



Families' views on a coordinated family support service

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Child protection systems in Australia are undergoing a major shift in the way in which services are delivered to vulnerable children and families. This is in response to increasing numbers of children coming to the attention of statutory authorities and their resultant admission to the out-of-home care system (Humphreys et al., 2010). The policy and service changes, which include changes to the ways in which families are supported, revolve around three major elements.

The first is the recognition of and increased commitment to intervening early to prevent issues from escalating. In the context of tackling child abuse and neglect, initiatives now aim to target families "at risk" of child maltreatment, and generally include early screening to detect children who are most at risk, followed by a combination of interventions (e.g., home visiting, parent education, and skills training) to address the risk factors (Holzer, Higgins, Bromfield, & Higgins, 2006).

The second element is a focus on developing cross-sectoral collaboration. This is a result of

the evidence that where children and families experience multiple and interacting problems in their lives, children's wellbeing and safety can be compromised (Devaney & Spratt, 2009; Spratt, 2009). Some families face complex challenges and multiple disadvantages in their everyday lives, and their needs for safety, health, clothing, food, shelter and emotional wellbeing form interacting webs of need. Families who experience a range of issues may find themselves navigating different service systems and multiple service networks. Collaborative approaches recognise the complex and interlinked nature of issues for children and families and are better able to address complexity through coordinated interventions (Winkworth & McArthur, 2007). Known risk factors for child abuse include, but are not limited to: domestic violence, parental drug and alcohol misuse, poverty and social isolation, children's disability, parental mental health problems and poor family relationships (National Child Protection Clearinghouse, 2008). Children and families exist in an ecology of relationships (Bronfenbrenner, 2005), and

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services have traditionally not focused on those relationships and have acted in isolated ways.

The third element is the trend for support to be provided in a way that is more family-focused (i.e., focused on all members of the family rather than one individual), strengths-based (i.e., an approach that focuses on capacity and resources rather than deficits) and child-centred (i.e., where the needs, views, interests and concerns of the child influence all decisions about their care, learning and development) (Scott & O’Neill, 1996; Winkworth & McArthur, 2006). There has also been a revitalising of the critical significance of relationship-based practice (Ruch, 2005; Trevithick, 2003).

These trends have led to, among other things, a recognition that increased understanding of parents’ experiences of family support services can lead to more effective service provision. More attention is being paid to how service users can be heard more clearly and directly at all stages of program and service design and delivery. Additionally, researchers are expected by the commissioners of evaluations to examine the effectiveness of services from the user perspective (Beresford, 2007; Eales, Callaghan, & Johnson, 2006; Poulton, 1999; Tregeagle, 2010); however, research and evaluation studies have not necessarily included the experiences and perspectives of parents and children (Hardy & Darlington, 2008; Thomson & Thorpe, 2004).

This paper presents the views of parents from a three-year evaluation of an integrated family support project within this context of policy and service reform. The family support model was developed in response to the key trends discussed above: the need for early intervention, the need for more collaborative and integrated support for vulnerable families, and a commitment to a particular form of practice that is family-focused, strengths-based and child-centred. The paper focuses specifically on the views of families involved in the program. It aims to contribute to the developing evidence base of what families regard as being effective, as there is only limited research available about integrated family support models in Australia, particularly from service users’ perspectives (Tregeagle, 2010).

Providing family support early

Early intervention is regarded as a key strategy for promoting the wellbeing of children, families and communities. Effective early intervention—particularly with young children, which addresses risk factors and

builds protective factors (such as community connections and healthy family relationships)—leads to long-term benefits for children, families and communities (Council of Australian Governments [COAG], 2009; Sanson et al., 2002). Often these early interventions occur by means of targeted services that are available to selected groups or individuals who are known to be at risk of developing a particular issue and are designed to reduce the incidence of the problem developing.

Family support programs are one way of providing early intervention and promoting early childhood development, although some family support programs have a treatment (tertiary, intensive) focus (Chaffin, Bonner, & Hill, 2001) and others are offered universally. Family support interventions seek to prevent the state needing to provide care to children outside their families (Katz & Pinkerton, 2003). They are formally defined as:

services that seek to benefit families by improving their capacity to care for children and/or strengthening family relationships. (Australian Institute of Health and Welfare, 2001, p. xi)

The definition also encompasses a variety of types of services, which is one of the limiting factors in describing “what works” in family support. While recognising that the state of knowledge is always evolving, and evaluating family support is a complex business, it appears that in order to be effective, it is important that family support programs:

- are underpinned by theory;
- work in partnership with families by meeting the needs of families as families define them, thus recognising the expertise of families regarding their own lives;
- take a child-centred, family-focused approach;
- offer support for the length of time required by the individual family, including after the official end of the intervention;
- work in strengths-based ways to build resilience in children and families;
- work collaboratively with other services, and proactively connect families with needed services, including universal services;
- have multiple avenues of intervention; and,
- meet the practical needs of family; for example, with convenient times and locations for service delivery (Ghate, 2010; Moran, Ghate, & Van de Merwe, 2004).

