGC, Marsh (2008) argues that often estimates and positive opinions based on general principles do not result in practical use. However, the collaboration between family and workers as is expected in FGC, leads to improved effectiveness of interventions (Marsh, 2008). Marsh underlines also the effects of "*data*" syndrome: when the workers face possible innovations they tend to say that they "*Do All That Already*" (Marsh, 1986). They think that they are already collaborating with the family, listening to the child, considering the extended family and so on. On the contrary there is still a lot to be done in order to explore new solutions and new ways for personalising the plans (Marsh, 2007; Marsh & Grow, 1998).

These issues are manifest in contemporary Italian debate around problem solving with families who face multiple complex challenges. There is clearly a need to develop intervention models that are evidence based and generalisable over time. More research has been done in the field of organic and functional evaluation than in cognitive and behavioural evaluation. Both domains, however, have significant influence on the overall functionality of the child, and her/his family. As we will see, the use of the MSR can help fill this gap with specific measures that assess both strengths and resource deficits in order to achieve understanding of the life space of the individual child and family and its potential.

Give Space to Responsibility

"Personalized Projects" is an approach that considers the different individuals and organisations (known as "subjects") participating in an intervention process (Vecchiato, 1993; Vecchiato et al., 2009). It includes formal institutions and individuals with professional qualifications (e.g., social worker, psychologist, youth worker). However, informal community and voluntary subjects must also be considered, because they can positively contribute to the outcomes. It is also important to define the levels of interest that the different subjects may have in the management or in the resolution of the problem. Most likely some subjects are *present* already, which means they are currently involved in the process of intervention. Others may have potential to fully participate in critical decision making during the intervention process. Recognizing *potential* subjects is a vital phase in constructing the intervention and sharing responsibilities. In addition, the *present* subjects can become resources for the fulfilment of the project, keeping their power and their share of responsibility, in the achievement of the expected outcomes.

Building the Map of Subjects and Resources

In order to draw MSR, it is necessary to start with identifying the difference between 'subjects' and 'resources' that surround the family. Both can be either members of the family, friends, volunteers, neighbours, workers and other paid staff. In the MSR approach the condition of 'subject' is defined by a positive answer to the following questions: Does s/he feel the need to tackle the situation? Does s/he take part in the analysis and the assessment phases of the family's problems? Does s/he contribute in implementing the personalized plan of intervention? Does s/he agree with it? Has he/she subscribed to it? Does s/he take part in the evaluation (for example of the process and outcome)?

When we define a person as a 'resource' we consider his/her capacity as professional or volunteer, and his/her ability to perform the tasks described in the plan of interventions. Therefore, the kind of participation we are referring to is one to be measured in terms of time, of its financial expenditures, of the actions to be carried out, and has to be displayed in the plan of actions and who undertakes them.

The analyses of subjects and resources help us place the people involved in the intervention process in the four squares of the map. Their position in the map depends on the level of responsibility that each person assumes with regard to its involvement with the problem, according to the Lewinian perspective.

The map of 'subjects' and 'resources' illustrates the people involved in a case. The 'subjects' have a wider and deeper degree of responsibility, not only about things to be done but also in the search for solutions. The 'resources' are helpful in the fulfilment of specific objectives. The map is helpful in defining objectives and operational decisions about the personalized plan. In particular, it serves well to understand who is committed to do a specific task and what will be the expected outcomes.

Further, the MRS highlights the availability of these people in terms of social capital. Subjects and resources that are available immediately are labelled *present*. If their availability is in the near or far future, they will be defined as *potential* subjects or resources. In a case of a child's problem his father may be a *potential subject* at the first assessment because he has alcohol addiction problems and his child is not a priority for him now, at this time. After a significant intervention with the father for tackling the addiction problems he could be considered at the second assessment a *present subject*. So, the potential involvement of the father becomes 'present' for the child in terms of increasing his responsibility. That can be measured on the MSR, as the following example illustrates.

