QUESTIONS ON NOTICE

The Hon. MATTHEW MASON-COX: I have a couple of questions that you might like to take on notice, Ms Cheers.

1. **Regarding Children's Family Centres (1)**

I am just interested in the children family centres, specifically where they are located and some information about the services from each of those services.

The Children's Family Centre model has been operated by Barnardos since 1974. Each Centre has a unique set of programs which reflect local social conditions and government funding priorities for the area. What makes the Centres most useful to families is that they are delivered to their local community as a 'one-stop shop' which appears seamless to families. Programs are integrated so that individualised assistance can be given to the changing needs of families: in a crisis a number of services will be offered but as the family becomes more stable these services can be eased off. Workers communicate easily within the Centre on the needs of the family, involving families in all plans.

Wherever possible there is a Temporary Family Care program, (crisis foster care), offered. This means that if families are unable to care for their children, the children can be cared for and hopefully restored to their families within a time fame which is realistic to the child's needs. Being in a Children's Family Centre means that parents can be helped with other services such as home visiting, community support and childcare.

Barnardos Australia operates seven (7) Children's Family Centres:
Auburn: (Child and Adolescent Sexual Assault, Domestic Violence Support, Family Support and Preservation, Kin Care, Long Day Care, Temporary Accommodation, Temporary Family Care, Youth Support)

Canberra: (Find-a-Family Program, Temporary Family Care, Concurrency Program, On Track Program, Network Co-ordination Service, Supported Playgroups, Kids in Focus Program, Tutoring Program, Kids Friends Program, Friendly Landlord Service, Couch Surfing, Intensive Intervention Services)

Penrith: (Crisis Intake Service, Family Support Temporary Family Care, , Family Semi Supported Accommodation Respite and Vacation Care for Children with Disabilities, Youth Services, Intensive Family Support)

Hunter/Central Coast: Kin Care Support, Temporary Family Care, Gudjagang Ngara Li-dhi (GNL) Aboriginal partnership. Note this is our most recent Centre and as yet has no family support services attached)

Queanbeyan: (Child and Family Support , Intensive Family Support , Family Accommodation and Support Program, Youth and Family Support, Aboriginal Community Development Projects - including Gatherings in the Park and Aboriginal Homework Club, Brighter Futures)

Sydney Metro: (Temporary Family Care, Yurungai Child and Family Services, Aboriginal Early Years, Yurungai Learning Centre, South Eastern and Northern Sydney Family Referral Service)

Western: (Gilgandra and Coonamble, Orange, Wellington, Mudgee, Warren, Nyngan, Mudgee, Coonabarabran, Cobar: provides family support and strengthening, Brighter Futures, Prison support, Reconnect, Homelessness, HIPPY, Learning Centre, note not all programs are available in each community)

Attachments: with more detail and evaluation of the model

- Susan Tregeagle and Louise Voigt 2013 – What intensity of service is needed to prevent children's entry to care? Addressing the pressures on early intervention and prevention services.
- Elizabeth Fernandez 2004 – Effective interventions to promote child and family wellness: a study of outcomes of intervention through Children's Family Centres.
- Monograph 34 Barnardos Australia 2005 – Children's Family Centres – Australian Integrated Family Support Services.

2. Regarding Aboriginal Learning Centres

You also made comments in relation to the Aboriginal programs, specifically the after-school programs. You said you have some centres providing that, one of which was at Queanbeyan, my hometown, which I was not aware of. I would be interested to understand the level of demand for those services. You mentioned that there is a level of unmet demand. I would like to understand what the waiting list situation is and what you see is your need for funding in that area; what you currently spend and what you think is the appropriate level of expenditure, and the results that you have found in relation to those programs you have been servicing from those areas.

Level of demand:

Currently Aboriginal Learning Centres operate in Redfern-Waterloo (Yurungai), Queanbeyan and Wellington (Yalmambirra). Centres report that there is a large demand for places and that they must ration places (often by limiting the age eligibility or the number of days per week children can attend). Barnardos previously had Centres in Cobar and Nyngan but did not have the resources to maintain them. The Learning Centres work with younger primary age children and are not promoted as solely Aboriginal although these children are the vast bulk of participants.

Waiting lists are not kept in all Centres as children are taken according to the urgency of their presenting problems when there is a vacancy. Wellington does keep a waiting list, currently three children, and Yurungai has four children waiting. We have also been asked by local Aboriginal parents and elders if it is possible to provide assistance for High School students but have been unable to assist due to resource constraints.

Barnardos expenditure on the Learning Centres is (Financial Year 2015)

Wellington (includes a Breakfast Club)	$224,419
Redfern-Waterloo	$196,985
Queanbeyan	$ 95,000

Barnardos contribution pays for the bulk of costs for these services, with limited government and some Corporate contributions.

With reference to Queanbeyan, the Learning Centre was established based on suggestions from parents/carers who attended the "Gatherings in the Park' events run by Barnardos. It was decided to trial a "Homework Club" targeting Aboriginal children attending the local Queanbeyan primary schools. The Homework Club program was developed by an Aboriginal Project Worker and a qualified Primary School teacher. The first session commenced in school term four, 2008, on Wednesday 15th October and with a total of thirteen children in the program. Children who attended were from Queanbeyan South, Queanbeyan East and Queanbeyan West Public Schools. The ages of the children ranged from Kindergarten to Year 6. The Queanbeyan Homework Club operated from 3.00pm to 5.30pm each Wednesday and Thursday. Currently the Queanbeyan Homework Club operates three afternoons per week (Monday, Tuesday & Wednesday) and can accommodate up to thirty children. Monday – Kindi-Yr2. Tuesday – Yr3-4. Wednesday – Yr5-6. Current schools utilising the program include Queanbeyan South, Queanbeyan Public, Queanbeyan West and St Gregory's Primary School. The venue currently used is the 'School as Community' Centre (SACC) on the grounds of Queanbeyan Public School. The school provides the venue free of charge and allow use of some school resources. We have staffing of four part-time staff and one volunteer. There is a current waiting list of two children for Monday (currently full).

In Wellington we have capacity and enrolments for thirty students with three on the wait list - this means costing is approximately $7480/student. All students are Aboriginal.

Ideal funding

Many rural and urban areas could benefit from Learning Centres. The list below represents areas where Barnardos would like to establish Centres from our service base immediately, if funding was available:

Western area: Nyngan, Cobar, Warren, Gulargambone, Trangie, Kandos.
We have now leased a second building for office space in Wellington but even so, we do not have infrastructure or staffing to increase any further, we would need more staff, another bus, and a bigger kitchen.

In **Queanbeyan** we would like one full time staff member and four casual staff across a full week a budget of approximately $200,000. This figure does not include expenses such as any future venue hire and associated costs or transport to the Centre. More work could be done in Yass and Young and we note that a Centre was closed in Cooma over recent years.

The Learning Centres' goals are to encourage the child's confidence to participate in school and improve school attendance. The Learning Centres provide a positive cultural space and inclusion as the children are there with other Aboriginal children in an accepting space. This environment improve the child's expectation of their educational ability and encourage engagement with school work. They help with homework: with the aim of developing a love of learning and ultimately improving NAPLAN scores. Some Centres use formal programs to improve reading and numeracy, and distribute 'Books in the Home'. Staff work on assisting the child with behaviour management and this is effective as staff are from the child's culture and community. The Centres provide safety for children and ensure that they are fed afterschool. Many of the Learning Centres support kin carers thereby supporting placements for children separated from their parents.

Most importantly, the Centres are part of a family support service system and this means that the child's educational development can be worked on at the same time as serious family problems (such as homelessness and domestic violence). They help link parents and families to the local schools and include parents in decision making. The Centres also ensure that children have nutritional needs met, going off to school or having a good meal in the early evening.

Importantly we aim to increase children's cultural understanding and identity. The employment of Indigenous staff and trainees is very importance in creating jobs and positive identification with educational goals.

Attachment:

- Tracey et al. 2015 – A Place to Learn

3. Regarding Children's Family Centres (2)

Lastly, I wanted to ask you about your recommendation—let me call it a recommendation—that the New South Wales Government provide integrated and co-located geographically based family centres to provide a whole range of services. Where would you recommend those family centres be located? What range of services would be provided from them? You do list some here, but I would invite you to be expansive in that regard and that might be useful.

Barnardos believes that Children's Family Centres need to be located in areas of the greatest social disadvantage and where there is not already a 'visible set of integrated local services' run by non-Government organisations. Centres need to be in major transport hubs and Barnardos has been guided in choice of area by Jesuit Social Services analysis of areas of social disadvantage and investigation of local service systems (Vinson, 2007 updated in 2015, Vinson and Rawsthorne, 2015).

Services in Children's Family Centres need to include a Temporary Family Care Service as this provides resources that can focus on the most urgent situations involving parents. Other programs need to be developed in relation to local needs and government (Federal

and State) priorities for the area. We generally require grants to fund services though will use Barnardos voluntary or corporate income to subsidise particular requirements. Ideally Centres should include home visiting services (family preservation and intensive family preservation), semi-supported homelessness services, adolescent homelessness support and child-care. The Centres require a continuum of services from crisis to early intervention however we would not for example provide a collection of prevention services only. Note that Barnardos Children's Family Centres are supported by our Find a Family program: this means that if children must be taken permanently from their families they can stay within Barnardos.

Barnardos has focused our most recent Centre development in rural areas as these are very poorly serviced. We are currently in the process of trying to grow services in our Southern Children's Family Centre and to strengthen Western region. Barnardos aims to have family support programs clustered around TFC programs and would prioritise development of family support programs related to our Blacktown and Hunter/Central Coast Temporary Family Care programs.

Generally, there are large rural regions of NSW that could benefit from such centres including parts of the South Coast, Far West and Northern Tablelands. Our Southern area manager believes that YASS and Young are two areas which would really benefit from Children's Family Centres. In Sydney, there are areas of social need in the western suburbs which could urgently benefit from a Children's Family Centre.

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WHAT INTENSITY OF SERVICE IS NEEDED TO PREVENT CHILDREN'S ENTRY TO CARE? ADDRESSING THE PRESSURES ON EARLY INTERVENTION AND PREVENTION SERVICES

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Introduction

Children who are likely to experience significant abuse and neglect and are, consequently, in danger of entering care, are known to come from complex family situations with deeply entrenched social disadvantage (Fernandez, 2004). Their numbers are rising, as can be seen in statistics on substantiated abuse and neglect, entries to care and the rise in length of time that children stay in care (Australian Institute of Health and Welfare, 2011). Early intervention and prevention services are increasingly asked to work with these children's parents. However, peak bodies report that they have inadequate resources to address the numbers of families, the depth of disadvantage and the weight of problems confronting families (CAFWAA, 2007). This paper asks what level of help families need when they are at risk of losing their children and what can reasonably be expected from services funded as early intervention or prevention.

The authors argue that, to stop entry to care, we need to more effectively identify the children who are in real difficulties, out of the many thousands potentially at risk, and then provide their families with intense practical assistance, and then, the possibility of long-term support. We need to augment our current model of early intervention and prevention services by strengthening and expanding non-government crisis services delivered when families are most likely to seek help and engage with change. Following the crisis, we must build support around children by developing better ways to integrate an individually tailored set of programs to each family's needs. These services need to tackle a range of deeply entrenched issues, such as poverty, substance abuse, racism, mental illness, family violence and homelessness, as well as the behavioural, educational and emotional needs of individual family members. These services must be available over the long-term and be able to be adjusted as circumstances change, with no bureaucratically imposed timeframes. Such systems cannot rely on unsupported workers, rather we need teams with sophisticated skills to make the difficult judgements about which children need to be moved into out-of-home care. The intent of this paper is to present an argument for a more realistic future for early intervention services. They should be part of a new support system which can target families whose children would otherwise enter the care system, or families who are having their

children restored to their care.

This paper recognises the invaluable work done with families by early intervention and prevention services - including the authors' own agency - as they attempt to fill the gap for families dealing with very urgent problems. The authors have each worked as practitioners and senior managers in non-government services for over 30 years. For the past 20 years we have been responsible for supervision and policy in an agency which has had approximately 1,000 children in care and another 5,000 in programs supporting children in their own homes. We have scoured the available research to develop practice and actively encouraged independent research on our own work. We are concerned at current policy directions and the ongoing number of children entering the care system.

The authors acknowledge that a range of services in states and territories mean our statements about program types must be read as general recommendations. Policy examples are drawn largely from NSW where recent practice is most clearly documented, but problems are not unique and are relevant in other states and territories.

Problems of the current reliance on early intervention and prevention services

Early intervention and prevention services cannot hope to reach all the families with potential problems, nor can they offer the intense level of service needed to address the problems presenting to out-of-home care agencies and affecting entry to care. However, such services are being used increasingly for families with complex child protection issues because of growing numbers of families coming to the attention of statutory authorities.

Early intervention or prevention services are poorly defined terms which are often used interchangeably, so it is important to be clear about the scope of this paper. The term prevention is problematic because what is being prevented is often unclear. Child abuse and neglect prevention is often conflated with the prevention of other social problems as diverse as crime, behaviour problems, failure to attend school and drug and alcohol abuse. The term early intervention is also unclear as it has a range of meanings, including services:

- Early in a child's life - such as nurse home visiting
- Early in the development of family problems - such as supporting mothers with depression
- Early in the development of a crisis - such as the federally-funded Reconnect program for homeless youth.

The services which are the subject of this paper are those funded by state child welfare departments and federal family support programs to improve family functioning, with the ultimate goal of avoiding abuse, neglect and entry to care. These services are predominantly community-based, non-government programs, which are frequently 'stand alone' and include programs such as home visiting, parent education, family preservation and intensive family support. The terms early intervention and prevention are used interchangeably in the following discussion to refer to these services early in a child or family's life ie. the first two uses of the term as described above. Our critique is supportive of services required early in a crisis.

More families need support than can be helped

Increasing numbers of families are coming to the attention of statutory authorities, however many of these children stay in their own families despite very real concerns about significant abuse and neglect. For example, in NSW during 2009/10, 13,136 children were subject to substantiated investigations of significant harm (AIHW 2009-10, Table 2.5) but, of these, a limited number of 3, 922 entered out-of-home care[1]. This left approximately 9,214 children with substantiated abuse and neglect who remained at home[2]. In addition, there were 75,000 children 'under the threshold of significant harm' but still in need of support (AIHW 2009-10, Table 2.5). This second group of children may have problems equal in severity to those with substantiated abuse or neglect, as international research indicates that children at risk present with as many 'household and caregiver concerns' as those children who are substantiated (Fallon, Trocme et al., 2011). Thus, as many as 84,000 children identified in one year in NSW as needing assistance were left at home with their parents. Of course there may also be other families that have not yet come to attention and who face equally concerning problems.

Many of these families are referred to early intervention and prevention services; however, the number is very large compared to the services' capacity to help. For example, the NSW Brighter Futures program, the major government thrust originally designed for families under the threshold of significant harm, can only serve a fraction of these children.[3] On average during the recent evaluation of this program, only 228 families at any one time received three months' intervention or more (AIHW 2009-10, Table 4.11). Whilst there are some other services available to families (Brighter Futures has grown and Family Preservation and Restoration Pilot Services have been introduced) the number of children needing support but living at home is far too large for the funding available.

Prevention services forced to manage 'statutory' levels of need

Many of the children described above would, in the past, have been on the caseloads of statutory agency caseworkers. However pressure on Government departments, combined with high staff turnover and a restricted mandate, has meant that many of these children receive no support from statutory authorities. Consequently, children are referred to early intervention or prevention services where the services attempt to engage with the most needy cases as first priority. This means that there has been a trend towards early intervention and prevention services working with increasingly complex and entrenched problems.