Working in integrated and collaborative ways

People with multiple needs who use services often receive multiple interventions that are uncoordinated and may not meet their individual needs in a personalised and targeted way (Rankin & Regan, 2004). There are often overlapping services that, if they remain uncoordinated, are also costly (Goerge, Smithgall, Seshadri, & Ballard, 2010). For some families with complex needs, offers of services are not taken up because they have had previous negative experiences, felt ashamed, or had insufficient information about the services to facilitate accessing them or were too overwhelmed to do so (McArthur, Thomson, Winkworth, & Butler, 2010; Winkworth, McArthur, Layton, Thomson, & Wilson, 2010).

To tackle interlinked barriers and to build effective social support networks in families requires a high level of collaboration across sectors and across the primary, secondary and tertiary levels of service interventions.¹ Evidence is building indicating that as the level of family vulnerability and complexity of issues increase, services need to work more closely together to provide supportive, proactive and ongoing responses (Winkworth & Healy, 2009; Winkworth & White, 2011).

Intervening earlier and working collaboratively with services and parents now underpin a range of interventions. The remainder of the paper discusses the experiences of families of an integrated model of family support based on these principles.

The evaluation project

Background

The Integrated Family Support Project (IFSP) was established in late 2007 as a three-year pilot project to develop a model for collaboration between government and non-government agencies and families in the Australian Capital Territory (ACT) who needed coordinated support. Framed by a strengths perspective, the program sought to work with families early in the life of the child and life of the problem (before the problems necessitated statutory child protection intervention), or in the early stages of statutory involvement. It ceased in November 2010 at the conclusion of funding.

The Institute of Child Protection Studies (ICPS) at Australian Catholic University (ACU) was engaged to support the project throughout the three years. An evaluation framework was initially developed, six-monthly reports were completed after each progress workshop, a



medium-term process evaluation was carried out in 2009, and an outcome evaluation in 2010. This paper focuses on hearing from families; however the evaluation found that there were system and service changes that resulted from the program, which are not discussed here.

Policy context

The IFSP was developed in a policy context at both Commonwealth and ACT levels that aimed to strongly support and develop integrated and coordinated approaches to service delivery for families, children and young people. The key policy reforms below all recognise the need for more coordinated and flexible approaches to delivering support to families:

- the National Framework for Protecting Australia's Children 2009–2020, a long-term agenda for improving the safety and wellbeing of children (COAG, 2009);
- the Family Support Program, which supports the National Framework for Protecting Australia's Children by complementing state and territory services through early intervention and prevention support for children and families (Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA], 2009);
- the National Early Childhood Development Strategy (COAG, 2009); and
- the ACT Children's Plan 2010–2014, which aspires to a whole-of-community framework for children in the ACT and emphasises the importance of child-centred and family- and community-focused approaches, as well as the importance of collaborative and coordinated services to families (ACT Department of Disability Housing and Community Services & ACT Health, 2010).

Key features of the IFSP

The key elements of the IFSP were that it:

- was based on a partnership between government and non-government agencies

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in the ACT, with an interagency governance structure—the IFSP Management Committee (MC);

- provided early intervention and integrated service to selected families with emerging difficulties;
- provided a centralised intake procedure that could take referrals from government and non-government organisations;
- had an inter-agency Selection and Advisory Panel (SAP) that selected the families;
- encouraged the family to choose their case coordinator, who arranged a face-to-face family meeting (facilitated by a family group conferencing facilitator or a member of the project team) with all involved services, with the outcome being the development of a Family Action Plan;
- supported the case coordinator to work with the families in a strengths-based, family-focused, client-centred way on an ongoing basis for as long as the family chose, for up to three years;
- provided brokerage funding² to assist families with services or activities to support the family's goals (\$1,000 per year per child);
- provided training for case coordinators and agencies involved in the project; and
- was supported by an ongoing evaluation.