Building the Maps of a Child (Andrea) and his Mother (Anna)

Figure 2 demonstrates the MSR of Andrea, an 8-year-old child and his mother Anna. As can be seen, they each have a different map. Their MSRs depict a number of (formal and informal) people surrounding them who are interested in helping out with their problems. The child Andrea has got three people who share responsibilities in providing help with his specific problem: his grandmother, the social worker and the psychologist which all are considered as 'present subjects'. His mother and the therapist are considered as 'present resources', because they take an active part in caring for Andrea. The social pedagogue (Caterina) can contribute "something" for helping Andrea in the near or far future. His father is considered 'potential subject' because, at the moment, he is in jail (because of an accident he had while he was drunk) and he has no contact with Andrea. The map of his mother is different: two professionals considered as 'present subjects' and her mother-in-law (Lucia) considered as 'present resources'. Her husband is considered a 'potential subject', and the social pedagogue (Caterina) is considered here too as a 'potential resource'.

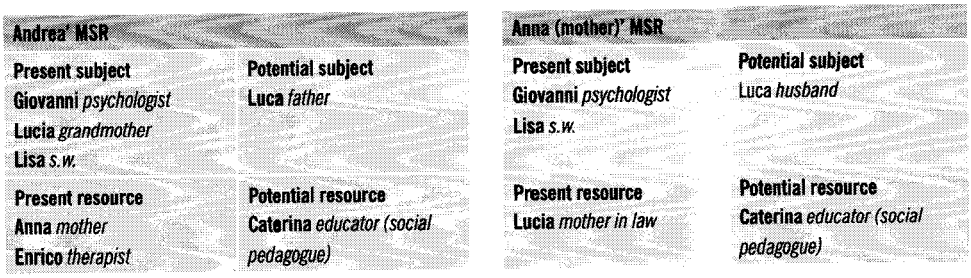


Figure 2
The maps of subjects and resources for Andrea and his mother Anna

Three rating scales can be obtained from the map (Vecchiato et al., 2009). The first is the scale of responsibility (SR), which measures the ability to share responsibility for the problem. The second is the level of protection in life space (LPSVr), which measures collaboration in building a personalized plan. Lastly, the potential level of protection (LPP), which is an index of potentiality, helpful in enhancing someone who, after being involved and motivated, may contribute to the situation in a more global way. Before developing the personalized project the map is set up in time T_0; it will then be revised at times T_1, T_2, T_n (intermediate assessments) till the final evaluation, when the project is finished.

The Scale of Responsibility

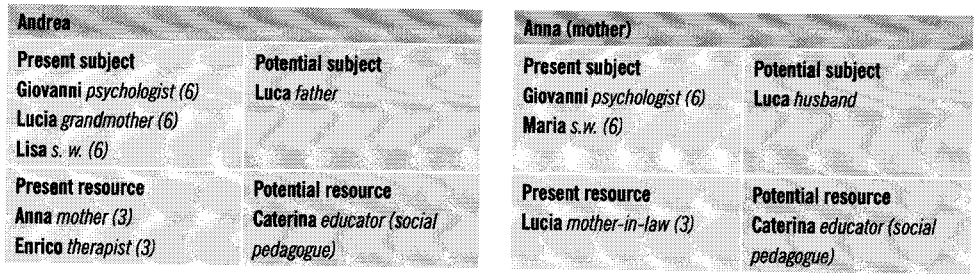
The SR measures the capacity of 'present subjects' to share responsibility. To determine the SR's score only those persons displayed in the map as 'present subjects' are considered. The score reflects the 'subjects' displayed in the map, according to their professional qualifications, the fact that they are part of the family (family area), relatives or volunteers (solidarity area). Every worker, in respect of his/her professional area (educational, health, social), is given the score 0.5; 2 points are given to the family area; the subjects included in the solidarity area are given 1 point. The total score can range from 0 to 10. In some cases SR could rate 0: this means that there are no subjects who share responsibility in taking care of the individual. For example abusive parents or spouse in deep stress or absence of a carer.
Figure 3 shows the total scores of the 'present subjects' at time T_0 is 3 for Andrea, and 1 for his mother. For Andrea, 'present subjects' are the psychologist (Giovanni), the social worker (Lucia) and his grandmother. For Anna, the 'present subjects' are only professional: the psychologist (Giovanni) and the social worker (Maria).

