
Working together to support families of vulnerable children

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There is a rich history of professionals intervening early and working collaboratively to assist families who are struggling to nurture their children. Increasingly, 'whole of government' policies and approaches attempt to transcend 'sectoral silos' and provide a more integrated, collaborative response to the often multiple needs of families. This article will look at examples of the ways in which services are provided across the sector to support the needs of children and their families. Early intervention opportunities that have a preventive focus will be explored, followed by a discussion of targeted services for families with complex needs. Whilst professionals need to strengthen their collaborative efforts to bring about 'whole of government' approaches, worker–family collaborations that sustain effective relationships with parents remain a key component of successful intervention.

Integrated responses in early intervention

Government interest in early intervention programmes is motivated both by social justice concerns and the growing awareness that the economic future of a society depends on the degree to which its children are healthy, educated and well-adjusted. New research findings in the field of early childhood have contributed to increasing interest in early intervention. An acknowledgement of the critical importance of the early years has also led to a desire to redevelop universal maternal and child health services as well as early childhood education and care services. New Zealand, for example, is at the forefront of nations seeking to strengthen early childhood education services in a comprehensive way across the nation, while in Australia the federally funded Communities for Children

programme has led to the creation of a range of innovative programmes for children and their families in socially disadvantaged communities. The renewed emphasis on early childhood has stimulated initiatives internationally in working with vulnerable families (McAuley, Pecora & Rose, 2006), and has highlighted the increased opportunities for services to work together to respond to complex need.

Early intervention services generally consist of three basic types or approaches: home visitation services, in which the family receives support from a worker in their own home; centre-based services that involve the family attending a programme within an agency setting; and what is referred to as two-generation services, which provide a combination of assistance and education for parents and children. A general consensus exists in the literature that early intervention programmes are successful; nevertheless, there is a significant range of programmes which vary markedly in their scope and intensity. There are a number of characteristics that are linked to greater programme effectiveness:

- ⋮ whether the programme is of high quality
- ⋮ whether the family participates in the design, development and application of the programme
- ⋮ whether the programme is based on a strong theoretical foundation
- ⋮ whether the programme is managed well and run by a stable and well-trained staff.

The intensity of the programme is also important – focused services that are enduring over a longer period of time tend to be more successful.

Programmes that are timely and are responsive to the family's needs are also more likely to be successful.

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The development of early intervention programmes is strongly influenced by child development theories and theories of attachment. There have been decades of research and writing across a range of disciplines focusing on the nature of children's development and their attachment needs (Ainsworth, 1968, 1989; Bowlby, 1981, 1990). Significant emotional bonds and the existence of secure attachments have been identified as critical factors that support positive longer term outcomes (Francis & Meaney, 1999; Schore, 2001).

There are several concepts that illuminate the complex interplay between child development, family life, and the social environment. One that has gained prominence during the past decade is that of resilience (Haggerty et al, 1996). The body of knowledge associated with this concept provides a framework for understanding the set of risk and protective factors that can explain why some children are more affected by adversity. This knowledge base also has rich intervention implications.

Perhaps the best known conceptual framework that seeks to explain the importance of children's development in the context of the family, as well as the influences of the social network, community and wider society, is the ecological model of human development, pioneered by Urie Bronfenbrenner (1979). Ecological models of human development that draw on Bronfenbrenner's insights will highlight the importance of the different systems in which the child is embedded. These include microsystems, such as the family, the immediate

neighbourhood, the early childhood centre or the classroom; the mesosystem in which interactions between different microsystems occur; the broader exosystem of the labour market and formal services; and finally the macrosystem that encompasses all the other systems and is the cultural blueprint of our society and its values.