The overall objective of the IFSP was:

to improve outcomes for children at risk of harm or neglect by providing an alternative referral pathway to that of the statutory care and protection system and

the development of a range of integrated services for different client groups, including Indigenous families, to achieve this. (McArthur, Thomson, & Butler, 2008, p. 9)

Thus, there were two sets of intended outcomes: outcomes for families, and outcomes for the service system. In this paper, we concentrate on the outcomes for families, as experienced by the families.³

Evaluation approach

Any evaluation of family support initiatives is fraught with difficulties, particularly around attributing change to the program under evaluation (Pecora, 2003). Many events and programs can affect the impact of a program. The IFSP involved many organisations, all with their own policies and procedures for providing case coordination for families.

Due to the complexity of undertaking an evaluation involving such diversity such as is to be found in the IFSP, we relied on gathering multiple types and sources of evidence, both quantitative and qualitative.⁴ The evaluation was carried out over three years and utilised a pre- and post-test design. The main source of quantitative data was a program database that included demographic information, service history (including number of child protection notifications), baseline and transition-out-of-the-program post-family needs data, scores on the Family Support Scale (both before and after intervention) (Dunst, Trivette, & Hamby, 1994), eligibility criteria, and number and frequency of case coordinator contacts for the 26 families who completed the program.⁵

The qualitative data sources included focus groups and interviews with key stakeholders, and interviews with 17 families who agreed to be interviewed at the end of their involvement with the IFSP.⁶ While a range of data was used to assess change in families, this paper concentrates on the findings from the interviews with the families.⁷ These qualitative data were analysed using NViVO, a qualitative data analysis program. The analysis explored the similarities and differences of parents' experiences of the program, as well as identifying changes as a result of their involvement in the IFSP. The major limitation was that children did not participate in the evaluation, due to most of the children in the program being younger than 8 years. Parents were asked about the impact their involvement had had on their children.



Who were the families?

There were 26 families who entered the IFSP and remained for longer than the acceptance-of-service-offer interview. This included 15 sole-parent families (one of which was headed by a male), and 11 couple-parent families. One family had children in the out-of-home care system before their involvement in the program. Most of the identified children were male (19), with 7 female children. Three of the children identified as Aboriginal or Torres Strait Islander. The families lived throughout Canberra. Centrelink payments were the primary income source for most mothers (75%), with 18% indicating they had a combined income. The fathers' income sources were employment (17%), Centrelink (25%), a combination (25%) and other (4%).⁸

All of the families were involved with multiple services at the time of referral. Eight families were involved with 3–5 services, 10 with 6–8 services, 7 with 9–11 services and one with 14 services. Less than a third of the families (28%) were referred to the IFSP by statutory child protection services, just over half by a non-government organisation (53%), and the remainder from another government service. Over half of the families had three or more children (52%) and, as would be expected, all had children aged less than 8 years (the target age of the program).

All families were experiencing a range of issues that affected their parenting. In the initial assessment, multiple interacting risk factors were identified. The most common risk factors applied to half or more of the families and included: lack of family support (22 families), children under preschool age (17), parental age (teenage pregnancy) (17), multiple children under 8 years of age (15), number of notifications to child protection (15), lack of parenting skills (15), unemployment (13) and domestic violence (13). Two families had domestic violence, mental health, and alcohol and other drug issues. Four families had domestic violence and alcohol and other drug issues, but no mental health issues.

How the model worked with families

Once a family was accepted into the program, the case coordinator organised a family meeting, which included family members, and professionals from relevant government and non-government services. Family Action Plans, which included goal-setting and plans for reaching these goals, were developed through discussion between the case coordinator, family

members and the involved agencies, with actions allocated. The plans were based on the needs assessment usually undertaken through completion of the Common Assessment Framework, which provides a common method of assessment used across all agencies that provided services to families in the IFSP. Family meetings were held as required (flexibly on a 4–6 weekly basis) to update and revise the plans. They met at locations convenient for the family, which was often in the family's home, but could be in a school or other community service setting.

In between meetings, the model involved the case coordinator communicating regularly with the family, providing strengths-based, family-focused, and child-centred support; and also communicating consistently with other relevant services. A financial plan was developed, and if this involved brokerage, the plan was submitted to the SAP for discussion, alteration and approval. When goals were sufficiently achieved, the family meeting developed a transition plan, which was also submitted to the SAP, and the family exited out of the program, with links to other services provided as required. Home visits were a key feature of the IFSP, during which case coordinators worked with the family to prepare for family meetings, transported families to appointments, and offered emotional and practical support. In short, case coordinators provided considerable "family support" in addition to their specific case coordination role.