$SR_{Andrea} = 0.5 + 0.5 + 2 = 3$
$SR_{Anna} = 0.5 + 0.5 = 1$

Figure 3
The scale of responsibility (SR)

The Level of Protection of Life Space

The LPSVr level is determined by considering – at the same time – 'present subjects' and 'present resources'. Regardless of their position in the map, 6 points are assigned to each 'present subject' and 3 points to each 'present resource'. The sum of these assigned scores results in the overall total. The possible score ranges from a minimum of 0 to a maximum of 30. In figure 4, the score is displayed for the child and his mother. As can be seen in Figure 4, the LPSVr at time T_0 totals 24 for Andrea and 15 for his mother Anna.

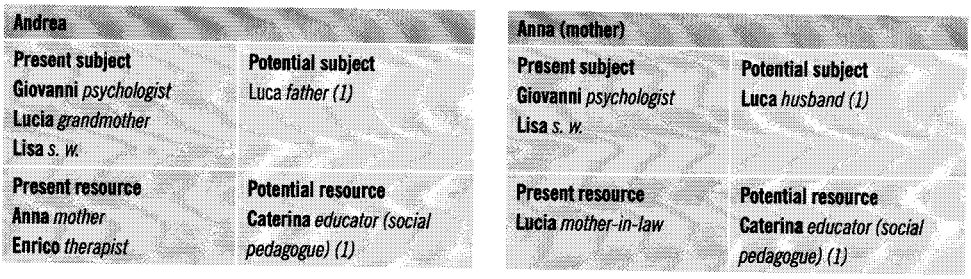


$LPSVr_{Andrea} = 6 + 6 + 6 + 3 + 3 = 24$
$LPSVr_{Anna} = 6 + 6 + 3 = 15$

Figure 4
The level of protection of life space – revised (LPSVr)

The Level of Potential Protection

The potentialities are considered through a specific index that "counts" the number of possible persons, either 'subjects' or 'resources'. The obtained score is helpful in delivering personalized projects. Following through the above mentioned example, the level of potential protection (LPP) is 2 each for Andrea and his mother Anna. This means that both of them have 2 people that could potentially be included in their personalized projects (and therefore be considered as present resource in the evaluation). The main one is Luca, Andrea's father, who is in jail but could in the near future take care of his son and support his wife.



$LPP_{Andrea} = 1 + 1 = 2$
$LPP_{Anna} = 1 + 1 = 2$

Figure 5
The level of potential protection

Findings from the Research

We now present findings from a study in which MSR was used with 30 children from multi-problem families. We defined "multi-problem" as a life condition where social problems (e.g., relational problems, social exclusion, poverty, unemployment, housing problems, deviance, problems with the law, etc.) coexist along with health or mental health problems (e.g., drug addiction, psychiatric pathologies, etc.). Such life conditions required the simultaneous intervention of several services, in a family context which is either fragile or not able to take care of the problems and adequately carry out parental roles. Of the 30 children in this study 18 were males and their age ranged from 10 to 14 years. In 76.7% of the families, children live with both parents, 16.7% with only the mother and 6.7% with only the father. About one fourth of the families have an only son, in 36.7% families there is at least one sibling and in 40% of the cases there are three or more children.

The vast majority of cases (93.3%) were already known to the social, educational, or health services. Almost one third has received specialist care at school (29.3%) and one of every four has received social support (26.8%). Practitioners of different disciplines have worked together to help these children. The services were required to respond to different needs. For example: help at home with homework, help with addictive behaviours such as drinking and gambling, help with conflictual relationships with children and psycho-social help for behavioural problems. According to the way the families accessed services, we have drawn 6 categories of the dominant need. The categories, presented in Figure 6 are: family organization, finances, behavioural, health, psychosocial, educational.