Research bears out this claim, showing that statutory departments are not providing casework support to families of concern. For example, a study of kin carers (who are recorded as part of the government's out-of-home care workload) showed 62 per cent had never received any casework despite families wanting it (Yardley, Mason et al., 2009, Table 5, p.68, Survey question 36). In a further illustration, research reported by the Wood Inquiry in 2008 provided evidence that statutory caseworkers did not assess and intervene on behalf of all children reported as at risk to local offices:

"The reality of the current system is that

...DOCS (NSW statutory department) prioritises its child protection casework services to those children who are most at risk, with a particular focus on children with specific vulnerability ...Reasons for case closure include relative priority of the report compared with other reports and current casework resources." (Wood 2008, p.277).

These assessments were made without meeting the child or the family, but this is highly problematic because good practice would indicate the need to see the household, sight the child and discuss the situation with children away from parents.

Many of these high-need families that do not receive casework from statutory authorities find their way to early intervention and prevention services. This is despite funding guidelines which sometimes exclude them. Brighter Futures evaluation documented this trend:

"The streaming of high-risk and high-needs families into Early Intervention dominated interviews with caseworkers in some sites...Agencies felt that they were being allocated families who were higher risk than what they anticipated in an early intervention context." (Social Policy Research Centre 2010, p.47)

An example of the severity of problems facing families in the Brighter Futures program is that 52 per cent suffered parental mental health problems and 53 per cent lived with violence (Social Policy Research Centre, 2010, p.51).

Families need help with complex, entrenched problems

The problems confronting children at potential risk of entering care, such as those described above, involve multiple and deeply entrenched disadvantage, such as chronic poverty, social isolation, substance abuse, mental illness (Kohl, Jonson-Reid et al., 2011) and family violence (Schofield & Ward, 2011). Australian prevention services, described in this paper, lack funding to sustain involvement for the length of time required to bring change to these families.

Local research illustrates the problems that early intervention services must be prepared for. Fernandez (2007) studied the families presenting to two Sydney Children's Family Centres which offered a network of early intervention and prevention programs, such as home visiting, childcare, parenting and mentoring programs. These families were shown to be experiencing:

"Multiple needs which related to housing, financial constraints, trauma from domestic violence, physical, sexual and psychological abuse, physical and mental health, and disability, social isolation and lack of support networks. Housing (is) a critical issue for many families and appears to be a primary reason for contact..." (Fernandez, 2007, p.1379)

Fernandez' study showed that the most frequently reported primary problems were marginal housing and threats of eviction (37 per cent of families of the primary and 10 per cent of secondary or tertiary reasons for seeking assistance). Family violence was the next most frequent primary problem and affected a total of 27 per cent. Poverty is an underlying issue for most families: *"Financial problems were rarely the presenting problem but did affect almost one third of families"* (Fernandez, 2007, p.1381). Research on children's circumstances when entering care also points to the prevalence of substance

abuse affecting vulnerable children. In Australia:

"...over two thirds of the children entering out of home care for the first time had at least one parent with a substance misuse problem, and over half of all children entering care for the first time have at least one parent with an alcohol problem." (Jeffreys et al., 2009, quoted in Scott, 2010)

The seriousness of presenting issues is mirrored in similar Western countries. In the United Kingdom, the most frequent issues for children entering care are parents' methamphetamine use, homelessness, lack of resources and physical abuse (Pelton, 2008). Research on neglect (Daniels, Taylor et al., 2010) shows it to be associated with a *"constellation of adverse factors, including substance misuse, depression, low social support, negative life events / poverty, substance misuse and mental health/ impoverishment, few parental resources and previous history of maltreatment"* (Daniels, Taylor et al., 2010). In the United States, poverty, limited social networks, single parenthood and parenting under 30 were significant characteristics of neglect (Berry, Charlson et al., 2003).

Early intervention services not designed for complex and entrenched problems

Early intervention and prevention services can do important work to help stressed families and improve children's developmental outcomes, but researchers and policymakers have long understood that there is no evidence showing that prevention services can address situations of significant abuse and neglect (Reynolds, Mathieson et al., 2009, p.182). The evidence is both local and international.

Local researchers question whether service models are able to help with the level of problems that families experience when problems are entrenched: Tilbury (2005) investigated the impact of services in Brisbane which offered a mix of parent skills training, home visiting and other in-home support, as well as information and referral, advocacy, counselling and mediation to families. She concluded that the families experiencing chronic difficulties required more services than were offered:

"While one-off or time-limited interventions may be useful to some families, low intensity of involvement of services is likely to be of limited use to families with chronic problems." (Tilbury, 2005, p.155)

In NSW, the Brighter Futures evaluation cited above showed that home visiting, childcare, parenting programs and case management for up to two years to families, had very little impact on entry to care (Social Policy Research Centre, 2010). Overall, the rates of children entering care were not substantially reduced; there was a reduction of only 0.007 in rate of entry to care for those who completed the program. So even these relatively intensive coordinated services, over the medium term, did not make a significant dent in the number of children who still entered care.

Internationally, prevention services have been shown to have little impact on entry to care. Generalist home visiting programs do not appear to reduce significant abuse and neglect. For example, an analysis of research on in-home visiting by the Australian Institute of Family Studies in 2006 concluded:

"Of the eight programs reviewed in this study, one was successful in achieving

positive results in relation to all program aims. One program, the Nurse Home Visiting program, ...was successful in reducing the prevalence of child maltreatment ..." (Holzer, Higgins et al., 2006, p.13).

The exception cited by AIFS was the Olds et al. (1986) study, which is much discussed and therefore requires careful examination. Close scrutiny does not reveal a strong or lasting prevention effect. Olds et al. claimed that there were changes in verified child abuse reports during the two years in which nurses visited disadvantaged families. There were 116 families visited and the study findings indicated that verifiable abuse and neglect fell, from 19 per cent in the control group to 4 per cent in the study group. Research undertaken with this same group of families 25 and 50 months after the intervention showed no lasting improvement:

"Although there were treatment differences in the rate of abuse and neglect for poor, unmarried, teenage mothers while the program was in operation, there were no enduring treatment differences in the rate of new cases of child abuse and neglect during the two years after the program ended." (Olds, Henderson et al., 1994, p.92)

Olds subsequently reported on a 15-year follow-up study of these same families and claimed that those who had received support had fewer verifiable child maltreatment reports. However the study's method was based on partially self-reported behaviour and substantiations; abuse and neglect were not objectively assessed (Olds, Eckenrode et al., 1997). Furthermore, trials carried out on the same home visiting program in Memphis did not report any impact on abuse and neglect.

Meta-analyses by the NSW Department of Community Services of international research on home visiting mirror the broader AIFS finding, on home visiting's limited ability to prevent entry to care, and concluded that services need to work for at least two years to have any impact on families (NSW Community Services, 2006).

Even intensive forms of home visiting, known as 'family preservation' (FPS), have little research evidence to show that they reduce significant abuse and neglect. A US meta-analysis of an intensive family preservation program undertaken during the 1990s concluded that *" ...evaluations of FPS are difficult and show no benefit in reducing rates in out-of-home placements of children at risk of abuse and neglect in 8 of 10 studies"* (Heneghan, Horowitz et al., 1996). More recently, *"... [A] comprehensive review suggests that the more rigorous the research design, the more convincing the evidence that family preservation services made little difference averting placement or protecting the safety of endangered children."* (Lindsey, Martin et al., 2002)

Research on the impact of parent education in preventing significant abuse and neglect is similarly inconclusive. In Australia, the Institute of Family Studies undertook a review of research on the effectiveness of parent education programs (Holzer, Higgins et al., 2006). This study examined 18 parenting programs and reported that there was not enough reliable data to judge the effect:

"...although the majority of evaluations of parent education programs had favorable results, the direct influence of parent education programs in reducing the incidence of child mistreatment

remains somewhat speculative, as this outcome is not generally measured." (Holzer, Higgins et al., 2006, p.9)

This conclusion, however, contrasts with a recent study of the Triple-P parent education system (Prinz, Sanders et al., 2009), which demonstrated that the substantiated rate of abuse and neglect did not increase at the same rate as in 'control communities' and rates of entry to care and of injuries declined. The researchers acknowledge the novelty of their population-based study, and call for more studies to confirm their findings.

While early intervention and prevention programs like those described above can be very helpful to many families, evidence demonstrating their capacity to prevent significant abuse, neglect and consequent entry to care is lacking. A meta-analysis of United States studies showed that, of 76 statistically robust studies of prevention services, only seven showed a positive impact, two showed an increase and many had no statistical significance (Washington State Institute for Public Policy, 2008, p.7). It is the contention of the authors that in order to really stop entry to care and very significant abuse and neglect, we require services which better use the resources we have.

What service systems could prevent children entering care?

Evidence about the limited impact of early intervention and prevention services leaves policymakers with two difficult questions. Firstly, how do we work with the large numbers of families who come to the attention of statutory authorities, in order to identify which children are at real risk of entering care? Secondly, when identified, how can we deliver the necessary level of service to assist them within the economic constraints of state and territory governments?

The authors of this paper argue that we must design our welfare system around what can most realistically protect the children in greatest danger. Crisis intervention is the most effective way of clearly identifying which of the many thousands of families suffering social stresses will actually fail. After recovering from crisis, families need to be supported over the long-term by strongly case-managed services working directly with the problems known to lead to placement in out-of-home care. Early intervention and prevention have an important role as part of this broad network of services. Whilst we all wish every child could receive support, achieving this goal is unrealistic because resources will never stretch so far.

Crisis services to identify target children

Crisis services allow us to target children and attract families of greatest concern - it is the only way of knowing which families will actually fail. They are the services that families who may have avoided welfare services to date will use. They are services which can address the problems of families who may not have had time to connect with an early intervention program, or who are alienated from community support. Crisis services described below include such programs as supported housing, restoration foster care (Fernandez & Lee, 2009) and support to avoid young people becoming homeless (such as Reconnect Australian Government Department of Family and Community Services, 2003).

Crisis services are the most effective way to identify which, of the many

hundreds of thousands of children who live in stressed families, will actually be in danger of entering the care system. We know for example that there are over 100,000 children in Australia who live with parents with psychiatric illness, but some are well supported and others manage with 'good enough' parenting; only some need intensive support. The only way we can target the children of greatest concern is when families begin to fail and come forward seeking urgent help, or are noticed by statutory authorities. No better methods have been found to identify which families will fail, despite 'scientific' attempts to do so - for example, through systems such as structured decision making (Gillingham & Humphreys, 2010).

Crisis services also attract those families who may avoid early intervention services. Brighter Futures evaluation and UK research on parent education and NEWPIN note that many families of concern do not begin these programs, or they may quickly drop out. The Brighter Futures program in NSW experienced a high drop out rate: of the 4,053 families who were invited to use the program during the evaluation period, 331 refused service and 1,376 withdrew early. Families with alcohol or drug problems and/or family violence were least likely to stay in the program. Only 1,165 families ultimately achieved their goals (SPRC, 2010, Table 11.1). Similar issues are apparent in parent education. A 2001 United Kingdom review (Armstrong and Hill) claimed that parent education was not well suited to families where significant abuse and neglect may be an issue. Their findings showed there was an impact on *"a small proportion of the total parent population and most of those attending appear to come from the middle classes, so a relatively few vulnerable families are likely to be reached"* (Armstrong & Hill, 2001, p.352). Barriers to marginalised families using parenting programs have been noted in other studies and include difficulties with transport and group learning strategies (Wittaker & Cowley, 2010).

Crisis services reduce barriers to highly disadvantaged families seeking help because they are designed to meet urgent need where parents have no other reasonable alternative to losing their children. Whilst advocates argue that early intervention is less stigmatising than targeted services and therefore most likely to be used, stigma may not be the only barrier to families. A study on help-seeking behaviour amongst families where neglect was an issue showed barriers to using the service were more profound:

"...Mothers of neglected children tend to have lower self efficacy, to have little belief in their own ability to change or that others can offer anything to help. Mothers and fathers of children who are referred for neglect are increasingly likely to be misusing substances and may be reluctant to seek help for fear of losing their children." (Daniels, Taylor et al., 2010, p.254)

In the Australian context, it is likely that Aboriginal and Torres Strait Islander parents are an important group here as they may be reluctant to use mainstream services because of the history of the Stolen Generations (Human Rights and Equal Opportunity Commission, 1997).

The importance of crisis services also acknowledges the fact that many families who significantly harm their children may not have had time to seek out and use early intervention services. A UK study of 57 babies and young children claimed that these children

were at 'significant risk' before they were six months old (Ward, Brown et al., 2010). Practice experience also shows that, in some situations, changes in family circumstances occur quickly and lead to abuse before the family has identified a problem or before services can be organised. The arrival of a new, violent, male partner, retrenchment, eviction, deterioration of financial circumstances or substance abuse may all lead to the sudden onset of abuse or neglect.

Whilst crisis services have a special importance in identifying and engaging families of greatest concern, they are not alone adequate.

Back crisis help with long-term services to resolve complex family problems and chronic disadvantage

Once families are identified and engaged through crisis assistance, a range of services is needed - including those already well understood in the Australian service system - to keep children out of care. These ongoing services need to provide flexible but intense support and to be strongly managed and focused on child safety.

Although literature in this area is not extensive, a number of characteristics of services to help families at risk of failing have been identified by researchers. These include:

- Multi-focused interventions which are flexibly delivered, practical and address inadequate housing, poverty, unemployment, lack of day care availability and lack of transport. *"Arguably, any intervention that targets neglect and does not offer concrete services may be missing the root of the problem."* (Berry, Charlson et al., 2003, p.18).
- Programs prepared to tackle complex family problems and 'whole family' issues, particularly mental health issues such as maternal depression and substance abuse treatment (Berry, Charlson et al., 2003).
- Engagement with families over the medium to long term (Katz, Spooner et al., 2006).
- In-home service (Berry, Charlson et al., 2003).
- Based on relationship development with the family (Katz, Spooner et al., 2006).
- Include community support and social networks (Berry, Charlson et al., 2003).

Services which effectively prevent entry to care must engage with families over the long-term to reflect the ongoing nature of the economic and social circumstances of highly disadvantaged families. They must be capable of building strong personal relationships, as it is through trust and engagement that families will become more functional and come back to seek help if their circumstances deteriorate. Services will need to work predominantly in the home, where families are most comfortable. Families are often intimidated by offices and transport is a barrier to getting help.

The number and complexity of problems facing families whose children may enter care, described above, mean that stand-alone or mixed welfare services cannot meet their needs and that negotiation with a number of resource providers will be necessary. Work needs to include such diverse providers as services involved with permanent housing, detoxification, mental health support, legal assistance, behaviour management and relationship

programs.

Such coordination needs to have clearly allocated, primary casework responsibility and the skills to determine which children are no longer safe at home. Coordination will involve advocating for the family with multiple service providers and keeping the central focus on the safety of the children. Coordination must encourage timely decision making, particularly the difficult one about when parenting is not 'good enough'. Such judgements require knowledge of the out-of-home care systems and the problems which may affect children if they are left too long in care. Coordination will also require systems that enable workers to access information quickly and efficiently and to transfer information over time.

There is an important role for community development in this ongoing support. Frequently families at risk of their children entering care are in areas of locational disadvantage, where many are experiencing stress. In these communities there can be very limited local support networks to sustain a family. Many such communities have very long histories of marginalised and socially excluded populations; many are affected by ongoing racism. Work needs to be undertaken to strengthen these communities and to understand the dire social circumstances in which these families live.

Early intervention and prevention services have a strong future role

Many of the characteristics of effective services listed above are currently well known in programs funded as early intervention or prevention by state, territory and federal governments. However, this paper has argued that early intervention and prevention services need to be placed in a much more supportive, integrated and case-managed structure, incorporating good knowledge of out-of-home care and its perils, and child protection decisions. In this way, the sophisticated skills of many workers, particularly those skilled in community work, can be better utilised. Policy directives should also give priority to families where children are being restored - currently a most important group whose needs are often not met.