Interviews were carried out with 17 of the 26 parents at either the end of the IFSP or three months after they exited out of the program.⁹ The semi-structured interview schedule focused on what had changed for families and their experiences of the service delivery.

Findings

Most parents interviewed thought that the IFSP had had an overall positive effect on their family. Some families were enthusiastic, particularly with respect to the relational behaviour of the case coordinator:

Honestly they have saved us. It has been the one agency that has helped us ... In a way that it is humans that are dealing with humans; we don't get that with a lot of services. She [case coordinator] relates to us on a human level, like we are people, like we matter. (Interview 7)

Many parents felt that their strengths had been recognised and developed and that they were treated like human beings or even friends by the workers involved in the IFSP:

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I was happy for that—someone’s input that is a professional made all the difference. You get to know them, they become like second family because they are there for you. You don’t want to disappoint them. (Interview 6)

A few parents were more neutral about how useful the project had been for them. These responses seem to be related to their expectations for the program. One parent, who described the project as being mostly about financial assistance, did not think it helped much because she had not received all the material assistance she was hoping for:

Might have meetings every 6 months. They just sit there and talk, and I say what I need, and they would talk it out between themselves, and nothing ever really got done. (Interview 15)

On the other hand, another parent, who had been in the program for four months, said that there had been no time for the project to assist her family the way that was intended due to the point at which she was taken into the project—the project ended before her plan could be implemented. However, she understood the aims of the project:

We were supposed to have regular meetings with all the service providers and basically have everyone discuss how they can best support us, and coming back and reporting on what they had done. I think the program would have been really good ... for my family, but we did not have the opportunity to experience it. (Interview 12)

There was a small proportion of families who had not been satisfied with their experiences. One parent said they felt worse off after their involvement with the IFSP:

IFSP made me worse, actually, because there is nothing worse than sitting in a meeting getting your hopes up and thinking that people are actually going to do something, just to find out every month that it didn’t work that way. (Interview 1)

This parent wanted assistance with a custody case she was involved in, as well as help with her financial circumstances. She felt very let down by the experience and, although involved with the IFSP for over 12 months, did not achieve what she had hoped for.

Stronger connections

One of the main objectives of the ISFP was to increase the social connections of families. One beneficial outcome some parents identified was an improvement in family relationships, and improved and extended connections with services, including their children’s schools.

Research evidence points to how, if family relationships are strengthened, children are happier, and there is then a stronger base from which to manage future difficult events. Healthy family relationships are a known protective factor (Tomison, 1999). The majority of families interviewed were pleased with the effect of the IFSP on their family life:

Having IFSP involved from the beginning of our relationship helped strengthen our commitment together to the kids, and to give him [partner] the support that he needed. (Interview 3)

Several families noted that the case coordinator had facilitated better relationships with the school, thus leading to better educational and social relationships for the children. Sometimes family meetings were even held at the school. Younger children were also connected with child care and playgroups, thus also connecting the parents with these services.

In interviews, several families spoke about their new connections with study or employment, achieved through assistance from the IFSP:

I was studying last year. IFSP helped for 2 years—they made sure that I did the right things that suited me. I am stoked that in a year I will have a trade. (Interview 6)

Interviews reflected a mixed picture of the degree to which families felt connected to the community. Some people reported an increase in their sense of belonging and connections, though others felt less so. For example, one parent with young children whose partner was prone to illness was connected with both formal and informal supports as a result of the IFSP:

I was in a dark place with his [illness]. That was one of the best things, showing that there were other people for me. (Interview 16)

Another parent who had transitioned about three months previously had been feeling well-connected at transition. However, a new crisis occurred just before the time of the interview and she said:

I have less support now than I did in the beginning. (Interview 2)

This parent knew who to call, as she had a transition plan that provided supportive connections; however, her comment was a reminder that families often need built-in “after care” or booster sessions when official intervention with a program ceases (Ghate, 2010).



Helpful aspects of the model

There were two features that stood out as being helpful aspects for parents in the IFSP: the case coordination, including the family meetings; and the brokerage available to families. These two aspects reflected the strengths-based approach taken in the program and led to most families feeling more empowered in their lives.