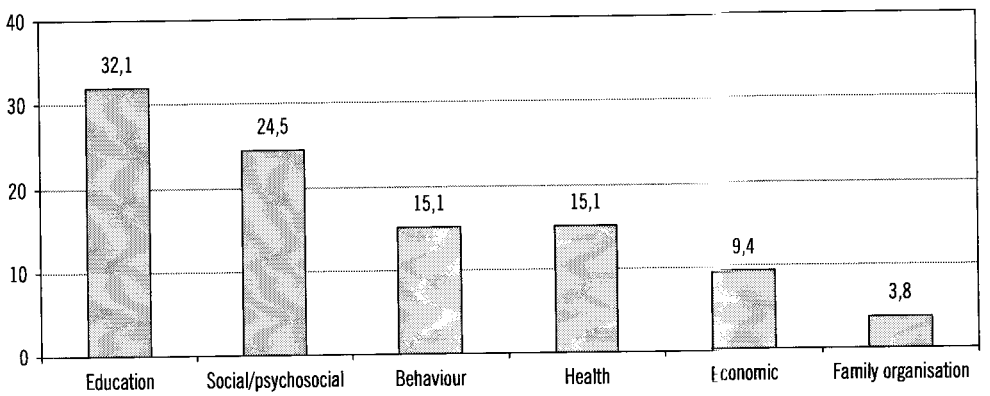


Figure 6
Dominant problem in the help request (%)

The Map of Subjects and Resources for Children

Through the analysis of the life space (MSR), 52 'present' subjects have been identified, 42.3% of them are family members (parents, brothers, sisters, grandfathers) and the rest are professionals from different services. In 30% of the cases at least one 'present' subject has been identified, while in 16.7% of the cases nobody addresses the problem in a responsible way; hence there is no 'present subject'. 88 qualified persons have been identified as 'present resources' and 43 as 'potential resources'. Most of the 'present resources' are social workers who were already involved in the care of the child. Family members and workers intervene, as 'potential resources', at the same degree. Presence of volunteers was very low and they only appear as 'potential resources'.

Figure 7 illustrates the number of 'present subjects': in 16.7% of cases there are no present subjects. This means that there are no people who share responsibility in respect to the problem of the child.

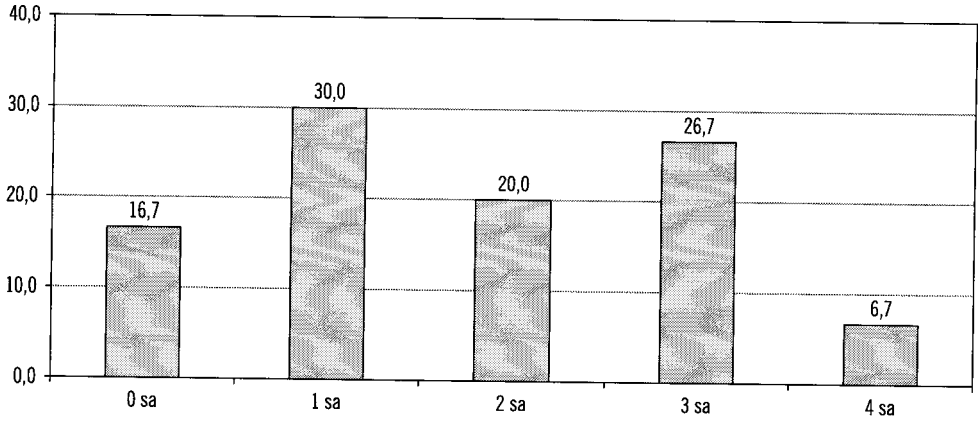


Figure 7
Number of present subjects (%)

Assessment at T_0

The scale of responsibility ranges from 0 to 10. For this group of participants we found scores between 0 and 5 where "0" means that nobody has been identified as 'present subject'. The level of protection of the life space ranges from 6 to 27, with an average score of 19.5. Figure 8 represent on the x-axis each case and on the y-axis the score for SR and LPSVr: it shows that SR ranges between 0 and 5 (SD = 1.3) and the LPSV ranges between 6 and 27 (SD = 6.0).