Conclusion

Current child welfare policy in Australia is failing to reduce significant abuse and neglect of children. We are increasingly relying on early intervention or prevention services to work with large numbers of families who may previously have been on statutory caseloads. These families have highly complex and entrenched problems, which require a strong coordinated network of long-term services, including crisis services. We need to ensure universal coverage of services able to identify children who are in greatest need, and target services that can make real differences. Unfortunately, crises are the only times we can reach and engage some alienated families.

Following crisis, we need to provide ongoing and flexible assistance from a wide range of services drawn from health, housing and welfare. The network must be strongly managed by those capable of informed child protection decision making. Such a system would include services currently funded as early intervention and prevention programs; importantly these programs are not associated with the 'social policing' of child protection services and frequently include experts on community development in highly

disadvantaged areas.

We cannot allow the current system, in which there is a vacuum of services between out-of-home care and early intervention, to continue. The children of greatest concern are currently receiving much less help than they need and, consequently, are entering care and, in some situations, dying.

ENDNOTES

1 AIHW 2009-10 Table 4.2 Note that some children may be involved in multiple entries, which are defined as placements more that 60 days apart.

2 Exact figures are not available as multiple entries to care may mean that more children have been left in their parents' care.

3 This estimate is based on FACS Annual Report 2009-10 that stated 3,580 families, as at 30 June 2010, were engaged or participating in the service, accounting for 8,525 children. FACS Annual Report 2009-10 page 120.

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Effective interventions to promote child and family wellness: a study of outcomes of intervention through Children's Family Centres

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ABSTRACT

This paper reports research carried out in Australia designed to evaluate the impact of family support interventions by comparing the views of families and their caseworkers with respect to the perceived benefits and outcomes of the interventions in the context of changes in family functioning and parent–child relationships, and the extent to which changes led to reduced involvement in protective services. The intervention was monitored over a six-month period using a pre- and post-test design, incorporating quantitative and qualitative approaches in the methodology. The paper discusses: problem domains identified; changes in caregivers' level of distress, problem solving and learning ability, bonding style and use of discipline; parents' and children's cooperation with the programme; and implications of the findings for policy and research methodology.

INTRODUCTION

Family based services have received considerable public and professional support because they enable families to remain intact while addressing issues that threaten child well being (Berry 1997). Internationally initiatives are emerging which emphasize the prevention of abuse and enhancement of the parenting potential of families and the community. In the UK the principle of partnership with parents and the re-focusing of Children Services has followed the Department of Health's *Child Protection: Messages from Research* which argued that family support should be a mechanism for protecting children not an alternative to child protection (Little & Mount 1999). The UK Department of Health Parenting Initiative and its *Framework for the Assessment of Children in Need* (Department of Health 2000) reflect this dual emphasis. In the USA the infrastructure of family preservation services has resulted in greater emphasis on family support and shared care in place of the exclusive focus on child rescue. Parallel developments are evident in Australian child welfare, reflected in a range of models of family based services (Campbell 1994; Scott & O'Neill 1996). In New South Wales a new initiative of the Government entitled 'Families First' was launched to assist young families in need with a configuration of support services through the Department of Community Services, Health, Education and Training, Housing and the Office of Children and Young People (Premier's Department of New South Wales 1999). Family support services in Australia are supported through legal and policy frameworks. The New South Wales Children's and Young Person's (Care and Protection) Act 1998 came into effect in November 2000 emphasizing principles of 'least intrusiveness' and mandating efforts to provide alternative forms of support before taking children into care.

Over the last two decades there have been a range of outcome studies in the USA examining the impact of family preservation services on preventing children's entry to protective care (Feldman 1991; Pecora *et al.* 1995). Using placement rates and other system-based indicators as outcome measures, these studies reported very positive findings in avoiding placements for the families immediately after treatment, at three months post-intervention and at one year after the cessation of services (Nelson 1990; Fraser *et al.* 1991). The data indicate that family based

programmes, and Intensive Family Preservation Services programmes in particular, are successful in preventing placement in 40–95% of the cases referred to them. However, the reliance on placement rates as principal outcome measures was a major criticism levelled at the studies (Rossi 1992). In an effort to correct problems identified with these studies subsequent research broadened the range of outcomes examined, including measures of child well being, social competence, peer relations and parental functioning (Berry 1997; McCroskey & Meezan 1997).

Notable studies and analyses of family support services carried out in the UK include those of Macdonald & Wilson (2002), Aldgate & Bradley (1999), Brandon & Connolly (2001), Gardner (2002), Smith (1996), Pithouse & Holland (1999), Thoburn *et al.* (2000), and Tunstill & Aldgate (2000). Australian research on family support programmes is limited in amount and scale compared with research overseas (Ainsworth 2001). The limited research and review in Australia includes studies of Fernandez (2002), Scott & O'Neill (1996), Healy & Meagher (2001), and Heilpern (1995). More Australian research is needed to enhance the knowledge base and guide practice in this field. The study undertaken and reported in this paper represents a modest effort to contribute to this area of research.

The aim of the research was to analyse the impact of family support interventions by comparing the views of families and their family support workers with respect to the perceived benefits and outcomes of the services offered in the context of changes in family functioning and parent–child relationships, and the extent to which changes led to reduced involvement in protective services.

SITE OF RESEARCH

The research was carried out at the Children's Family Centres, an integrated set of family support programmes offered by Barnardo's Australia to meet the needs of families identified as being at risk of child abuse and neglect. Children's Family Centres are an important inclusion in the repertoire of Australian family based intervention models and are intended to serve as 'holistic, multiservice community centres' which 'aim to provide a local, non-stigmatizing family support service that encourages families to proactively seek assistance' (Tomison 1997).

The emphasis is on strengthening families and engendering a sense of empowerment. The programme adopts a dual focus: reducing factors that might contribute to neglect and maltreatment and building protective factors to enhance the family's resiliency and ability to cope. Interventions are multidimensional and include home-visiting, semisupported accommodation, childcare (daycare), respite care, counselling services, group work, and crisis services. The service also includes Temporary Family Care which provides 24-hour crisis or respite care. Rapid return to the family is a primary goal, except where safety of the child is an issue. Families referred to the Children's Family Centres at Auburn and Penrith in Sydney, Australia over a 12-month period (1999–2000) were included in the study.

METHODOLOGY

To address the different research purposes of this study, quantitative and qualitative approaches were incorporated into the overall methodology as complementary strategies (Rank 1992). A qualitative dimension seemed important given the multifaceted nature of family support interventions where there is continual assessment and modification of case plans according to changing needs of the family. The intervention was researched over a six-month period by following the experiences of 29 families routinely referred to the service. Three families declined to participate due to crises they were experiencing at the time. Both observational rating scales and participant questionnaires were used, as described below. A researcher based at the University (and independent of the service) collected all data and administered the rating scales in confidential and separate interviews with the parent/caregiver and the child (at the family home), and with the key worker (at the Family Centre) at the initial stages of intervention and six months later.

Semistructured interview schedules were developed for family support workers and parents which probed issues surrounding family functioning, family and individual (parent/s) history, bonding with children, care and training of children, understanding of children's needs at their respective developmental stages, social networks and use of community resources. The interviews also elicited accounts of case planning, expectations of interventions and issues surrounding worker–client relationships. In two-parent families both parents were interviewed separately. Participating children were restricted to those 8 years of age and older. If there was more than one child over 8 the child who was the subject of the referral and of most concern to the parent was interviewed.

Selected components of the Family Assessment Form (FAF) (McCroskey & Meezan 1997) were administered to workers eliciting their ratings of aspects of parenting and family functioning such as emotional attachment to children, consistency and appropriateness of discipline for comparison in the first and second phases of interviewing. The Parenting Stress Index – Short Form (PSI/SF) (Abidin 1995) was administered in both phases to parents to assess their levels of stress related to parenting of the most difficult child in the family.

As part of the research family support workers also assessed a number of client needs and aspects of the therapeutic relationship, using a numerical rating scale. The items included subjective ratings of the caregiver's perceived trust, understanding of child's needs, self-esteem and personal functioning. The child interview schedule incorporated a measure of emotional and behavioural development from the *Looking After Children* framework (Ward 1995).

THE PARTICIPATING FAMILIES

The 29 families participating in the study and receiving family support services presented with a range of difficulties and concerns. Many families had a history of numerous relocations and some families had experienced periods of homelessness. Eight families (28%) self-referred or were referred to Barnardo's family support programme primarily for assistance in securing appropriate accommodation. Seven families (24%) were referred primarily because they needed assistance to manage the behaviours of their children. Eight families (28%) were referred primarily due to child protection concerns or seeking to place their children in temporary foster care. Six families (21%) were referred primarily due to relationship issues. In all of these families, the women had been victims of domestic violence and needed assistance living with the aftermath of the violence.

The perspectives of parents and their family support workers highlighted multiple needs exacerbated by high levels of social disadvantage. Parental inadequacies identified were compounded by economic and social deficits. Physical illness, psychological disturbance, and drug and alcohol dependence were concerns impacting on family functioning and parenting in some cases. The sample also included parents with learning disabilities needing support and parenting skills. Families with children assessed by statutory workers to have been abused or at risk of abuse and of entering care, or of being restored from care, constituted another group served by the programme. A significant number of the families were characterized by sole parenthood, social isolation, homelessness, debt, and alienation from family networks.

RESULTS

The results from the quantitative analysis of findings from worker and family interviews are presented first, followed by analysis of data from child interviews and excerpts from the qualitative data.

Needs of the families at the initial assessment

Family Assessment Form (FAF) ratings

The Family Assessment Form (FAF) developed in the USA (Children's Bureau of Southern California 1997) was used to assess family functioning in multiple domains. In the present study workers were interviewed by a researcher and asked to rate the family on these domains. The established FAF rating which includes half point gradations (1.5, 2.5, 3.5, and 4.5) as validated in the FAF development (McCroskey & Meezan 1997) was used. A score of 1–2.5 made by the worker-rater indicates appropriate parenting behaviour and 3–5 indicates inappropriate functioning and need for concern.

The five top ranked problem areas at the initial assessment were child's cooperation, parent bonding style, parent assuming appropriate authoritative role, consistent discipline and problem solving/coping. These five areas were rated as problematic in more than 50% of the families assessed. More than half of the families had four or more problem areas in need of intervention (Fig. 1). Using a more serious threshold, 48% of the families had at least one problem rated as being of a major nature or endangering the child's well being or safety. Three families had three or more major problem areas.

Parenting Stress Index

The PSI/SF includes 36 items and caregivers respond by rating their strength of agreement (strongly agree = 1 to strongly disagree = 5). For each of the three PSI/SF subscales (Parental Stress, Parent–Child Dysfunctional Interaction, and Difficult Child) scores range from 12 to 60, and the Total Stress score ranges from 36 to 180. In each case a low score indicates strong agreement with the items, whereas a higher score indicates disagreement or less stress.

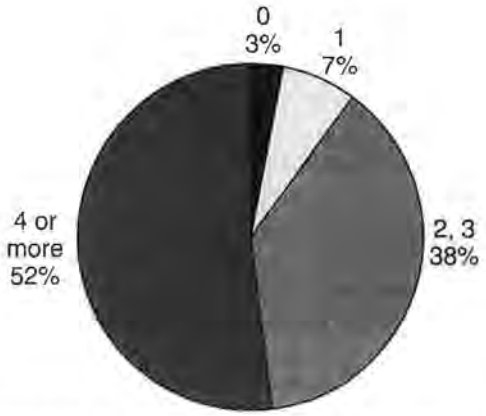

Figure 1 Number of family FAF problems at time 1.

For Parental Distress, Difficult Child, and Total Stress only one caregiver (4%) indicated little or no stress. Almost a quarter of the caregivers responded positively to the dysfunctional interaction subscale (that is they indicated clearly that they thought their interactions were not dysfunctional).

Relationship between variables

The data collected at the initial assessment were examined to determine whether there were any factors that were associated with the caregiver–worker relationship that family support workers need to be alert to; and the nature of the relationship between the FAF ratings and PSI/SF subscales.

The key therapeutic process variables measured in this research included three FAF ratings (the caregiver's ability to trust, the caregiver's level of cooperation, and ratings of their learning ability) and the worker ratings of their relationship with the caregiver. Using Pearson correlations, there were significant relationships detected between the degree of Parental Distress, and the total PSI/SF stress scores, and the therapeutic process ratings. Caregivers who had higher levels of Parental Distress on the PSI/SF were likely to be rated on the FAF as having problematic cooperation with the programme ($r = 0.41$, $P < 0.05$) and impaired learning ability ($r = 0.45$, $P < 0.05$). Similarly, Total Stress on the PSI/SF was related to FAF ratings of programme cooperation ($r = 0.45$, $P < 0.05$).

These findings indicate that the Barnardo's family support workers are alert to caregivers with higher levels of distress, but it is unclear whether the workers have mistaken the distress for obstruction or poor cooperation with the programme. That is, distressed people can appear uncooperative but this may be more a reflection of their own confusion and emotional state than direct opposition to the help being offered. Regardless, the finding does suggest that the family support workers need to take time to develop a strong therapeutic relationship with caregivers who are more distressed. Assessing levels of stress more accurately may improve short-term and long-term outcomes.

With regard to ratings of parenting ability, the FAF rating of problem solving ability was significantly related to the caregiver's own rating of Parental Distress ($r = 0.42$, $P < 0.05$) and total parenting stress ($r = 0.47$, $P < 0.05$). That is, family support workers rated the caregiver's problem solving ability as lower for those who had higher levels of distress.

Needs of the families at the six-month assessment

Since the research is concerned with the question of the outcomes of family support interventions, data were examined to see if there were noticeable differences between interviews.

Family Assessment Form (FAF) ratings

At the second assessment, six months after the first research interview commenced, workers again completed the FAF ratings at interviews with the aid of a researcher. Examining the ratings of all families, the median and mean ratings for all FAF domains had moved into 'generally adequate' ratings by workers. That is, across all the domains, the majority of families reflected improvements in functioning. The areas most frequently rated by workers as needing ongoing intervention (rating of 3–5 on the FAF) were parent bonding style, appropriate authoritative role, and consistent discipline, including 30% of families rated. Only one family required ongoing intervention regarding the use of physical discipline.

At the six-month assessment more than a third of families (37%) no longer had any FAF domains rated as requiring major intervention (Fig. 2). Using the more serious criteria, five families had problems rated by workers to be of a major nature (4 or 5 on the FAF ratings) and one of these families had four major problems. Importantly, no family had an ongoing major problem in the physical discipline domain.

Parenting Stress Index

As shown in Fig. 3, at the six-month assessment, between 22% and 65% of caregivers responded pos-

itively to the PSI/SF items. The fewest positive responses were made in the Difficult Child subscale, but more than 50% of caregivers responded positively to items about Parental Distress and interactions with the child. The statistical significance of changes is discussed later.

Measure of change from time 1 to time 2

The assessment and profiles made at the initial assessment and at six months were compared statistically using a series of paired *t*-tests. Firstly the FAF rating scales were compared for each family (Table 1). Statistically significant differences were detected across the majority of domains. Changes were found in both process and outcome domains. For example, both the caregiver and child showed improved cooperation with the programme, a key process measure. Additionally there were positive changes observed in areas targeted in the intervention such as providing consistent and appropriate discipline and very limited if any physical discipline.

The programme also appeared to significantly impact on the overall burden on families by reducing the number of FAF problem areas from an average of 4.5 to 2.2 per family ($t = 5.32$, d.f. 25, $P < 0.001$). This change in the overall impact is demonstrated clearly in Fig. 4. The change was replicated for problems of a major nature, reducing significantly from a mean of 1 per family to 0.34 ($t = 2.29$, d.f. 22, $P < 0.05$).