Case coordination and family meetings

Most families interviewed identified the coordination undertaken by means of the family meetings as being helpful and a key element of the IFSP. There seemed to be a number of components to this, including everyone (including parents) working as a team, which enabled the achievement of set goals:

I thought it was really helpful. They would figure out what was happening, work out what was going to happen next. It just worked out. We make a very good team. All our meetings were very productive. (Interview 14)

It was always together: how do you want to do it. They were straight to the point. We go [to the family meetings] because we [were] all so dedicated and we were all on time, all the time. (Interview 6)

[The family meetings] were really good. Just sharing of information and a common goal with all the institutions. Like, there is this child out there, he has done this, let's focus on this common goal of getting him to

kindergarten. And all these organisations said, we will do this and this and this, and they came back the next time and they'd done those things. (Interview 8)

Another helpful component identified by parents was that of avoiding duplication and gaps in services:

What [the agencies] were coordinating, so they were not doubling up on support. (Interview 2)

Parents were also linked to services they had not known about prior to engaging with the IFSP:

It has put us in touch with some other support that we didn't know about, such as Relationships Australia, a psychologist, and playgroup things, without having to go and physically search for the information. (Interview 7)

Two people interviewed were not happy with the family meetings and indicated that the process of coordination did not work as intended:

That was all over the place. I will say something to one person and it would get blown out and not get done, and then we decided that if we get everyone together things would start to happen. But it didn't happen—everything was a jungle mess. No one knew what they were doing. (Interview 15)

Brokerage

Brokerage funding, which was money provided to families to access services based on individualised need, was often used for

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activities that promoted connections with “normalising” activities for parents and children; for example, extracurricular activities, driving lessons or educational support. The brokerage was seen by most (not all) parents as a key element of the project. They felt that having extra money to fund important things made a big difference to both parents and their children:

We could have respite to go to the autism association and learn more, and bonding with other fathers. And know that he was not travelling the road alone: it also gave him a chance to go to Sydney [to meet other fathers]. (Interview 3)

Being able to pay for out-of-school activities for children appeared particularly valued for the benefits it provided the children. One mother who was experiencing a range of issues—including dealing with the recent death of a child, a resultant depression and high levels of conflict with an ex-partner—felt the focus on her children and the brokerage provided by the IFSP worker was extremely helpful:

We talked about what sorts of things the children needed, what they would benefit from. He thought they needed after school activities and, as I had no money, IFSP arranged for a term’s worth of activities. The children were falling behind at school, so recently IFSP has arranged extra tutoring for 10 weeks (which has yet to start). They need help with their reading, writing and homework. I can’t do this for them, what with everything that is going on. The children loved the taekwondo—it has been good for their self-confidence. [A] is quiet and very withdrawn, but doing taekwondo has brought [A] out of [A’s] shell. (Interview 14)

Extra financial support also allowed one parent to get back to her university studies:

I would have been financially down and stressing, and I would be suffering mentally if IFSP [had not been] involved. They assisted greatly in terms of Internet—they paid for broadband and so I was able to do my university, and without them I don’t think I would be able to complete uni. And they were there when I needed them and the Internet. I could study when my kids were asleep, so it gave me choices about going to uni and looking after the children, and I really thank them for that. (Interview 4)

Even a parent who was somewhat disgruntled with the project identified material things that had been offered:

Lawnmower and vacuum cleaner—got me a few skips and some doonas for the kids. I think that’s about it. We did ask for cupboards and that, but they couldn’t do cupboards. (Interview 15)

Empowerment due to a strengths-based approach

The IFSP model was underpinned with a strengths-based approach to practice, which aimed to focus on parents’ strengths rather than their problems. A strengths-based approach places the parent as the “expert” in their lives and fits in well with collaborative approaches to practice (Saleeby, 1997). What is evident from the interviews was the sense of empowerment that developed due to the partnership approach embodied in family meetings and case coordination relationship. Empowerment in this context is where the parent has an increased sense of or belief in their ability to make decisions and solve their own problems (Lee, 2001):

IFSP made me feel I could do it all, and if I needed backup, the backup was there. (Interview 2)

IFSP had [a] big impact on our family moving forward, and to move in a positive manner from “poor us, poor us” to looking at the strengths in the family, not the weaknesses. (Interview 3)

A parent discussed how her partner was encouraged to run a family meeting, and expressed satisfaction with that:

[Case coordinator] and [senior project officer] ran the meetings and we did once ... They put the meeting over to [the father] to run, and it was really good. (Interview 16)

Only one parent indicated any sense that they were being told what to do or bossed around by the IFSP. Most parents actually explicitly remarked that the IFSP enabled them to take charge of their own lives. The mechanisms seemed to be through the partnership approach embodied in the family meetings, the strengths-based activities, and the support and encouragement provided by the case



coordinator, the senior project officer and/or project coordinator:

Out of the services we have had, it was one that helped us most physically, not just emotionally. If we needed anything, they were there. I got back on my antidepressants. A bit more encouragement if anything, hands-on encouragements ... Encouragement: "Yes, you can do it, we just need to find out how". They always found a way to go about it. (Interview 16)

IFSP reminded me that I had a lot of the skills before the crisis, and I realised how resourceful I probably already was. And I realised that having the resources before, [that] I could use them again. (Interview 3)

Current circumstances

When asked how things were going for them at the time of interview, families provided a variety of responses. Over half were positive about how their lives and families were functioning, and seemed optimistic about their children and their future wellbeing. This included people both from the group who had transitioned and those who had not transitioned:

Things are great now. My family is a lot closer. I am back at work and study. I am just working one day a week. I think it got to the stage of moving forward or not. IFSP was supportive of fears about going back to work, and talking about it with [the senior project officer, and] how to cope with it. (Interview 17)

Just under half were experiencing their current situation as being very difficult. These parents were experiencing a range of multiple challenges—such as unemployment, children moving to another carer (e.g., to their partner or out-of-home care), shifting partner/marital status, their own health or that of their children, bereavement, and housing instability—that affected their experiences of their current situation. All the families were linked with services, including those officially transitioned from the IFSP. Of these, a small number, although linked with services, did not feel they were receiving the help they needed at the time of interview.

A small group of the families in a difficult current situation included those who had made substantial progress in the direction of their goals during the time they had been part of the IFSP. Subsequently, they had suffered setbacks or losses and were experiencing these setbacks at the time of interview. Each of these families, despite their current difficulties, spoke highly of the IFSP.¹⁰

Conclusions

The IFSP was an attempt to build a more collaborative and coordinated approach to

supporting families with younger children in the ACT who have complex and interacting issues. The families in this program lived with a range of serious issues, often underpinned by poverty. This paper has provided a voice for these parents—enabling them to contribute their experiences of a case coordination model of family support.

There is a mixed picture for family outcomes. Some families felt that dramatic positive changes had occurred that they attributed to the IFSP. For others, there were fewer changes, but they were very happy with the service. Some of this group thought that they could have benefited from longer access to the service, particularly those who entered in 2010. A very small group was not satisfied. Based on the interview data, this appeared to be related to either dissatisfaction in the relationship with the case coordinator, or dissatisfaction with the allocation of brokerage funding. Particularly interesting findings relate to parents' experiences of being helped to achieve their own goals and the sense of empowerment that flowed from that, the reported improvements in family relationships, the increased social connections facilitated by family meetings, and the opportunities provided by the allocation of brokerage funding.

The interviews indicated that as problems began to be resolved through the IFSP process, some services were not needed, so in actual fact families may have had contact with fewer services at the point of transition. At the time of interview, all of them had a family support contact—they knew someone to call. There were a small number of families who, although linked with services, did not feel they were receiving the help they needed at the time of interview.

Some features of the IFSP have emerged from parents' experiences that provide important information for the future development of family support.

For many parents, whether or not they saw their goals fully or partially achieved, the processes used led to an increased sense of empowerment. The mechanisms seemed to be through the partnership approach embodied in the family meetings, the strengths-based support and the encouragement provided practitioners. All of these elements are those identified as being significant elements in effective family support. Parents saw themselves as being part of a team, all working towards specified and achievable goals. The empowerment manifested in a greater willingness by parents to ask for services and expect those services to do as they said they would, and sometimes a

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willingness to assert their views in contradiction to services. However, how sustainable these changes will be for families will be unknown without a follow-up study.

Service users have provided invaluable information about how they experienced a coordinated model of family support. Engaging service users is a critical aspect to planning and implementing services. Future research that engages with families for a longer period will allow an assessment of longer term outcomes. In addition, direct dialogue with children is required to ensure that the evidence that is generated is relevant and meaningful for families experiencing complex issues.