Maternal and child health services

There is good evidence that a non-judgemental and supportive relationship with a nurse, commencing in pregnancy and lasting for up to two years following the birth, can enhance positive outcomes for both the vulnerable mother and her child (Olds, Sadler & Kitzman, 2007). New Zealand, which pioneered universal maternal and child health services a century ago in the form of Plunket nurses, influenced the development of similar services in other countries, such as Australia. Universal services such as Plunket and the Well Child Tamariki Ora Framework, introduced by the Ministry of Health in New Zealand, provide an excellent, non-stigmatised platform from which to reach out to all families in a community and to provide vulnerable families with additional support. Strong collaboration between maternal and child health and child protection services clearly provides an important means through which the needs of particularly vulnerable infants can be addressed.

Examples of collaborating to support families is the Footsteps initiative (Footsteps, 2010), which is supported by the New Zealand Ministry of Education. Footsteps, a home-based early childhood service for children in out-of-home care, offers regular visits to the child and their caregiver, and focuses particularly on the provision of educational resources that are specific to the needs and abilities of the children involved. Importantly, as a universal service it is available to all caregivers, including children in the care of the state – both kin and non-kin carers. Social workers involved with vulnerable children in care can therefore call on the Footsteps service to provide additional support for families, so they can better understand the educational needs of the children they work with.

Home visiting initiatives are also increasingly available across Australia. For example, in South Australia, a new system is being implemented that provides all families with a new baby an initial home visit by a nurse, and offers approximately 12% of families, including all families with an Aboriginal child and all mothers under 20 years of age, a two-year Family Home Visiting Service (Children, Youth and Women's Health Service, 2005). Social workers play an important role in supporting the nurses and providing a consultancy service, and in linking families up with the broad range of services that they may require (e.g., housing, mental health services, financial counselling). Indigenous cultural consultants also play a vital role in helping indigenous families feel comfortable accessing the Family Home Visiting Service and in enhancing nurses' understanding of the role that cultural factors play.

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In Australia, early childhood education and care services are also finding new ways to reach vulnerable families. A family support programme at SDN Children's Services in Sydney has been developed within a mainstream early childhood service. The programme provides good nutrition and high quality early childhood education to vulnerable children whose parents do not usually make use of any form of childcare. Services reach out to parents struggling with problems such as substance dependence, mental illness and domestic violence. According to Udy (2005), this successful programme has four key elements:

- ⋮ 'scholarships' which enable children to have three six-hour days each week at one of the Child and Family Learning Centres in socially disadvantaged areas of Sydney
- ⋮ additional on-the-job training, coaching and professional supervision for early childhood

education and care staff, which focuses on how to work with 'hard to engage' parents who often present as 'demanding' or 'difficult'

- ⋮ a warm and welcoming climate to encourage parents to participate in information-sharing sessions where there are opportunities to make friends with other parents
- ⋮ interagency collaboration and referrals link families with the range of services they need and help to co-ordinate an integrated response to a family's needs.

A range of positive outcomes for the children, their families, the staff and the community were identified in an evaluation of the programme which captured rich qualitative data on the perceptions of different stakeholders (Goodfellow et al, 2004).

Mental health and drug treatment services

The prevalence of problems such as parental alcohol and drug dependence, and its consequences for children, is a growing societal concern in New Zealand and Australia. Approximately one in every 10 Australian children are currently living in a household in which at least one parent has an alcohol or drug dependence (Dawe et al, 2007), and in New Zealand, parental alcohol abuse has been implicated in a number of child abuse fatalities. Odyssey House, a leading non-governmental drug treatment service, with programmes in Australia and New Zealand, aims to create and sustain environments for positive change for people whose lives are affected by drugs and alcohol.¹ In collaboration with the Parenting Research Centre in Melbourne, the Victorian Odyssey House initiative has also developed a 'parenting support toolkit' to assist drug counsellors doing intake interviews. The purpose of the toolkit is to help workers to engage their clients in relation to their parental roles and the needs of their children in non-threatening ways.²

¹ For information on Odyssey House in Victoria see <http://www.odyssey.org.au/about/index.asp>
For information regarding Odyssey House in Auckland see <http://www.odyssey.org.nz/>

² See http://www.odyssey.org.au/institute/projects/parenting_toolkit.asp for information on the toolkit.