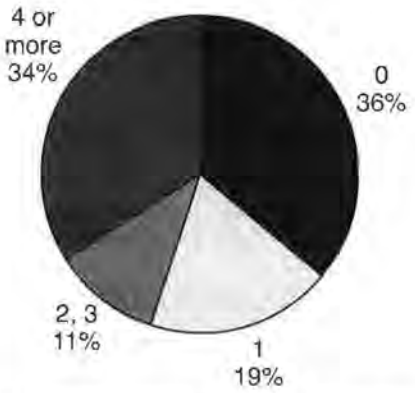

Figure 2 Number of family FAF problems at time 2.

Change in PSI/SF scores

The primary caregiver's PSI/SF pre- and six-month intervention scores were compared statistically to determine if there had been changes as a result of the intervention. Change scores were calculated on the responses of 23 caregivers who fully completed each subscale. It is important to note that with the PSI/SF a higher score is a more healthy or desired outcome. There were significant improvements detected in each subscale and in the Total Stress score. The changes can be seen clearly in Fig. 5. Relative to their pre-intervention levels of stress, the caregivers showed a 34% improvement in Parental Distress, a 22% improvement in Dysfunctional Interactions (with the child), a 24% improvement in the Difficult Child subscale, and overall a 26% improvement in Total Stress.

Relationship between variables measured at the end of six months

- *Ratings of discipline practices and safety*

The FAF ratings of consistent, appropriate and physical discipline, and appropriate authoritative role were compared with the PSI/SF distress measures from the six-month assessment as well as from the initial assessment. There was a significant relationship between the FAF rating of the caregiver's appropriate authoritative role and the caregiver's PSI/SF Difficult Child subscale. Caregivers with a continuing need for intervention at six months in the appropriate authoritative role reported higher levels of stress surrounding

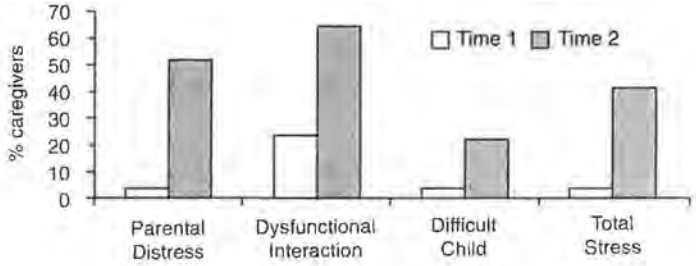

Figure 3 Caregivers making positive PSI/SF at the start of the intervention (time 1) and at six months (time 2).

Table 1 Pre-intervention and six-month statistical comparisons for the FAF rating scale

	Mean difference	Standard deviation	d.f.	Probability
Caregiver ability to trust	0.09	1.12	27	NS
Learning ability	0.16	0.56	27	NS
Cooperation with programme	0.57	0.98	27	$P < 0.01$
Problem solving/coping	0.96	0.68	27	$P < 0.001$
Consistent discipline	0.35	0.73	25	$P < 0.05$
Appropriate discipline	0.62	0.57	25	$P < 0.001$
Use of physical discipline	0.30	0.67	27	$P < 0.05$
Child's cooperation	0.57	0.69	26	$P < 0.001$
Child's bonding style	0.37	1.04	26	NS
Parent bonding style	0.30	0.71	24	$P < 0.05$
Attitude towards children	0.54	0.48	24	$P < 0.05$
Appropriate authoritative role	0.52	0.65	24	$P = 0.001$

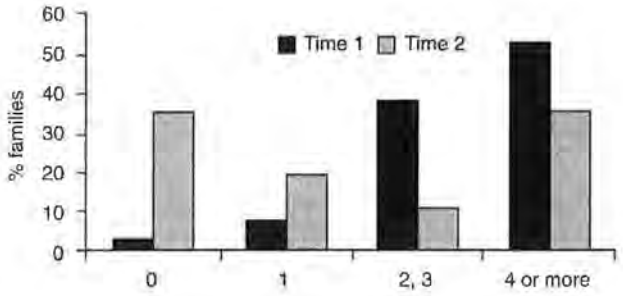

Figure 4 Number of FAF problem areas for each family from initial assessment (time 1) to six months (time 2).

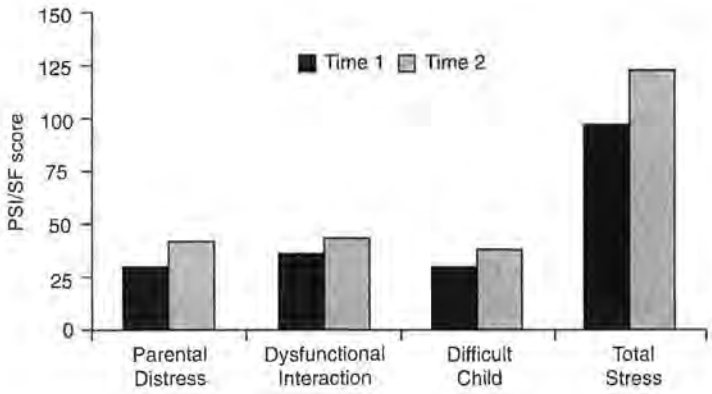

Figure 5 Change in PSI/SF scores from pre-intervention (time 1) to six months (time 2); high score is positive outcome.

their child's behaviours (0.52, $P = 0.013$) at the six-month assessment. Interestingly, the level of caregiver Parental Distress at the initial assessment also played a role in the FAF ratings at six months of their use of appropriate discipline. Caregivers who had higher levels of Parental Distress at the start of the intervention were more likely to need ongoing attention in the area of appropriate discipline at six months ($r = 0.55$, $P < 0.01$).

• *Ratings of parenting ability*

FAF ratings of parental bonding were related to levels of PSI/SF Parental Distress and Difficult Child ratings. Workers' FAF ratings of caregiver's needs for more help with parental bonding at six months was significantly related to Parental Distress at six months ($r = 0.46$, $P < 0.05$) and also to Parental Distress at the initial assessment ($r = 0.42$, $P < 0.05$). Parental bonding was also related to the PSI/SF subscale

Difficult Child ($r = 0.54$, $P < 0.05$) and Total Stress ($r = 0.47$, $P < 0.05$).

These analyses of ongoing needs at time 2 indicate that while there were fewer outstanding problems in issues of discipline, longer standing issues such as parental bonding required additional intervention. Importantly, exploratory analyses undertaken on the relationship between the PSI/SF and the FAF ratings reinforce how closely bonding is related to the caregiver's own emotional state and their feelings about their child's behaviours.

- *Ratings by family support workers*

The subjective ratings made by the Barnardo's family support workers, using the 1–10 numerical scale described previously, were examined for statistically significant changes. Across the different domains rated, only two areas were significantly different. Firstly and importantly, the workers perceived a significantly greater level of trust by the child towards them by the end of the intervention. At the start of the intervention, the perceived level of child's trust was 5.7, and after it was 7.4, a mean difference of 1.7 ($P < 0.001$).

The workers also reported higher perceived caregiver self-esteem. At the initial interview the average rating was 4.9 and after 6.3, a mean difference of 1.3 ($P = 0.001$). The ratings of the caregiver's self-esteem at the initial assessment were strongly correlated with the PSI/SF Total Stress scale at the same time ($r = 0.46$, $P < 0.05$), and with subsequent stress ($r = 0.57$, $P < 0.01$). Ratings of caregiver self-esteem at six months were related only to the PSI Total Stress score at six months ($r = 0.41$, $P = 0.05$) and to the total number of FAF problems at the initial assessment ($r = 0.40$, $P < 0.05$).

Needs of the children at the initial and six-month assessments

The participating children and instruments

In addition to carer and worker interviews a sample of children were interviewed by a researcher to identify their views of their needs and the effects of the family support intervention. Children from 12 families participated, and results are reported on one child from each of these families. Of the 12 children, there were four girls and eight boys, aged between 8 and 14, with a mean and median of 10 years. The children of one family went into foster care between assessments and were not available for the second interview.

On this aspect of the research, data are presented on the children's individual behaviours and adjustment, including their skills and abilities to develop adaptive relationships, concentration and behaviour difficulties, anxiety symptoms, dominant positive and negative emotions and feelings of happiness and safety at home.

Ability to build adaptive relationships

Children were asked about a series of 16 relationship skills and abilities 'which young people might feel or act sometimes'. The interviewer asked the child to think about which description 'sounds like me' over the last three months. Seven of these were negatively phrased, describing problematic behaviours, and were reversed for analysis. For each of the responses the children were asked to say whether the characteristic was 'a lot like me', 'quite like me', 'a bit like me' or 'not at all like me'. The data reported here have been recoded to be either 'a lot or quite like me' versus 'a bit or not at all like me'.

At the start of the intervention half of the children felt that they were able to trust others, were patient with carers, were even tempered and liked to share. Most of the children felt they could comfort others who were upset, make and keep friends, avoid fights and not be overly friendly. The data reported in Table 2 are presented in the positive version of the relationship skill or ability, in which case 'not like me' is written next to the original wording of the item. Less than half felt that they were not suspicious of others' motives, did not get into trouble often and were considerate of others' feelings.

The children's self-assessments of relationship building skills and abilities at the six-month interview are also shown in Table 2. Only about a third of children felt that they 'liked to share' or 'liked their carer to show physical affection'. Most children reported that they were not suspicious of others' motives, were able to trust, and avoided getting into fights or into trouble. About half reported they were able to mix with other young people.

The total number of positive relationship building abilities for the children at the initial and six-month interviews is shown in Fig. 6. The 16 relationship building skills and abilities were considered together to identify children's relationship maturity. The children reported between 4 and 15 positive relationship skills and abilities (Fig. 6). Forty-two per cent of the children acknowledged fewer than eight of these skills and abilities sounded to be 'like me'. Almost all the

Table 2 Relationship building skills and abilities reported by children

Positive characteristic	Before intervention (%)	Six months after intervention (%)
Over friendly with others (not like me)	92	91
Let others join in	83	73
Get into fights (not like me)	83	82
Easy to make and keep friends	75	82
Comfort others who are upset	75	64
Hard to mix with young people (not like me)	67	55
Get reassurance from carers	67	64
Popular with young people	58	64
Often angry and lose temper (not like me)	50	64
Like to share	50	36
Like carers to show physical affection	50	36
Impatient with carers (not like me)	50	82
Able to trust	50	73
Suspicious of motives (not like me)	42	91
Often in trouble (not like me)	42	82
Considerate of others' feelings	42	45

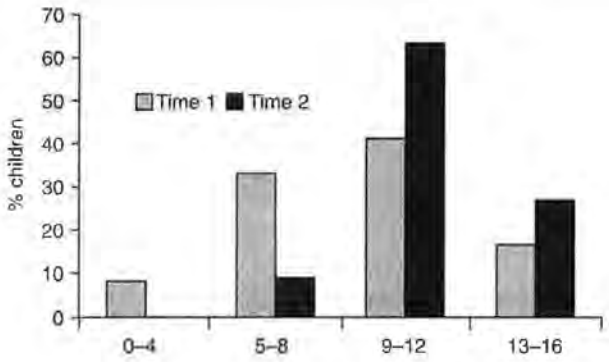

Figure 6 Number of relationship building skills and abilities at the start of the intervention (time 1) and at six months (time 2).

children reported having between a half and all of the relationship skills and abilities, indicating a broadening of their relationship skills repertoire and maturity.

Because of the small number of children interviewed, statistical analyses of change from the start of the intervention is limited and unlikely to find significant differences. Descriptively, Fig. 6 indicates a positive change in relationship building skills.

Concentration and behavioural difficulties

Using the same response format as the previous section, children were asked to identify which, if any, of six different concentration and behavioural difficulties they experienced. The six included concentration, impulsiveness, destructive behaviours and restlessness. The most commonly acknowledged difficulty was 'rushing into things', affecting two-thirds of the children. The majority also reported difficulties concentrating.

Examining the behavioural problems together, Fig. 7 indicates that at time 2 the number of behavioural problems ranged from none to more than four, including one child who felt free of all such problems.

Anxiety symptoms

Third in the series of adjustment questions were eight anxiety related symptoms that the researcher asked the children about. These included somatic problems, bed-wetting, and emotional experiences of worry, sadness and fear. Again the four-point response was used across a time reference period of the last three months. At the first interview children were asked about their experience of eight different anxiety symptoms in the preceding three months. Change in appetite was the most frequently reported symptom, but about half of the children reported worrying a lot or having anxiety related somatic complaints. Almost all denied having specific fears or engaging in deliberate self-harm.

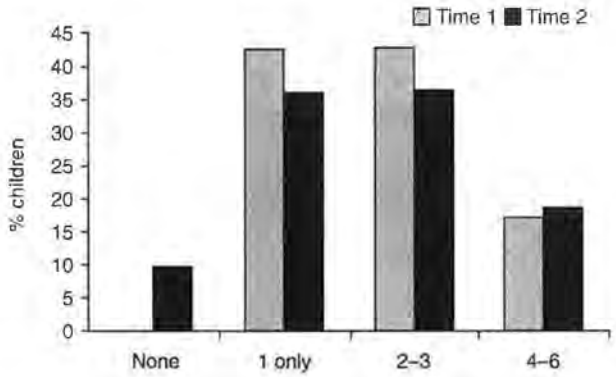

Figure 7 Number of concentration/behavioural problems at the start of the intervention (time 1) and at six months (time 2).

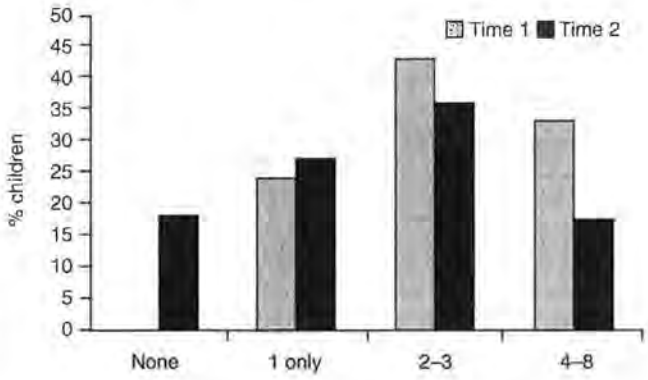

Figure 8 Anxiety symptoms at the start of the intervention (time 1) and at six months (time 2).

At the six-month assessment a little more than half of the children reported appetite changes and 45% 'worried a lot'. All denied self-harm and feelings of sadness and few reported sleep disturbances, bed-wetting or specific fears. At the initial interview most children reported two or three anxiety symptoms, and none were anxiety free. The interview does not allow a diagnosis of an anxiety disorder to be made. It does, however, indicate that the majority of children experienced multiple anxiety symptoms at the initial research interview.

Despite the small numbers there was a reduction in anxiety symptoms from the pre-assessment to the six-month assessment. The children reported a mean of 3.2 symptoms initially and 1.7 at the later assessment, a mean difference of 1.5. In summary the children were significantly less anxious at the later assessment (Fig. 8).

Children's ratings of happiness and safety at home

At the initial assessment children were asked further about their emotions specifically at home around the time of the interview. Firstly, the researcher asked each child the extent to which they felt happy at home and then the extent to which they felt safe at home. The majority of children reported that they were very happy (42%) or happy (33%), while 17% were not really happy and one child (8%) was very unhappy. All children denied being very unsafe at home, but 25% were 'not sure how safe I feel'. The remaining children interviewed felt either very safe (50%) or fairly safe (25%).

At the six-month assessment, once again the research interviewer asked the children about the extent to which they felt happy at home and then the extent to which they felt safe at home. At the six-month assessment all children reported feeling very (73%) or mostly happy (23%) at home. With regard to safety, 82% reported feeling fairly (9%) or very safe (73%) at home; however, one child was unsure and one child felt unsafe at home. Compared with ratings for happiness and safety at time 1, there were more children reporting being very happy or very safe but no changes in the negative ratings and, given the small numbers interviewed, no statistically significant changes.