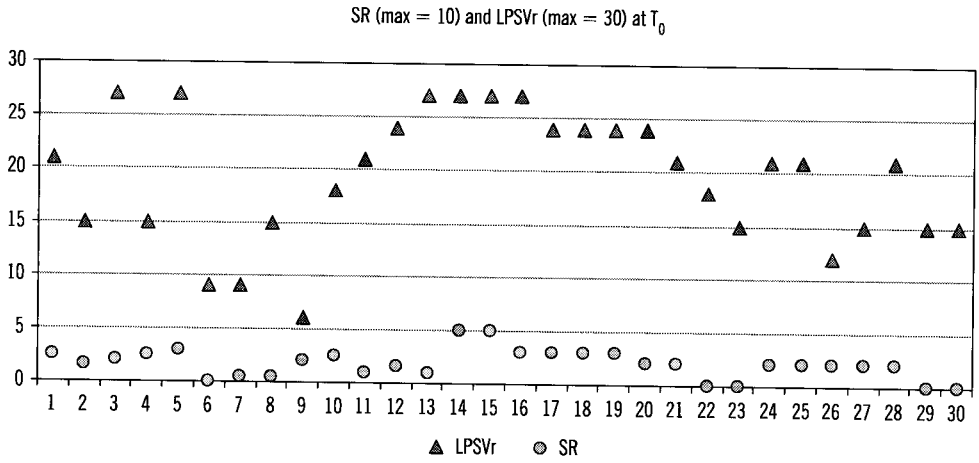


Figure 8
Distribution of SR and LPSVr at time T_0

Assessment at time T_1

Indices have been counted again after 3 months. Looking at this group of children, the score of LPSVr increases to 21 compared with 19.5 at time T_0, while the values of RS rose from 1.9 to 2.2, indicating an increase in the number of people that share responsibilities in the care. An increase (or a decrease) of these indices highlights the outcomes achieved for the person in need, according to the objectives and the outcomes defined by professionals. The following figures show that it is important to observe not only the average score, but also the difference within every case, since in a considerable percentage of them there are no changes (76.7%).
Figures 9 and 10 present comparisons between T_0 and T_1 in SR and LPSVr respectively. As can be seen in most cases there was no change after three months. Thus, the map of 'subjects' and 'resources' remains the same at T_1. In a number of cases, there are some changes and this can imply that 'resources' became 'subjects' or 'potential' people became 'present' people.