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Some traditional adult-focused services are also beginning to embrace new ways of working that are responsive to the needs of children. For example, in the field of mental health, an Australian Government initiative called Children of Parents with a Mental Illness (COPMI, 2003), has been building the capacity of adult mental health services to be more sensitive to children and to address the parental roles of adults with mental health problems. Similarly, in New Zealand there are resources for parents who have the additional challenges of coping with mental illness. For example, Kites provide a range of resources that support the increased participation of parents who are experiencing mental illness in their communities.³ Early intervention services in the context of mental health provide a variety of targeted programmes aimed at supporting families and fostering good outcomes for children.

In general, practice with children and families occurs within complex organisational, service system and policy contexts. The emergence of new 'whole of government' policy approaches that attempt to transcend 'sectoral silos' and provide a more integrated, collaborative response to the often multiple needs of families is encouraging. Given the typically complex and multiple needs of vulnerable families, who often struggle to nurture their children in situations of poverty, homelessness, family violence, mental illness or substance dependence, an increasing emphasis is now being placed on improved 'cross-sectoral' collaboration.

Collaborative practice with families

Social workers are involved in a range of early intervention work, either directly by providing family support services, some of which we have outlined above, or indirectly when referring

families to services that best suit their needs. Developing and sustaining effective relationships with parents is one of the keys to successful intervention. This creates the potential to develop solution-finding collaborative partnerships with parents. The social worker is the instrument of his or her own practice and so the personal qualities of the worker are central to good working relationships. The values and morale of the team and the wider organisational setting can support or inhibit collaborative relationships with families.

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Most of the research on the attributes of the effective worker has been done in the field of psychotherapy and the findings may not be readily generalised to more diverse contexts. There are, nevertheless, good grounds for thinking that the findings from this field may have relevance to 'helping relationships' in general, across the sectors of health, education, justice and social services. Hubble, Duncan and Miller (1999) have drawn on a broad range of studies on the factors responsible for positive outcomes in psychotherapy, including the meta-analysis by Lambert (1992), identifying the degree to which positive outcomes were influenced by a range of factors:

- ⋮ client factors such as personality and environmental factors such as social support: 40%
- ⋮ qualities of the therapeutic relationship such as empathy: 30%
- ⋮ hope and expectancy of positive outcome: 15%
- ⋮ specific intervention techniques: 15%.

³ See <http://www.kites.org.nz/>.

Research also indicates that the development of pro-social values and their reinforcement, collaborative problem solving, and a sound worker–family relationship is important to good outcomes for children (Trotter, 2004).

In relation to working with vulnerable families with young children, a positive helping relationship with a parent may not only be of therapeutic value in itself, but may also act as a gateway through which they can access much needed interagency resources (e.g., childcare, social support) or as a conduit for relieving situational stressors (e.g., finances, housing). This may help directly and indirectly to reduce the level of adversity to which young children are exposed.

Ultimately, developing collaborative partnerships with parents may be more an art than a science:

Our findings suggest that good helping relationships are more 'ways of being' than they are about strategies and techniques. If the effort a worker avails in establishing a positive relationship with clients is prescriptive and technique driven, it is likely to fail. Workers' relationship and engagement skills can only blossom when they are rooted in genuine care and respect for the clients they serve. Specific techniques can augment an empathic, supportive, and collaborative approach, but they cannot substitute for this. (de Boer & Coady, 2007, p. 40)

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Conclusion

Working toward the strengthening of cross-sectoral services to support vulnerable families, particularly in the context of early intervention, is important from a child development perspective. What happens during the early

years sets the scene for a sturdy or fragile future and there is also no doubt that cumulative experiences impact on a child's development (Shonkoff & Phillips, 2001). Familiarisation with the knowledge base underpinning early intervention, the development of effective collaboration across organisational and professional boundaries, and the strengthening of opportunities for skilful and respectful collaborative partnerships with parents will undoubtedly support good outcomes for children. By transcending agency silos and strengthening collaborative practices we are much more likely to respond positively to the multiple needs of families at risk. ■

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