Qualitative findings

This discussion has concentrated on the outcomes of service reflected in results emerging from the quantitative data. These trends in the data are further elaborated by selected illustrations from the qualitative responses of caseworkers and participating families.

Caseworkers observed general progress in family situations since their work began with them. They spoke positively about changes in family relationships, changes in outlook and attitudes to life and the future, progress in budgeting and decision making in the family, new skills parents had acquired through attending parenting courses and parents being proactive in making change in their children's lives and their own.

The general picture that emerged from the in-depth interviews was that families found the interventions useful in opening up new opportunities for themselves and their children. Enhancing their knowledge about parenting, child development and behaviour management were important for many parents. They perceived that they had been helped on both a practical and an emotional level. Elements of helpful approaches described included listening, being non-judgemental, respectful and accessible, as reflected in the comments of two parents.

> 'Well they've helped us a lot. They've given us "respect", like normal people just run you down – don't give a damn how you feel and that, and they've just given us that support, just being able to cope, and that . . . just being able to talk – that helps.'
>
> 'The best thing, is um, that I've still got my kids with me, after everything that's gone on . . . The next best thing is just knowing the people over there . . . just knowing them, you know, they're good, they're good people. and it doesn't matter what you do, they understand, they don't sort of judge you for it, they're still there.'

Their acknowledgement of concrete benefits such as housing or financial assistance was frequently accompanied by a valuing of the less tangible outcomes such as making friends, creating support networks and increasing their children's sense of security.

> 'Yeah, they've given us ideas – how to change things and just – be more relaxed and that, they've helped out financially with the power bill, and food wise – and stuff and just introducing me to um the Mother's Group – that really helped cause I've made a really good friend out of it, and we see each other all the time.'
>
> 'Getting the stable housing, that's eased my mind a lot, so it's helped the kids, they're a lot more settled knowing that we're not going to be packing up and moving again, changing schools, so they're a lot more settled and happier.'

Sympathetic and accessible professionals were important to many parents, as were the opportunities to share experiences with other parents. Apart from social contact and peer support the group experience offered by the service enabled a vital sharing and appraisal of 'normal' and 'problem' situations.

An area frequently addressed by family support workers in the context of family support work is that of attachment between caregivers and children. Some parents indicated that they felt closer and showed more affection to their children as family support work progressed.

> 'Maybe because I've learnt what beautiful kids they are, they're not little brats, they're not just a hindrance anymore, I'm happy to spend more time with them.'
>
> 'Yep, yep [feel closer]. When Michael came out of hospital, I didn't sort of have that bond with him you know cause he was in hospital for so long, and because I didn't want him when I was pregnant, but it's good now.'

Parents also identified improvements in their parenting style. A number of parents believed that they had learned more effective child management techniques.

> 'Yeah, well, like L [family support worker] gave us an idea of like one way we can stop the kids from mucking up and things like that, and that's why like if they do something wrong, well you just explain to them and then send them for five minutes to their room.'

Respondents were asked in research interviews to comment on aspects of the service that they liked and/or disliked. Many people indicated that they valued the accessibility of the service and the family support workers. A number of respondents (76%) indicated that they valued the home-visiting aspect of the service.

> 'Just her coming out and um just having someone that'll come out to your house cause there's time there – no one used to come to the house, you know, it was like just me and him, all the time with the kids and it just got monotonous. Just having a person come into your house and respect ya, and everything – that even helped and not criticize ya.'

When asked how family support services made a difference to their circumstances the vast majority of respondents indicated that they had benefited from the intervention. Typical comments were:

> 'I have to say, at the end when they played a pro-active role in trying to help was really good, rather than waiting to have me call and scream for help – it was good when they were more – jumping on things before things got bad – that was good. So, it was good to have her phoning and saying "how are things going" and that, you know, rather than to have me phone and ask for help.'

> 'They have taught us all how to live with each other and just how to cope with all the little things that come up in everyday life. There hasn't been any drawbacks. I don't know where I'd be without them, I know for a fact that I wouldn't have my kids, so . . .'

As the interview transcripts show, parents valued a level of family support which addressed their individual needs and parenting goals for their children. In common with the research of Gibbons (1995) and Smith (1996), a greater capacity to understand children's needs, increased warmth and more effective control were other gains acknowledged by respondents in this study. They were particularly appreciative of the totality of a service which combined concrete services, home visitation, education and emotional support, a finding reinforced by Smith (1996) and Guterman (2001). The absence of family and social networks for many and the importance of the service in addressing this gap was acknowledged by parents. Armstrong & Hill's (2001) review of the research on support services underlines the importance of support networks in affording parents buffers against stress, enabling them to parent more effectively.

Alongside positive perceptions there were parents and family support workers who noted areas of continuing vulnerability and concern, implying the need for ongoing intervention. Some family support workers were clear that claims for positive outcomes had to be modest given the brief timeframe of six months and the intractable situations they were dealing with. Given the severity of relational and parenting problems as well as the deficit of accessible services it would be unrealistic to expect that the families' needs and problems would be ameliorated within a brief timescale.

There were lingering concerns around attachment and physical discipline in particular situations. Reading through transcripts of family support worker interviews one recognizes the dilemmas of the family support workers in responding to the need to be open and supportive with families while being cognizant of child protection concerns when cases cross the 'in need' threshold. The debates about child protection and family support signal the importance of a flexible and multidimensional approach to strengthening family functioning and coping while protecting children and responding to their safety and developmental needs (Maluccio *et al.* 1994; Cole 1995).

IMPLICATIONS OF FINDINGS

The implications of findings from child interviews are modest but encouraging. Petito & Cummins (2000) identify two key components of adolescent well being, life satisfaction and affect. As mentioned, the children's affect was found to improve significantly across the six-month period. Anxiety symptoms especially were found to decline, improving this aspect of the child's quality of life. While life satisfaction was not measured specifically, there were indications that this area too had improved. The participating children reported more positive mood scores and more children reported that they were happy or very happy at home.

The second group of indicators assessed were in relation to behavioural difficulties and relationship building skills. Externalizing behavioural disturbances such as hyperactivity, non-compliance and aggression are a key concern in any intervention because of their long-term detrimental effects that cross developmental milestones (Bennet *et al.* 1999). A key contributory factor to the development of such problems is the effects of maladaptive parent–child interactions (Kazdin 1997). In particular, the lack of modelling of positive relationship building skills appears to perpetuate such problems across generations (Barrett *et al.* 2000).

The effectiveness of the Barnardo's family support intervention may therefore be evident in either the decline of behavioural disturbances or the improvement in positive relationship building skills. The results in these domains were mixed. Not surprisingly, given the small number and the renowned stability of such problems, there was no statistically significant change observed in behavioural difficulties reported by the children. Encouragingly, however, the descriptive analyses of relationship building skills were in the expected direction, with the children as a whole reporting a greater repertoire of these developmental skills. The improvement in the relationship building skills rather than in reduction in behavioural problems may be a reflection of the nature of family support interventions, which are aimed at supporting the parents directly. The intervention resulted in significant changes in the caregiver's ability to interact and discipline the child. For example, on the FAF ratings changes were observed in the caregiver's ability to discipline the child appropriately and consistently and with less physical discipline. The caregiver had also learned how to show a more appropriate authoritative role to the child.

The current research confirmed the level of need of each family and the development of potentially chronic factors such as poor problem solving and an absence of positive family behaviours. The

intervention had benefits for the mental health of the caregiver. In their responses to the PSI/SF the caregivers' level of Parental Distress was significantly reduced, along with Total Stress and reduced Dysfunctional Interactions. The research indicated that the levels of Parental Distress played a key role in the caregivers' approach to the programme and their problem solving ability, so improvements in this indicator were critical to the intervention process. The data indicate that at the very least family support intervention ensures that the levels of distress are recognized and that structured support becomes available to relieve the caregiver's and children's isolation.

According to Australian Bureau of Statistics data from a 1997 national survey, 20% of Australians aged 25–44 have an anxiety disorder, substance abuse, or depression (Australian Bureau of Statistics 1998). This figure jumps to 27% for those who are divorced and separated and 34% for those who are unemployed. Not surprisingly, the families who participated in this evaluation were demographically at increased risk for anxiety and depressive disorders and, if not, certainly likely to be experiencing significant and impairing distress.

Cumulative daily hassles, major life events and an absence of adequate support have all been identified as major sources of stress that can affect a family's functioning (Falloon *et al.* 1993). By the time a family comes to the attention of a service like Barnardo's, the levels of stress, whether specifically related to parenting or more generalized, is likely to be considerable; in the absence of support, and in the face of challenging child behaviours, problem solving breaks down, problems accumulate and dysfunctional patterns emerge. Without intervention such problems can become chronic (Falloon *et al.* 1993).

While workers discussed their goals for families, specific linkages between assessments of the families' needs and problems and the interventions and services offered were less explicit. Comprehensive assessments, planned goal setting and intervention are regarded as integral to evidence-based practice (Gray 2001). Since the completion of this research the UK *Framework for the Assessment of Children in Need and Their Families* (Department of Health 2000) has been implemented in Barnardo's family support services (Fernandez & Romeo 2003). The emphasis in the framework on holistic, in-depth assessments is likely to facilitate assessments which are focused and which underpin case planning and intervention more explicitly.

Interviews with parents enabled the research to view outcome from their perspective. The interviews demonstrated that parents and children as service users can provide valuable input on their needs, and perceptions of service effectiveness. Dialogue with service users, including children, needs to be an important dimension of service planning. The research also generated important knowledge about service provider attributes. Parents acknowledged worker qualities such as understanding, listening, non-judgemental attitudes, acceptance and sensitivity, confirming observations of other researchers in this field (McCurdy & Jones 2000; Macdonald & Wilson 2002; Ribner & Knei-Paz 2002). The significance of the parent–provider relationship underlines the need for programme management to ensure adequate levels of training, supervision and support, and manageable caseloads to maintain these attributes and promote worker competence and skills.

The current emphasis on intervention in the early years is important but it is equally important to extend the concept of 'early intervention' to 'early' stages in the development of any psychological or social problem, so it can apply as accurately to the latent age child or adolescent experiencing social and emotional problems as it can to three-year-olds whose social and emotional needs can predispose them to later problems. Families can and do encounter difficulties and fall through the net after their children exceed that age range. In this respect preventative and supportive services need to target and respond to families with children beyond the early years.

Obviously family support can only achieve so much.

> Social support cannot make up for inadequate income, inadequate housing, inadequate educational opportunities . . . or shortcomings in the economy or labour market or in the physical fabric of the local neighbourhood. (Gilligan 2000, p. 18)

A strength of the study is its attempt to obtain workers', parents', as well as children's perspectives through indepth interviews using triangulated data sources in the analysis of outcomes. While family support programmes attempt to enhance the functioning of the family as a unit, specific interventions are targeted at individual members including children. Yet few studies evaluate changes in children's development and behaviour (Smith 1999). Consistent with Manalo & Meezan's (2000) emphasis on articulating precise outcomes for specific recipients, the study incorporated a measure of children's emotional and behavioural development and children's perceptions of the relevance of family support interventions to them.

As family support services proliferate, the need to justify their continuation or expansion is likely to increase. As cuts to welfare spending increase and the importance of preventative services is marginalized, the need to document the outcomes of family support services through research cannot be overemphasized.

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Children's Family Centres - Australian Integrated Family Support Services

Children's Family Centres offer a range of family support services to ensure the best possible protection for vulnerable children. They do so under the auspice of one community agency, thereby maximising the amount of time spent with families. Service integration provides a seamless service to families struggling to care for their children. Centres are tailored to local community needs and work particularly well in Australia's fragmented service delivery system. They mobilise local community resources for children and work in partnership with service providers. Children's Family Centres have been operated by Barnardos Australia since 1974 and have been independently evaluated. They offer services such as: Childcare, supported family accommodation, home visiting, disability, community development and groups, mentoring and crisis foster care to avoid entry to long-term care.

Key Words: Children's Family Centres, welfare, vulnerable, service delivery, integrated services

INTRODUCTION

Barnardos Australia provides welfare services to many thousands of vulnerable children each year through five Children's Family Centres in New South Wales and the ACT. Over the past thirty years, ways of ensuring children's wellbeing and delivering an integrated service to families have been developed. Centres offer local, effective, family support, which prevents neglect and abuse of children and entry into out-of-home care. Centres are located in a range of communities: from urban, city fringe and rural communities. All Centres are funded through State and Federal government program grants and donor, corporate and trust funding.

This paper will:

- Describe the importance of 'helpful' support to families. This approach has proved more effective than monitoring or policing approach to child protection.
- Outline the advantages of having services integrated into one management structure, thereby overcoming problems in interagency collaboration.
- Describe the range of services needed to support families: stressing the role of crisis assistance and ongoing involvement.
- Highlight how to get services to the most vulnerable families.
- Point to important management strategies to truly protect children, such as goal development, guided practice systems, supervision and internal information procedures.
- Provide research, which confirms improved outcomes for families and children.

CHILDREN'S FAMILY CENTRES OFFER CHILDREN THE MOST EFFECTIVE CHILD PROTECTION

Barnardos Australia has worked with neglected and abused children since the mid 1800's and our experience reinforces the need to offer a helpful service so that families can care for their children. Children's Family Centres are important ways of offering early intervention to families and services which stop entry into out-of-home care (Jack 1997).

However, the past thirty years has seen a swing, away from 'help' for families to a policing and monitoring approach to stopping child abuse. The 'discovery of the battered baby', and the medicalised and legalised view of child welfare during the 1970's and 1980's led to the adoption of a policing and risk assessment approach to families. 'Child protection' drew heavily on the 'disease' view of abuse and neglect:

It was based on the assumptions that child abuse was a clearly identified phenomenon which was the result of individual pathology and was 'both predictable and preventable' ...the emphasis on individual pathology virtually excluded consideration of the effects of poverty, social deprivation and discrimination (Jack 1997 p.660).

This 'child protection' approach has proved to be very limited in ensuring the wellbeing of children. The view that abuse and neglect was the result of personal pathology led to parents being blamed rather than being seen as in need of help.

This 'child protection' approach meant that:

- There was deterioration in the development of a positive relationship between services and families. Furthermore, workers felt stressed and uncomfortable, as they could not predict abuse.
- Welfare workers found themselves increasingly preoccupied with risk assessment and less able to offer helpful services to families in need.
- Welfare practice focused on sexual and physical assault and shifted emphasis away from neglect. This was damaging for children, as neglect constitutes over a quarter of primary reports of children and can lead to child death and permanent damage to children.
- Parents were forced to use 'child protection' labels in order to get access to services; this has led to unnecessary stigmatisation and distress.
- The idea of abuse extended to a wide range of behaviours and this has clogged up welfare systems with reporting of behaviour, which is not serious but must, nonetheless, be investigated.
- Increased pressure on social workers who were expected to exercise growing discretion.
- Compulsion of families to use services which led to alienation of parents, children and young people from helpful professionals.

Ultimately, the child protection approach proved unable to stop deaths and injuries to children; risk proved very difficult to determine. Re-notification was common (that is children being reported to government authorities repeatedly). Emphasis on policing took a lot of time and resources, and this has meant that fewer services were available to work with families.

In some agencies in Australia, and the United Kingdom, the period since the mid 1990's has seen a re-focus on the social context of child welfare and stress on the difficulties of parenting, particularly for those in poverty. There is growing interest in developing better partnerships with families, and having improved assessments, not just focused on risk, but what will be needed to really help a family.

Children's Family Centres are firmly in this child welfare philosophy. They offer practical help and support at times when their children are most vulnerable, and aim to develop a partnership that builds on a family's strengths. This does not mean that children are not reported to child protection authorities if they are in danger.

In many ways, Children's Family Centres offer better protection than policing services, because children are helped earlier in family difficulties. The co-operative relationship, combined with less threatening assessment, means that workers are better able to identify real risk. They are able to make an assessment without good

knowledge of a family. Such an approach also avoids the danger of over reporting, 'just in case', and the detrimental impact this has on families.