Endnotes

- 1 The levels of intervention are: primary (universal services, e.g., schools, GPs), secondary (targeted services, e.g., drug and alcohol programs, domestic violence services), and tertiary (intensive services, e.g., child protection, justice services) (Scott, 2006).
- 2 In the context of family support programs, “brokerage funding” “is the use of designated funds to purchase services or goods to address individual client needs. A worker or agency ‘brokers’ on behalf of the client” (Department of Health and Human Services Tasmania, 2004, p. 4).
- 3 Outcomes for families based on pre- and post-data are discussed in the full (unpublished) report on the IFSP project.
- 4 Ethics approval for this research was granted by both ACU’s Human Research Ethics Committee and the Department of Disability, Housing and Community Services Ethics Committee.
- 5 A paper is currently being written that discusses the results from analysing the pre- and post-program data.
- 6 Because the broader evaluation was also concerned with system and service issues, a range of other data was collected: training data (on attendance and satisfaction); a Partnership Assessment Tool (anonymous online surveys administered three times to identify changes in the partnerships between the partner organisations); and meeting notes (reports from the progress workshops held with the MC and SAP throughout the life of the evaluation). These data are not used in this paper.
- 7 Sixteen out of the 17 interviews were with one parent, one interview was with both parents.
- 8 Data were missing for the income variable for seven families.
- 9 Originally, the plan was that people would be interviewed three months following transition so that the sustainability of changes could be investigated. However, as transitions occurred in small numbers from the beginning of 2010, this would have resulted in a small number of interviews. So that the evaluation could benefit from the views of more families, it was decided that families that were still receiving services or who had been recently transitioned would also be interviewed. At the time of the interviews, four families had been transitioned for at least three months, five had not been transitioned, and the others had been transitioned less than two months before the interview.

10 Only four families had been transitioned for more than three months at the time of the interview.

References

- ACT Department of Disability Housing and Community Services, & ACT Health. (2010). *ACT Children’s Plan 2010–2014: Vision and building blocks for a child-friendly city*. Canberra: ACT Department of Disability Housing and Community Services, & ACT Health.
- Australian Institute of Health and Welfare. (2001). *Family support services in Australia 2000: A project sponsored by the Community Services Ministers’ Advisory Council (CSMAC)* (AIHW Cat. No. CFS 4). Canberra: AIHW. Retrieved from <www.aihw.gov.au/publication-detail/?id=6442467235>.
- Beresford, P. (2007). User involvement, research and health inequalities: Developing new directions. *Health and Social Care in the Community*, 15(4), 306–312. doi: 10.1111/j.1365-2524.2007.00688.x
- Bronfenbrenner, U. (Ed.). (2005). *Making human beings human: Bioecological perspectives on human development*. Thousand Oaks: Sage.
- Chaffin, M., Bonner, B. L., & Hill, R. (2001). Family preservation and family support programs: Child maltreatment outcomes across client risk levels and program types. *Child Abuse & Neglect*, 25, 1269–1289.
- Council of Australian Governments. (2009). *Protecting children is everyone’s business: National Framework for Protecting Australia’s Children 2009–2020*. Canberra: COAG.
- Department of Health and Human Services Tasmania. (2004). *Client Brokerage Fund Model: Administrative and operational guidelines. Supported Accommodation Assistance Program*. Hobart: Department of Health and Human Services Tasmania.
- Devaney, J., & Spratt, T. (2009). Child abuse as a complex and wicked problem: Reflecting on policy developments in the United Kingdom in working with children and families with multiple problems. *Children and Youth Services Review*, 31(6), 635–641.
- Dunst, C., Trivette, C., & Hamby, D. (1994). Measuring social support in families with young children with disabilities. In C. Dunst, C. Trivette & A. Deal (Eds.), *Supporting and strengthening families* (pp. 152–160). Cambridge, MA: Brookline Books.
- Eales, S., Callaghan, P., & Johnson, B. (2006). Service users and other stakeholders’ evaluation of a liaison mental health service in an accident and emergency department and a general hospital setting. *Journal of Psychiatric and Mental Health Nursing*, 13(1), 70–77.
- Department of Families, Housing, Community Services and Indigenous Affairs. (2009). *Developing a family support program: A departmental discussion paper*. Retrieved from <www.facs.gov.au/sa/families/progserv/familysupport/Pages/DepartmentalDiscussionPaper-FSP.aspx>.
- Ghate, D. (2010, 3 August). *Supporting parents in the poorest communities: Practice challenges and policy solutions*. Paper presented at the Association of Children’s Welfare Agencies, Sydney.
- Goerge, R., Smithgall, D., Seshadri, R., & Ballard, P. (2010). *Illinois families and their use of multiple service systems* (Chapin Hall Issue Brief). Chicago: Chapin Hall at the University of Chicago.
- Hardy, F., & Darlington, Y. (2008). What parents value from formal support services in the context of identified child abuse. *Child & Family Social Work*, 13(3), 252–261.



Holzer, P. J., Higgins, J. R., Bromfield, L. M., & Higgins, D. J. (2006). *The effectiveness of parent education and home visiting child maltreatment prevention programs* (Child Abuse Prevention Issues No. 24). Melbourne: National Child Protection Clearinghouse.