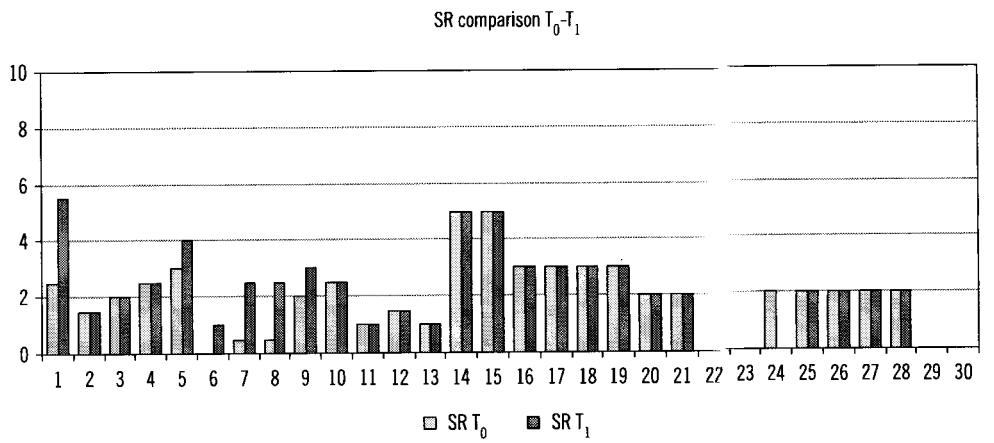


Figure 9
Distribution of score of SR: comparison T_0 and T_1

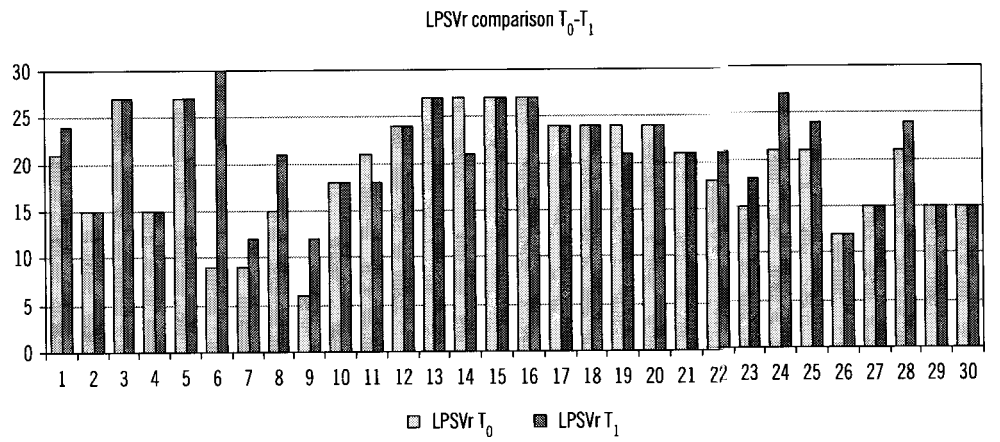


Figure 10
Distribution of score of LPSVr: comparison T_0 and T_1

As in SR, the LPSVr scale too shows variations in a sub-group of cases. Analysis of appropriateness and quality of the professional process, conducted in this and other research, often shows

how in building a personalized project there is a lack of investment in the empowerment of subjects and resources. This has a direct influence on the expected results, and it can show us how much we can gain in terms of the intervention outcomes if we learn to involve potential resources. This can overcome the lack of protection and support identified through the SR and LPSV.

Toward a Shared Evaluation

The main critical point emerging from this research is that a good assessment of needs is not enough if it is not followed by an adequate plan of intervention, coherent with the available knowledge about client and their resources. It is likewise important to use the information obtained from a systematic analysis of the resources available to the clients. The differences that we have observed between T_0 and T_1 are in part due to the difficulties in involving and collaborating with the persons in need. All this becomes more evident when we proceed to evaluate the effectiveness of the work done with the families and their children. The verification of the effectiveness is based on the analysis of the changes that have occurred over time. In other words, we compare the conditions of the need/problem prior to and after the completion of the personalized projects interventions.

We also became aware of how professionals used the MSR in order to assess needs and potentialities. They did not take enough into account the indices derived from the map in order to review and refine the personalised plan and to assess the ongoing outcomes. In this light, the MSR and the three indices that it yields, is a needs assessment tool and a concrete indicator of how to improve care. The MSR can be used also for cultivating collaboration and sharing responsibilities that can be of great help in engaging in the shared evaluation of results and outcomes. If the MSR is used in this way, it enhances outcome evaluation, making more evident the assumption of responsibilities that facilitated those results. It is, at the same time, a methodological and an ethical challenge, that can enhance the capacity and quality of professional help in collaboration with persons in need in order to increasesocial capital (Zeira et al. 2008).

Finally, the multi-dimensional vision emergent from the MSR highlights possibilities and capacities within the life space that can be harnessed to better address complex needs; it also facilitates a more comprehensive approach to recognising the conditions and strengths that might bring about positive change for the individual and people living in the same life space.

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