It must be noted that welfare workers can have difficulty in separating policing and support roles (Spratt 2001). Strong organisational directives and programs are needed to ensure that workers can adhere to a helpful child welfare model, rather than a risk assessment approach, because of fear of legal, political or media interest.

BARNARDOS CHILDREN'S FAMILY CENTRES IN 2005

- The first Centre at Auburn, established in 1974 in Western Sydney, has a high culturally and linguistically diverse population with many newly arrived families. Services include: Childcare (long day and family day care), supported family and adolescent housing, crisis and respite foster care, mentoring, home visiting and domestic violence programs, child sexual assault and adolescent accommodation and support.
- Canberra Centre was originally established to meet the needs of families coming to the new city. The Centre now has an active home visiting program, large mentoring and tutoring programs and crisis and a respite foster care program. This Centre has its own Find-a-Family (long-term foster care and adoption) program and a large adolescent homelessness program. A new centre is developing in Queanbeyan, and many services work in rural areas in South-East NSW.
- Penrith Centre services the needs of the outer Western Suburbs with a wide range of programs: home visiting, crisis foster care, respite care, mentoring, material assistance including a low interest loans scheme, home visiting, and crisis accommodation. Off site, a community development program is located in a local housing estate. Penrith meets local needs for disability services.
- South Coast Centre is in a semi rural area with new housing estates and offers community development, Childcare (after school and holiday), family support with an emphasis on substance abuse, mentoring, crisis and respite foster care.
- Orana Far West is a developing Centre, which currently offers adolescent and family support work throughout rural central western NSW. Many indigenous families are assisted through these programs.

CHILDREN'S FAMILY CENTRES ADDRESS FRAGMENTED SERVICE DELIVERY

In addition to a strong welfare approach, Children's Family Centres assist in overcoming problems of Australia's fragmented service system. Child welfare services in Australia are typically split between State, non-government organisations and federally funded programs (Clare 2003). This fragmentation has serious implications for both families and service providers.

Children's Family Centres can help to overcome these problems. For families, fragmented services can mean that it is difficult to know how to get assistance. However, Children's Family Centres offer a visible and 'one stop' service in the community. The use of Childcare and other 'universal' services means that local community residents and networks are in touch with services. The services are often less stigmatising and more inviting to families.

Fragmentation of services is also a problem for service providers. It can mean that information important to the welfare of a child is lost or that decision making becomes haphazard. In the United Kingdom, inquiries into the death of children has highlighted interagency collaboration as a key factor in protecting children (Hudson 2005). Australian agencies and policy makers are well aware of these problems in local communities and have attempted to address them through interagency meetings and guidelines, however, interagency partnership is not always easy:

Partnership working is widely applauded in principle but can be difficult to put into practice successfully. It requires careful planning, commitment and enthusiasm on the part of partner,

the overcoming of organisational, cultural and structural barriers and the development of new skills and ways of working. (Percy-Smith 2005 p.120.)

Children's Family Centres assist in the delivery of more integrated family support services because they are managed through one organisation. There are considerable difficulties in trying to get very diverse services in the community to work together.

Having one organisational auspice can avoid problems of collaboration. The source of conflicts between agencies arise from:

- inter-organisational issues such as a focus on one aspect of the family because of different funding sources and accountability,
- intra-organisational including tensions between organisations,
- inter-professional factors including different decision making structures and timeframes
- inter and intra-personal such as conflict or anxiety (Scott 2005).

Scott describes issues, which contribute to conflict as including funding arrangements, confidentiality pressures, different workforces' skills and agency histories or narratives. Conflict may arise from scarcity of resources and the resulting frustration at gatekeeping and restrictions. Agencies may be subject to conflict because of 'dysfunctional dynamics'; a 'common enemy' may develop to blame for frustration in the system. Agencies may share divergent philosophical and conceptual perspectives; there may be subtle differences in decision making and communication styles.

Scott points out that service users are often caught up intra-organisational conflict, sometimes forming coalitions with a service provider as a common enemy to another provider however, such processes may not be of long-term help to a family (Scott 2005 p.137).

Interpersonal issues are often not addressed in these systems. Tensions, stresses and anxiety caused by the nature of child protection work may exacerbate these tensions. The absence of any arbitrator in the service system means that conflict can become embedded and destructive.

Children's Family Centres address many of the issues thrown up in this analysis. All services are managed within one organisational culture and a shared value system. If disputes arise, the management structure is able to address the issues. Budgeting processes mean that money can be shifted to assist the greatest need, and there is less competition and room for misunderstanding.

CHILDREN'S FAMILY CENTRES ARE TARGETTED AND ACCESSIBLE

A significant problem in child welfare is to ensure that limited services can reach the families who need them most in a way least likely to alienate or 'lose' families. Referral processes need to be efficient to ensure quick access to the neediest Children's Family Centres. They are:

- placed in the poorest areas, as poverty is strongly correlated with neglect and abuse
- run by non-government agencies, which assists in decreasing fear of welfare intervention
- physically accessible and child friendly for parents
- as unbureaucratic as possible to ensure there are no barriers to receiving service - a response can be given quickly and there are no extensive delays
- well linked into local referral networks so local contact can be made quickly.

CHILDREN'S FAMILY CENTRES ARE MANAGED TO PROMOTE A SEAMLESS SERVICE TO FAMILIES

The Children's Family Centre Manager's task is to ensure that services are responsive to family needs and as flexible as possible. Managers must integrate a range of programs arising from a variety of philosophical and funding sources, different models of work and a wide range of worker

training. A number of elements in Barnardos management approach enhance integration. Most important are:

- the development of clear goals and values. Techniques include annual centre planning, audit and local involvement of corporate planning
- supervision and the use of small work teams
- guided practice systems
- common intake and filing systems

Welfare workers need to have clearly developed values to make the many individual, often complex, decisions which they must make. The goals of intervention must be clearly in design of the program. Professional interventions must be reinforced by policies and practices that allow professional workers the greatest possible flexibility but offer them support. All welfare and administrative policies must have the child and families as the clear focus. Management decision making, training and support of staff, and industrial relations must all support welfare goals.

Support and control over the workplace are very important to empower professional workers. Supervision offers an important way of ensuring that workloads, stress and professional development is managed. All workers have formal (monthly) and informal supervision to assist them in their decisions. Small teams are important ways of developing support and guaranteeing continuity for families.

Barnardos Australia has introduced guided practice systems to ensure that the work undertaken with each family shares a common language and knowledge base. The Looking After Children is for children in foster care, and the SCARF (Supporting Children and Responding to Families) assists assessment of children within their own homes. LAC is a system aimed to redress poor outcomes for children in the foster care system. SCARF moves workers from a risk assessment perspective to a thorough assessment of the child's needs, parental capacity and the impact of the environment.

Each system offers individualised care planning for a child. They spell out the issues that workers must explore and this ensures that the most up to date research, on what is important to understand in a child's life, is used. Use of guided practice provides a standardised service on which workers can build a relationship with families. These systems allow for holistic assessment of children in their circumstances and promote collaboration with other external services to the child. Both systems build in extensive participation of service users; their processes are clear to families. They also mean that Centres have documentation and Managers have a clear understanding of the work being undertaken. Use of LAC means that Barnardos out-of-home care services comply with NSW Children's Guardian Accreditation.

A further means of creating a seamless service lie in integrated 'intake' systems which undertake joint assessment for all programs in the Centre. They also have a centralised file system so that information is shared, on a need to know basis, between the services working with a family.

Welfare workers must feel actively involved in goal setting and review. Centres are actively involved in planning and auditing results, particularly through feedback of service users and local agencies.

CHILDREN'S FAMILY CENTRES WORK IN PARTNERSHIP

Barnardos is committed to ensuring that the people using its services participate actively. To this end guided practice systems ensure that service users are involved in all decision making. Processes are as open and transparent as possible, consistent with the goal of ensuring the safety of children. An open centralised files policy is used and there are well publicised complaints policies. Service user feedback on services is routinely sought in planning and audits.

Barnardos works to involve the community as much as possible to support the children. Volunteers are used in a number of programs including mentoring and some home visiting. Local networks and supports are involved in improving the wellbeing of children.

CHILDREN'S FAMILY CENTRES OFFER KEY FAMILY SUPPORT PROGRAMS MANAGED IN AN INTEGRATED MANNER

All aspects of centre design and services are based on what is understood about the causes and solutions to child abuse and neglect. Families are typically poor, economically vulnerable and isolated and this affects the delivery of services.

Poverty is strongly related to abuse and neglect. As noted above, centres are placed in areas of greatest need as first priority. Over many years, families are often vulnerable because of their marginal financial situation. They are also very susceptible to crises that stress parents, such as eviction, mental health, and hospital admissions. This means that Children's Family Centre services must cope with crises but also be there for longer-term support of vulnerable families.

Families are often socially isolated, and there is an extensive emphasis on breaking that isolation and offering opportunities to socialise. This is important for both parents and children and encourages modelling of behaviour, as well as contacts to get informal support in times of difficulties.

> *…Barnardos multifaceted approach, which included help with bills, placing children in day care, arranging weekend respite care were perceived by the participating families as alleviating stress and assisting family functioning. Family support workers were at the same time addressing more deep-seated problems such as parenting styles, relationship difficulties, domestic violence and specific behaviour problems related to family functioning where change is usually a longer-term process. (Fernandez 2002 p71.)*

Central to Children's Family Centres are crisis services, such as crisis foster care and, where possible, housing. Crises don't just happen in office hours and each Centre operates a 24-hour on call service.

- **Temporary Family Care**

  Temporary Family Care is a crisis foster care program for families where a family trauma or emergency may mean that children enter the care system. Children are kept in their local community and parents are offered very intensive assistance to enable them to quickly take back the care of the children. See monograph 35 'Buy Australian – a local Family Preservation "Success"' for more details of this program.

- **Semi supported accommodation**

  Housing is a critical problem for many low income families, or families escaping domestic violence, or going through a relationship breakdown. Many young people also find themselves homeless before they are able to manage independently as they flee violence or poor relationships. They need to be in safe surroundings and get help to stabilise their lives. Barnardos family accommodation aims to keep the family together with the maximum amount of privacy. Accommodation services aim to provide shelter until permanent or long-term solutions can be found.

A range of longer-term assistance must support crisis services. Centres can provide a continuum of care for families so that there are ways of supporting them as needs change and the family situation deteriorates or improves. This varying support can be offered by a single program or in conjunction with other services in the Centre. In this way the level of support can be increased or decreased according to family functioning.

Longer-term support services include:

- **Childcare**

  Childcare is a well established and accepted means of families meeting their financial and social needs. In child protection, it is a sensible way to ensure that a child is in a safe environment relieving pressure on parents and offering parents ideas on child management. When children are in Childcare, an automatic monitoring and feedback process is established and from the child's point of view, offers 'time out' from a stressful home environment.

  Barnardos provides Long Day Care, Family Day Care, Before and After School and Support Playgroups. Family Day Care is particularly important to vulnerable families. Family Day Care has the flexibility to offer care to babies and toddlers in a more 'home like environment'. It supplies a strong attachment figure for children while attachments at home may be chaotic. Long Day Care can have staff turnover, shift work, extensive use of casual staff and a busy atmosphere. This can present challenges for very damaged children who need continuity and calm in their relationships.

- **Community Development**
  Disadvantage in Australia is often located in areas with poor infrastructure and services. Local networks may not develop because of transport, poverty or stress. Community Development programs aim to strengthen local support for families so that they can better care for their children.

Because of the social isolation of families who are at risk of neglecting or abusing their children, it is important to provide opportunities for modelling of parenting skills and support in moving into social networks. Barnardos works through professional and volunteer home visiting and support groups to reduce isolation. Key programs include:

- **Home Visiting**

  Home visitors focus on the families' strengths and aim to build parenting, household skills and self confidence. Mothers with an intellectual disability can be offered support throughout the important developmental years of the child. Similarly, mothers with a chronic mental or physical illness can be offered ongoing support, which can help her cope with medication and hospitalisation.

- **Groups –**

  Peer support is very beneficial to all parents and Barnardos aims to develop this through local groups or activities and/or specific parenting groups.

A number of useful programs aim to give children the support of other community members and offers a break to parents who are often overwhelmed by their responsibilities:

- **Mentoring: 'Kids Friends'**

  Kids Friends supports volunteers to form an ongoing relationship with a child. A child and their mentor can spend part of a weekend together, with some 'friends' taking an interest in education or sporting skills. Kids Friends is a community-based volunteer program, which aims to support families who need assistance with supervision and stimulation of their children.

- **Planned Periodic Care (Respite)**

  Planned periodic care is a more intensive form of community mentoring with carers taking children for a whole weekend. Care is always provided by the same carer and supports the child's parents to care for them, often over many years.

A number of more specialised programs offer specific assistance:

- **Domestic violence and sexual assault counselling**

  Offers specialist assistance to individuals coping with the impact of violence.

- **Legal and debt assistance -**

  Many low-income families have debt and legal problems and cannot afford professional assistance. Barnardos Centres offer debt relief with electricity, low income loan schemes and other debt assistance.

CHILDREN'S FAMILY CENTRES - PROVEN OUTCOMES

The University of New South Wales has independently evaluated Children's Family Centres. This evaluation was a quantitative and qualitative study of 29 families over a six-month period in two Children's Family Centres. It utilised the Family Assessment Form (FAF) and Parenting Stress Index, and children from 12 families were interviewed.

The study aimed at assessing the impact of family support interventions by comparing the views of families and workers. It specifically looked at services perceived benefits, impact on family functioning, parent/child relationships and reduced involvement with protective services. Among the factors examined were:

- children's ability to build adaptive relationships, concentration and behavioural problems, anxiety and emotions and feelings of happiness and safety at home.
- parent's practical, economic and individual functioning, the impact of support through Childcare and respite, self esteem, coping and stress, change in adult relationships, bonding and attachment to children, understanding of managing children's behaviour, changes in rules, routines and needs, coping with domestic violence and concerns about emotional and physical care.

  Parents were also asked how they valued the service relationship between changes and services, and what difference support made.

The study showed a 50% reduction in the problem burden for families, with only five of the 29 families continuing to have major problems. The intervention resulted in significant changes in the parents' ability to interact with and discipline children. Parents self esteem rose and there were benefits for the mental health of parents. *'The findings also confirmed that many families required ongoing support at six months, especially with long standing factors such as bonding style.'* (Fernandez 2002 p. 71). Children were significantly less anxious after six months and had an increased number of positive feelings. The study was not conclusive about improvements in children's behaviour problems in the short-term but there was some indication of their improved relationship building skills:

'The current research confirmed the level of need of each family and the development of potentially chronic factors such as poor problem solving and an absence of positive family behaviour. (Fernandez 2002 p.72)

Overall, Children's Family Centres were demonstrably important to ensure the wellbeing of vulnerable families.

SUMMARY

Children's Family Centres represent the best approach to ensure a child's wellbeing. They can provide ongoing assistance to a family whose needs fluctuate, and it is possible for services to build a good picture of the strengths and weaknesses of a family situation over time. They can offer flexibility, which stand-alone services cannot offer and are open, non-stigmatising, and accessible to families.

Children's Family Centres have been shown to be effective in Australia's fragmented child welfare delivery. They work, are

adaptable to both urban and rural environments and can assist children and young people from 0-18 years. Centres can develop in a variety of ways to ensure that the unique needs of communities are met.