Humphreys, C., Holzer, P., Scott, D., Arney, F., Bromfield, L., Higgins, D., et al. (2010). The planets aligned: Is child protection policy reform good luck or good management? *Australian Social Work*, 63(2), 145–163.

Katz, I., & Pinkerton, J. (2003). International convergence and divergence: Towards an open system model in the evaluation of family support. In I. Katz & J. Pinkerton (Eds.), *Evaluating family support: Thinking internationally, thinking critically* (pp. 309–331). Chichester: John Wiley & Sons.

Lee, J. A. B. (2001). *The empowerment approach to social work practice: Building the beloved community*. New York: Columbia University Press.

McArthur, M., Thomson, L., & Butler, K. (2008). *Evaluation framework: The Integrated Family Support Project*. Unpublished.

McArthur, M., Thomson, L., Winkworth, G., & Butler, K. (2010). *Families' experiences of services*. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs.

Moran, P., Ghate, D., & Van de Merwe, A. (2004). *What works in parenting support? A review of the international evidence* (Research Report No. 574). London: Department for Education and Skills.

National Child Protection Clearinghouse. (2008). *Quick summary of evidence for key risk factors for different forms of child abuse and neglect*. Melbourne: NCP. Retrieved from <www.aifs.gov.au/nch/bib/riskfactors08.pdf>.

Pecora, P. (2003). Issues in evaluating family support services: An American perspective. In I. Katz & J. Pinkerton (Eds.), *Evaluating family support* (pp. 89–110). Chichester: John Wiley & Sons.

Poulton, B. C. (1999). User involvement in identifying health needs and shaping and evaluating services: Is it being realised? *Journal of Advanced Nursing*, 30(6), 1289–1296.

Rankin, J., & Regan, S. (2004). *Meeting complex needs: The future of social care*. London: Turning Point.

Ruch, G. (2005). Relationship-based practice and reflective practice: Holistic approaches to contemporary child care social work. *Child & Family Social Work*, 10(2), 111–123.

Saleeby, D. (1997). *The strengths perspective in social work practice*. New York: Longman.

Sanson, A., Nicholson, J., Ungerer, J., Zubrick, S., Wilson, K., Ainley, J., et al. (2002). *Introducing the longitudinal study of Australian children* (LSAC Discussion Paper No.1). Melbourne: Australian Institute of Family Studies.

Scott, D., & O'Neill, D. (1996). *Beyond child rescue: Developing family centred practice at St Lukes*. St Leonards, NSW: Allen & Unwin.

Scott, D. (2006). Towards a public health model of child protection in Australia. *Communities Children and Families Australia*, 1(1), 9–16.

Spratt, T. (2009). Identifying families with multiple problems: Possible responses from child and family social work to current policy developments. *British Journal of Social Work*, 39(3), 435.

Thomson, J., & Thorpe, R. (2004). Powerful partnerships in social work: Group work with parents of children in care. *Australian Social Work*, 56, 46–56.

Tomison, A. (1999). *Professional decision making and the management of actual or suspected child abuse and neglect cases: An in situ tracking study*. Unpublished manuscript, Melbourne.

Tregeagle, S. (2010). Red tape or gold standard: Australian service users' experience of child welfare case-managed practice. *Australian Social Work*, 63(3), 299–314.

Trevithick, P. (2003). Effective relationship-based practice: A theoretical explanation. *Journal of Social Work Practice*, 17(2), 163–176.

Winkworth, G., & Healy, C. (2009). *The Victorian Community Linkages project: Increasing collaboration between State and Commonwealth service systems to improve the safety and wellbeing of vulnerable children in Frankston/Mornington Peninsula and Wodonga*. Canberra: Institute of Child Protection Studies.

Winkworth, G., & McArthur, M. (2006). Being "child centred" in child protection: What does it mean? *Children Australia*, 31(4), 13–21.

Winkworth, G., & McArthur, M. (2007). Developing communities of support for vulnerable children: Shifting the focus from risk. *Communities, Children and Families Australia*, 3(2), 44–54.

Winkworth, G., McArthur, M., Layton, M., Thomson, L., & Wilson, F. (2010). Opportunities lost: Why some parents of young children are not well connected to the service systems designed to assist them. *Australian Social Work*, 63(4), 431–444.

Winkworth, G., & White, M. (2011). Australia's children 'safe and well'? Collaborating with purpose across Commonwealth family relationship and state child protection systems. *Australian Journal of Public Administration*. Advance online publication. doi: 10.1111/j.1467-8500.2010.00706.x

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Engaging service users is a critical aspect to planning and implementing services.