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A place to learn: cultivating engaging learning environments for young rural Aboriginal Australians

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A place to learn: cultivating engaging learning environments for young rural Aboriginal Australians

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Rural Aboriginal Australians experience disadvantage across a number of significant social and economic outcomes, including educational engagement and achievement. Current debate postulates that educational environments and systems perpetuate this disadvantage. This qualitative study aimed to contribute to the debate by taking a broader ecological view to consider the aspects of the learning environment that may promote engagement with learning. This paper reports on research conducted in a community-based programme designed to support the engagement of young rural Aboriginal students. A total of 32 participants (including children, parents/carers, tutors, managers, and local teachers) were interviewed to explicate their perspectives on the key aspects of the learning environment that fostered student engagement. An analysis of the interview data identified core characteristics that could be employed to foster engagement and thus contribute to developing equity and self-determination for young rural Aboriginal Australians. Core characteristics that were valued included: a focus on learning and individualised pace; a flexible and relaxed atmosphere; individualised assistance; having an adult who showed interest in the child and their learning; providing a culturally secure learning environment; provision of food; supplying transportation; and staff being part of the same community. This paper contends that these characteristics are valued by the community and thus should inform the practices within the community-based programme as well as mainstream education to facilitate future engagement in learning.

Keywords: learning environment; Indigenous education; collaborative research; equity; engagement

Introduction

Aboriginal people in Australia continue to carry the burden of significant disadvantage. Research consistently portrays the devastating health, economic, and educational hardship endured by Aboriginal people (e.g. Audit Office of New South Wales 2014; Australian Bureau of Statistics 2010; Catto and Thomson 2008; Steering Committee for the Review of Government Service Provision 2011). In an attempt to improve entrenched disadvantage, Western colonised policy discourse has cast educational advancement as a potential antidote to alleviate multiple and complex risk factors which lead to

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disadvantage (UNESCO Bangkok 2011). Recent debate around this persistent disadvantage has placed the spotlight on the inadequacies of education systems which have resulted in the denial of self-determination and equity for Aboriginal people (Sarra 2011; The Coolangatta Statement on Indigenous People's Rights to Education 1999). This study aims to identify which aspects of the learning environment promote engagement with learning for young Aboriginal Australians from the perspectives of the young people and communities at the centre of this agenda. The study aims and processes were designed in consultation with local community members to ensure that the research was meaningful and useful. The research findings can be used to directly shape the nature of the community-based programme offered within the local community and to inform policy-makers, government funders who have not adopted this model, and mainstream education systems and service providers about the critical aspects of a learning environment to promote equity and self-determination as championed under the United Nations Declaration on the Rights of Indigenous Peoples (United Nations 2008).

Promoting the engagement of young aboriginal students

Engagement in education plays a critical role in the attainment of educational success (Australian Council for Educational Research 2007; Enhrich et al. 2010). Aboriginal students attend school less frequently than non-Aboriginal students, with one study indicating that a third of all school truancies involve Aboriginal students (Gray and Hunter 2000). The lack of engagement in formal schooling is known to compound the disadvantage experienced by Aboriginal students (Bourke, Rigby, and Burden 2000; Commonwealth of Australia 2015; Gray and Beresford 2008) and 20% of the gap in school performance is attributed to poor school attendance (Biddle 2014). There is growing recognition that school-based factors, rather than individual or family-based characteristics, play a primary role in cultivating educational disadvantage. Broader economic, cultural, and political justice frameworks have been applied to address the educational context and discourse that underlie the entrenched inequity experienced by young Aboriginal students (e.g. Keddie and Niesche 2012). It appears that the main concerns are the Anglo-centrism that exists within schools (Keddie 2011) and the entrenched culture of low expectation for the attendance, participation, and achievement of Aboriginal youth (Sarra 2012).

At this time, there is unprecedented activity and support at both a national and community level to focus on and improve the prospects for young Aboriginal Australians (Luke 2009). Studies have focused on examining how school systems (e.g. Bissett 2012; Harrison and Greenfield 2011; Keddie and Williams 2012), classroom curricula or pedagogy (e.g. Wheldall, Beaman, and Langstaff 2010; Wolgemuth et al. 2011), family involvement in education (e.g. Freeman and Bochner 2008), or relationships between educators and communities (e.g. Kearney et al. 2014) can be designed to significantly enhance the educational achievement and engagement of young Aboriginal Australians. Numerous scholarship programmes provide financial support for Aboriginal students to complete their schooling (Purdie and Buckley 2010), while other initiatives focus on the provision of incentives – such as involvement in sport – to improve participation in education (Australian Council for Educational Research 2011). Furthermore, there are national initiatives (e.g. Dare to Lead and What Works: The Work Program) that seek to better equip educators to enhance educational outcomes for Aboriginal students (Purdie and Buckley 2010).

Equity through community-based learning centres

Leading contemporary theorist of social justice, Nancy Fraser, asserts that change may be most readily achieved within non-government organisations as 'non-state centred public spheres (might) become spaces for contesting state-centred frames' (Nash and Bell 2007, 82). This sentiment is echoed by the Standing Council on Tertiary Education, Skills and Employment (2012) who have advocated that educational programmes for young Aboriginal students must be provided 'in a range of settings, formal and informal, and across multiple sectors' (21) and provide 'learning opportunities that are appropriate, engaging, relevant' (14). As such, to achieve equity in educational outcomes for Aboriginal students, it is essential that the resources of the local community are harnessed, and partnerships extended beyond the walls of the classroom (Rhea 2012).

There is a long history of alternative schools operating outside mainstream education for adolescents and young adults who have been marginalised from mainstream schooling, and there have been numerous studies signalling the importance of a positive learning environment within these alternative settings (e.g. McGregor and Mills 2012; McGregor et al. 2015). Less is known, however, about the role and importance of community-based programmes for younger children who remain in mainstream schooling yet may be at the precipice of disengagement as they develop in their school career. The current study seeks to contribute to this discussion by researching a rural community-based programme for young Aboriginal students offered by Barnardos Australia.

Barnardos Australia is a family support and out-of-home care welfare agency funded by State, Federal, corporations, trusts and individual donations. Established in England in the 1880s, Barnardos in Australia worked exclusively with child migrants until the 1950 and did not participate in policies affecting the Stolen Generations. Since the 1970s, Barnardos has been working exclusively with Australian children and has aimed to serve the most disadvantaged children and young people. The agency acknowledges Aboriginal and Torres Strait Islanders as the first peoples of Australia and the devastating impact of colonisation and the impact of ongoing Government and non-government agency policies on Aboriginal and Torres Strait Islander children, young people and their families. Barnardos' primary focus in working with Aboriginal communities is to support families including kin carers. The agency is guided by the SNAICC Service Development, Cultural Respect and Service Access Policy (Secretariat of National Aboriginal and Islander Child Care 2008) and adheres strictly to the spirit of the Aboriginal Placement Principle (Lock 1997) enshrined in State and Territory laws.

Barnardos' Corporate Plan includes the goal of having 20% of their staff who are Aboriginal (Barnardos Australia 2011). Within Barnardos, these workers form an advisory and support group called Barnardos Indigenous Group and there are a number of regional groups and meetings. Their advice has led to NAIDOC Week being celebrated by a public holiday for all workers and many policies of the agency have been changed to make them more appropriate for Aboriginal communities. Barnardos has an Aboriginal Senior Manager and many Aboriginal workers have been with the agency over many years. Services that aim to help Aboriginal families with the education of their children begin very early in children's lives and have included the establishment of a number of Learning Centres in urban and rural locations, one of which is the focus of the current study.

The aims of the Learning Centres are to improve attendance and participation at school; engender positive attitudes to learning and school; provide a safe place; and

reduce social isolation for 'at risk' children and young people. The Learning Centres provide healthy meals, group work, one-on-one tutoring, transport to and from the Learning Centre, social activities, excursions, and supported referrals to other services. They work in partnership with local Aboriginal communities, schools, health services, and other early childhood and educational services. Staff at the Learning Centres are recruited from the local Aboriginal community and both male and female workers are employed.

The current study

The central aim of the current study was to critically analyse the implementation of a community-based Learning Centre that seeks to develop the engagement of young rural Aboriginal Australians. The evaluation of the pedagogy and curriculum used within the Learning Centre was not the focus of the current investigation, but rather the learning environment that exists within the Learning Centre. As such, the research question posed was: What do multiple stakeholders perceive as the salient features of a community-based learning environment that foster engagement for young rural Aboriginal students?

Method

Cross-cultural collaboration

The term collaborative research describes research processes where the participants and researchers are equal partners in constructing research processes (Gibbs 2001). Four of the six authors originate from non-Indigenous backgrounds which problematises their capacity to conduct research grounded in Indigenous epistemology (Kovach 2009; Smith 1999) and to claim that there are no inherent imbalances of power between researchers and participants. Cross-cultural collaborative methods refer to research that 'takes place across, or between, cultures and includes research undertaken by non-Indigenous researchers into the lives of Indigenous people' (Gibbs 2001, 674). As such, the researchers have assigned the term cross-cultural collaboration to illustrate the current research approach, whilst recognising that this binary subscription to cultural essentialism does not disrupt the privilege of white epistemologies or the use of conventional research methods that may perpetuate unequal power relationships. We also recognise the complex and multifaceted nature of culture and do not seek to prescribe that the voices of the participants in the study represent the voices of Aboriginal people as if Aboriginal identity was a homogenous identity and as such establish a binary framework (McConaghy 2000). Moreton-Robinson (2004) contests that the background of the researchers must be explicitly stated to provide transparency as 'the writer-knower as subject is racially invisible, while the Aboriginal as object is visible' (81), and thus it is critical that this imbalance of power and epistemology be signalled within the research.

Notwithstanding the importance of the above criticisms, the researchers sought to conduct research that would be meaningful and beneficial for the community by working in partnership *with* the participants rather than simply conducting research *about* the participants (Aveling 2013; Kelly et al. 2012). The study design sought to: deliver local accountability and control through the co-construction of the research process and aims (Smith 1999); follow cultural protocols such as partnering with the

local working party and elders (Wilson 2008); emphasise research outcomes that would benefit the participants (Smith 1999; Wilson 2008); and provide privilege to the Indigenous voice throughout the study (Minniecon, Franks, and Heffernan 2007; Wilson 2008).

Procedure

Local working party

A local community member was identified as a co-researcher in an attempt to foster local control of the research processes, ensure that cultural protocols were met and that the research design, aims and dissemination would benefit the local community. The first author and co-researcher met with the local community working party to discuss what research would be useful to them and to develop the research questions. This group recommended that a consultative phase occur whereby qualitative interviews and focus groups were conducted with local stakeholders to direct the process and aims of the research. Dissemination of the findings required approval and assistance from the local working party.

Consultative phase

Eighteen people volunteered to participate in the consultative phase to inform the research objectives, method, selection of participants, and dissemination. In total, five focus groups and six interviews were conducted by the first author and a co-researcher. These focus groups and interviews occurred either at the Learning Centre or within the Elders' home.

The participants advised that the study should gather the perspectives of parents and caregivers, schoolteachers, Barnardos tutors, and the children from the Learning Centre. They recommended that qualitative interviews and focus groups be conducted on the Learning Centre premises with the researcher and co-researcher present. They also recommended that adult participants be offered reimbursement for their time and travel expenses. Lastly, the preferred dissemination method was for Barnardos to hold a community day on the Learning Centre premises where the community could share lunch, recognise the children's work on the programme, and the findings of the research could be discussed with community members, the researcher and co-researcher.

Data collection phase

The main data collection phase was based on post-intervention qualitative methodology (Creswell 2009). Semi-structured interviews and focus groups were conducted. The questions asked interviewees to comment on: differences in the range of skills and attributes of the children following their participation in the programme; potential benefits for staff, community, and school; key features of the programme that made the programme a success or those that may hinder its success; suitability of the programme for the community and Aboriginal children; recommendations for future implementation; and suggestions for improvements to the programme. These questions were used to guide discussion; however, interviewees were able to raise any issues they wished about their experience of the Learning Centre. Barnardos organised a family fun day and meal for the families at the same time the focus groups were conducted.

Three focus groups were held with children from the Learning Centre (average length 15 minutes); three focus groups were held with their parents and carers (average length 25 minutes); one focus group was held with the tutors (length 52 minutes), and two focus groups were held with the managers at Barnardos (average length 32 minutes). Schoolteachers were interviewed individually over the phone (average length 11 minutes).

The interviews and focus groups were administered by the first author, with either the co-researcher or a local community member serving as a co-facilitator in the focus groups with the children, and their parents and carers. With written participant consent, all interviews and focus groups were audio-recorded. Approval to conduct the study was granted by the University Human Research Ethics Committee, as well as two New South Wales school systems where participating local classroom teachers were employed. Lastly, an additional family fun day and meal was held at the centre so the community could discuss the findings of the research.

Participants

The participating Barnardos Learning Centre was located in an inland rural town in New South Wales, Australia. With a shire population of 8493 people, approximately 1702 are Aboriginal (Australian Bureau of Statistics 2011a). This equates to an Aboriginal population of approximately 20% compared to a national average of 2.5% (Australian Bureau of Statistics 2011b). The Learning Centre experiences a waiting list of local Aboriginal children wanting to attend the service, and attendance rates are relatively strong. As such, this site presents as an appropriate context in which to investigate key contextual aspects that facilitate engagement and attendance for young Aboriginal Australians.

The participants in the consultative phase comprised eight parents and caregivers (one male, seven females) over three focus groups; four staff members who had served as tutors on the programme (two males, two females) over two focus groups; two managers (two females) individually; and four community Elders (one male, three females) individually.

The number of participants involved in the data collection phase totalled 32 (9 males, 23 females). Participants included primary-age children in Year 1 to 6 who attend the Learning Centre four afternoons a week during school term ($n = 9$); their parents and carers ($n = 8$), tutors on the programme ($n = 4$), classroom teachers drawn from two of the local schools who had children participating in the programme ($n = 7$), and the managers of the centre where the programme was delivered ($n = 4$).

All of the participants, except for the managers and classroom teachers, were from the local Aboriginal community. The co-researcher approached these community members and invited them to participate in the research. The Elders were invited by the co-researcher as a result of their key role within the community, while the other participants had experience with the Learning Centre.

Data analysis

Audio-recordings from the focus groups and interviews were transcribed verbatim, and the transcripts provided the data for analysis. The transcripts were analysed to identify and collate major themes. The themes were generated by considering discussions that focused on the ecology of the context rather than the specific pedagogy or perceived change in skill or engagement level of the child. Data analysis was conducted consistent

with Creswell's (2009) eight-step approach whereby the researchers engaged in a systematic process of analysing textual data moving from raw data to coding, interrelating themes, and interpreting the meaning of themes. When generating themes, the researchers documented which participant group expressed this opinion in an attempt to present different voices. The importance of this process was highlighted by the local community when the results were discussed.

Results

In a small way, this study seeks to promote the self-determination of this specific community by communicating their beliefs about how best to structure a community-based service to successfully engage young rural Aboriginal students (The Coolangatta Statement on Indigenous People's Rights to Education 1999). Each theme will be reported below, acknowledging which key stakeholder groups voiced this opinion, and their perspectives will be further illustrated by the inclusion of example statements. In an attempt to acknowledge the voices of all participants, the origin of the themes are reported and even if only one participant group's comments reflected the theme, the theme was presented with variations across groups noted.

Extra support that meets the needs of the individual child

The children and tutors expressed that the Learning Centre was clearly different from school, in that it was able to focus on the needs of the individual. Children linked this difference to the *focus on learning and individualised pace* that was offered at the centre.

> Like it's because everyone that comes has to learn and . . . at school no one at school barely ever learns. (Participating child)

> Like when you read books at school and that, like you'll come into your classroom, start reading a book. Then like you'll get up to a certain thing and the teacher will just say, put your books away and you're probably halfway through the page. Then here you can just like read it and then go, you just say, yes, you can just finish this page. (Participating child)

The tutors also believed that the programme was different from school, in that it was able to focus on the needs of the individual, but more so because it was delivered in a more *flexible and relaxed atmosphere*.

> They don't call us Sir and Miss or anything like that, it's all first name basis. So it makes the kids more relaxed in that way and it's not – to them I think it doesn't feel so much like sitting back in the school . . . Whereas we're more flexible here and some kids might find that seem to have too much energy or need a bit of frustration . . . , you just take them outside and let them have a play or something, and then they come back in and they'll focus even better again on what they've got to do. (tutor)

One-On-One attention

Parents commented that the *one-on-one attention* offered was important and that they may not be in a position to provide this to their child at home, either because they did not have the time, interest, or capacity.

> He loves it. I think he feels like, where I haven't got enough time to sit down with him, here they have. You know, he gets more attention here than what I can give him at home. (Parent/Carer)

> I'm not one that likes to read myself, so yes (it helps) Because I can't see properly, and my glasses are broken and things like that, you know. Yes, I don't really like reading either. (Parent/Carer)

> When they bring their homework home, and I just don't understand some of it, so I tell her to bring it [to the Learning Centre] reading in the afternoon. (Parent/Carer)

Teachers at the local schools and the Barnardos managers also recognised that the provision of one-on-one attention was an asset of the programme.

> Give someone for these kids to go to help with their homework, to help with their reading, is fantastic. Show them that love that sometimes they just don't get at home. (Teacher at local school)

> One on one helps them to open up and they're not getting it at school obviously so they just sit and – if it's something that they're not interested in they're just going to sit back. (Manager)

Positive relationships with adults

Not only was the one-on-one attention valued, but tutors reported the value of establishing a warm relationship with children. According to the tutors, *an adult who showed interest in the child and their learning* was a positive facilitator of success.

> It doesn't matter if I'm trained in it, if I've got the resources. If I don't have the relationships, good luck. So that's a really important ingredient. (Tutor)

> I think that's what works here too, is that we all have such a great passion for wanting to see these kids better themselves and do well. I think that really rubs off onto the kids and they kids sort of seem to pick up on that. (Tutor)

> And they love the engagement that they get here. But just because we give them the time of day, like show that we do care what they're doing and what they did on the weekend, and that's the way to break a lot of kids down, just ask them 'what did you do on the weekend?' (Tutor)

> We back the kids, even if they've had a bad day at school and that, and they can see that we're interested, we've got the interest in them, and I think that plays a big part too, where we're interested in what they do. It's not just a job. (Tutor)

The parents also praised the way the staff were able to work with the children:

> They're just terrific with the kids. (Parent/carer)

> Well, the staff is pretty good with the kids and everything like that. (Parent/carer)

Connecting with children from the local community

The tutors stated that a strength of the learning environment was that it served a group of children from similar backgrounds from the community. The children also identified

that meeting other children from the local community was a key reason why they liked attending the centre.

> I like coming, meet more friends, hang out with your friends. (Participating child)
>
> You can make friends that you don't know, people that you don't know. (Participating child)
>
> I think the program too being here at Barnardo's it's good because it's accessed by everyone in the community. I mean, it's not just the kids with the disabilities or the kids with the learning problems. It's all kids. (Tutor)

Providing food

Tutors and managers agreed that a key feature was the *provision of food* for the children at the centre. The tutors and managers reported that the prime benefit was the enhancement of the children's well-being as the children were not able to access adequate food otherwise. The children and the parents/carers did not identify the provision of food as a central issue, but this may have been omitted in the discussions as a result of discomfort. The necessity of providing food was communicated by the tutors and managers in the following ways:

> The kids come over and they have a good feed every afternoon. A lot of kids here that's the only thing they'll get. (Tutor)
>
> Every day they'll [Aboriginal families] keep their kids home because they haven't been paid so they've got no money to buy them bread or whatever to send them to school. (Tutor)
>
> I think the food component is probably pretty critical. I know that with the kids that we're working with ..., most of them haven't eaten well, but for breakfast club and learning centre and certainly aren't getting good protein types of meals. (Manager)

Providing transportation

Parents/carers, tutors, and managers attested to the importance of providing *transportation* of the children to and from the centre. They questioned whether the children would be able to attend if this service was not available.

> Picked up at the school; they're dropped off at home, you know. I wouldn't have time to go and pick them up at school and drop them here, then go home and do what I had to do, and then come back and pick them up and go home. (Parent/Carer)
>
> We probably wouldn't get the kids either because I don't think they could come (without transport). So that's really essential, if you're going to keep this program you've got to keep the transport. (Tutor)

Staff being members of the same community

All of the adult participant groups spoke about the *staff being part of the same community* as pivotal to the success of delivering of the Learning Centre. Parents/carers

identified that the staff were 'similar' to them, and, in some cases, part of the family relations, and this was a clear asset in building relationships and respect.

> The staff mixes in. They're like ordinary people, not like teachers at school, you know. (Parent/carer)

> The workers that they're attached to ... she's pretty much like family because her niece is their cousin. So, yeah. No, the kids love it, I mean as I say there is attachment with the kids and their workers ... (staff) does a lot of reading with her, and it's like an aunty. Familiarisation I think it is, and they get to know each other on a different level. (Parent/carer)

The parents/carers did not necessarily believe that the staff delivering the programme needed to be Aboriginal themselves, but rather focused more so on whether the person could do the job.

> It all depends if they can do the job. That's not, sort of, yes, we'll have this one and that one, because they mightn't be able to cope with the kids, you know what I mean? (Parent/carer)

In contrast, the tutors and managers identified that having Aboriginal staff working in the centre was critical to its success. They spoke about the warm connection between staff and the children being heightened because staff were familiar with their family and circumstances.

> I think because everyone knows like the team too, that it makes it better with parents because they feel comfortable in letting their kids come and do the program. Then they know they're going to be looked after. (Tutor)

> (Staff member) is a local Koori bloke from here. If you get a white person, not being racist or anything, go to the mission, knock on the door with paperwork, they won't answer the door to you, they won't let you in house, no way. You'd be thinking they're there to ... They'd be thinking the worst straight away. (Tutor)

> They know that we're not going to be looking down on the way they live ... we grew up the same as them ... so we don't think we are better than anyone else. (Tutor)

> One of the critical ingredients, in my view is having Aboriginal tutors and that those tutors are properly supported by the organisation. (Manager)

> I think that's where we are lucky with our staff in that our staff too – like (name and name) are in the schools (as workers) and have been Indigenous staff that naturally are already connected with the kids. (Tutor)

Improvements to the programme

There was unanimous support for the Learning Centre to continue to operate within the community and participants clearly valued the learning environment. Nonetheless, the interviewees provided suggestions for improvement which are critical. Some of the parents/carers felt strongly that younger children should be included in the programme at the Learning Centre as they felt that working with children prior to the emergence of difficulties and disengagement would result in better outcomes for children and the community. Tutors and managers at Barnardos identified the ongoing difficulties with engaging parents with the Learning Centre and signalled that enhanced

involvement was a goal for the future. The parents/carers who participated in the study did not convey dissatisfaction with their involvement. Lastly, according to the local schoolteachers, it appears that improvements could be made with regard to the communication and partnering with the local mainstream schools that the children attended. The local schoolteachers knew very little about the work of the Learning Centre and desired a deeper understanding and relationship with the Learning Centre, and interestingly, wanted to ensure that there was consistency across the two settings.

Discussion

Enduring educational inequity in mainstream education has resulted in an increased need for alternative learning spaces within disadvantaged communities, such as Barnardos' Learning Centres. The study participants provide poignant recommendations about how such learning environments can best be structured to enhance the engagement of students. The importance of creating a positive learning environment is well recognised in educational research (e.g. Hayes et al. 2006); however, the majority of studies have considered how best to support older students who have disengaged from mainstream education and moved to alternative schooling (e.g. McGregor & Mills 2012). Interestingly, the current study focused on young primary-age children who were still enrolled in mainstream education and confirms that even in the early stages of their schooling careers, these students clearly identified the community-based learning centre as being different, and preferable, to mainstream school. This may signal the early markers for disengagement and dropout in later years of schooling, in which case, the positive learning environment cultivated within the Learning Centre presents as even more critical.

The participating children reported that the community-based centre was different from school in a positive way, in that it had a focus on learning, and they felt that they could work on developing skills at their own pace. This resonates with the reports of adolescents in alternative schooling who valued teachers giving them sufficient time and assistance to complete their work (McGregor and Mills 2012). Children in the current study also enjoyed attending the centre in order to meet new friends from the local community. This may contribute to the goal of facilitating children's enjoyment of their culture with other members of the Aboriginal community (The Coolangatta Statement on Indigenous People's Rights to Education 1999).

The parents/carers of the participating children reported that critical assets of the community-based setting included the fact that their children could receive one-on-one attention, as corroborated by the local schoolteachers. To facilitate attendance, parents and the Barnardos staff recognised the important role of the centre in transporting children so they could attend. Although parents/carers did not believe that it was essential for the centre staff to be Aboriginal themselves, they did value the fact that the staff was drawn from the local community and this encouraged a sense of familiarity between families, community, and the centre. Work with older marginalised youth has identified that staff empathy is critical for both the academic and social well-being of students (McGregor and Mills 2012). In addition, listening to how the parents/carers would select teachers to work with their children is an important factor facilitating self-determination in education (The Coolangatta Statement on Indigenous People's Rights to Education 1999).

The staff responsible for delivering educational support (the tutors) and the centre (the managers) agreed that the provision of food and transportation were essential

ingredients. The provision of nutritious food aligns with the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000–2010 (Strategic Inter-Governmental Nutrition Alliance 2001) and is a key strategy to achieve health equity, which, of course, in part, underpins educational equity. Families often face difficulties accessing services due to a lack of transport options and this may result in great personal and social costs (Currie, Stanley, and Stanley 2007) so the provision of transport is critical.

Unlike the parents/carers, the staff believed that a core practice that contributed to the creation of a positive learning environment was the employment of Aboriginal staff members. This practice aligns with other state and national education initiatives to 'grow our own' where members of the Aboriginal community are specifically targeted to be trained as teachers (Maher 2010) and is also championed by the work of Aboriginal Australian educationalist Sarra (2011). In addition, the tutors felt that the environment attracted children as it provided a flexible and relaxed atmosphere and, of most significance, offered a relationship with an adult who showed interest in the child and their learning. Managers also spoke about the clear value of the centre's capacity to provide one-on-one attention where this may not be available in other environments. Establishing warm connections between children and adults from the local community that centre around education directly recognises the right of Indigenous families and communities to retain responsibility for the education of their children (United Nations 2008).

The structures and practices at the Learning Centre can be interpreted through the lens of Fraser's (1997) parity of participation principle which provides a framework to advocate for social rights and equity and has been increasingly applied to illuminate the work and discourse regarding disadvantaged groups (e.g. Hölscher 2014; Knight 2015; Vehmas and Watson 2014), including Aboriginal Australians (e.g. Keddie 2013a). According to Fraser (2008), strategies that seek to achieve social justice may be considered as redistributive, recognitive, or representative measures. *Redistributive measures* occur when material resources are distributed to ensure participants' independence and self-determination (Fraser and Honneth 2003). A redistribution of resources is clearly evident when interviewees described the extra support offered that focused on learner's individual needs; the provision of one-on-one support, and the provision of food and transport. Learning environments have the potential to make a difference for disadvantaged youth through a distributive understanding of justice and 'ensuring the equitable allocation of human and material resources' (Keddie 2013b, 5).

Recognitive measures acknowledge the cultural exclusivity of educational contexts and seek to create learning environments that privilege cultural relevance and value and respect the culture of all participants to ensure social esteem (Fraser and Honneth 2003). Within the Learning Centre, such recognitive measures are demonstrated when positive relationships are established with adults that value the child; connections between the child and others in their local community are bolstered; and practices that value centre-to-community contact are enacted. Lastly, *representative measures* are witnessed within learning environments and structures that champion participants' rights, engagement in public discourse, and decision-making. These are pursued at an organisational level where Barnardos strives to increase the number of Aboriginal staff members, and indeed, by the way in which the current research project has been conducted. It appears that the Learning Centre offers key pillars that are valued by both various stakeholders and Fraser's parity of participation principle to boost access and participation.

Interestingly, the themes derived from the participants' voices can be aligned with some of the key transformative elements that appear common to Maori schooling initiatives (Hingangaroa Smith 2003). First, *the principle of validating and legitimating cultural aspirations and identity* may be enacted when children at the Learning Centre have the opportunity to connect with other children and the staff members who originate from the local community. This may provide a platform for critical interactions that confirm and validate cultural identity and seed aspirations to also be a leader in the community like the tutors. Second, the Learning Centre may be *incorporating culturally preferred pedagogy* when it provides extra support to the children, which focuses on their learning and provides an individualised pace, flexible and relaxed atmosphere. The participants reported that these pedagogical practices were highly valued. Third, the specific initiatives of providing one-on-one attention for schoolwork, and food and transport seek to *mediate socio-economic and home difficulties* that undermine the child's prospect of engaging and achieving in education. Lastly, *incorporating cultural structures which emphasise the collective rather than the individual such as the notion of extended family* are also evident in the ecology of the Learning Centre. Participants reported that they valued the sense of belonging and community cultivated through features such as the establishment of positive relationships between the children and tutors, and that the tutors were all part of the local Aboriginal community. Many of the children identified the tutors as Aunty or Uncle, which is a sign of respect within the community.

Participants were largely supportive of the Learning Centre and many of the practices align with previous research with older students, policy statements and social justice theoretical frameworks. The suggestions for improvement, however, provide important insights into some of the inherent challenges in alternative learning spaces. Barnardos staff identified the difficulty of engaging parents with the Learning Centre. The participating parents/carers did not voice the same concern. It could be that the participating parents did not share this view because they themselves were involved with the Learning Centre or because there was a disparate view across the service providers and families about the nature of parental involvement. This disparity needs to be explored to direct future expectations, communication and activities, and cultural issues may be at the forefront of this discrepancy.

The local schoolteachers expressed their lack of knowledge about the Learning Centre and desire to know more and establish a partnership. It is important to identify that many teachers commented about the need to ensure that the approaches adopted in the Learning Centre were consistent with their approaches. It is quite ironic that the students viewed the Learning Centre favourably because it was different from school, yet the need to achieve consistency across the two settings was highly valued by the local schoolteachers.

The current findings have significant practice implications, in that they directly contribute to our understanding of how best to design and deliver alternative learning spaces for students who may be at risk for future disengagement from mainstream schooling. The method in which these findings have been generated fosters self-determination as the community members have shaped both the research agenda and findings.

It is reasonable to propose that all students would benefit from mainstream education that is more inclusive of diversity, and the characteristics identified in this study may inform such mainstream practices. In this sense, the community members have the opportunity to speak not only to Barnardos but also more broadly to policy-

makers, researchers and educators to inform the future direction of learning environments in mainstream education. The identified agenda of instilling consistency across mainstream and alternative schooling, however, may warrant attention to decipher which learning environment characteristics are valued and by whom. Until then, the value of alternative learning spaces is indisputable.

Conclusion

Addressing long-standing educational inequity is arduous and complex. Progress must emphasise the learning environment rather than the neoliberal position and deficit model that seeks to change the student as the source of the problem (Apple 2006). The current study identified that even in the primary years of education, the participating children and communities perceive education within community-based learning centres as different from, and more desirable than, mainstream education. The response, however, should not be to abandon mainstream education and adopt alternative schooling. The researchers heed Keddie's (2014) warning that the differentiation of schooling based on the status of particular groups can reinforce the reductionists and binary understanding of difference and thus confirm otherness. Instead, the current study provides a platform for the local community itself to share their perspectives on how to cultivate positive learning environments for young rural Aboriginal students and confirms the role of the Learning Centre within the community. Community-based services may be more malleable and community-driven than other larger education systems, and thus present as important sites to tackle the formidable task of cultivating engagement for young rural Aboriginal Australians.

Disclosure statement

No potential conflict of interest was reported by the authors.

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