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Abstract

This 1989 paper describes a variety of programs which provide families with resources to meet the ordinary and extraordinary pressures and responsibilities of family life. It looks at the limitations and benefits of the types of family support services available, overseas trends and the need for community networks.
Keyword: Families

The Myth of Coping Alone: Supports for Families

*Ilene Wolcott, AIFS Fellow, discusses a variety of programs
which provide families with resources to meet the ordinary and
extraordinary pressures and responsibilities of family life*

What is 'family support'? The very phrase suggests needing help, not being able to cope alone, being in need of assistance from someone else. We tend to recoil and assert our independence — 'my family will cope alone'. Yet in today's complex world, 'family self-sufficiency is a false myth' (Kenniston, 1977). Families that seek assistance can not be labeled deficient or 'at risk' (Edgar, 1988) since most families can benefit from support, advice or information at times. A teenager may be acting out, a young mother may feel unsure or isolated with an irritable infant, the budget doesn't match demands. Working parents require childcare, a job takes you interstate, a marriage is in trouble, someone in the family seems depressed or to be drinking too much,. a child's school performance is poor or an elderly parent needs assistance with home management — not all of us can cope alone, and few of us do.

Indeed no family really survives alone without support from relatives, friends, doctors, teachers, the services our taxes pay for and a multitude of other services of support we do not normally see as help or family support. A range of community-based services are provided in Australia by local government and community organisations that assist families in a variety of circumstances. Many of these services have been organised under the Commonwealth and State funded program known as the Family Support Program.

Definition of 'Family Support'

Kahn and Kammerman (1982) pose the critical question, 'What is the boundary delimiting "help for families"?' Kagan and Shelley (1987) observe, 'Family support programs are as yet an undefined phenomenon', encompassing a disparate variety of programs and services to meet diverse needs. Support has been defined as 'a range of interpersonal exchanges that provide an individual with information, emotional reassurance, physical or material assistance, and a sense of self as an object of concern' (Weissbourd, 1987). The Commission of Inquiry into Poverty (1975) defined personal or welfare services as, 'concerned with personal wellbeing, individual rights and personal aid as well as social justice, social order and social control'.

The boundaries between family support services and general social security or welfare provisions are imprecise. Supporting Parents Benefit, Family Allowances, Medicare, Aged Pensions and the Family Allowance Supplement are but a few examples of where family support programs cross over with social security provisions.

Whether supports to families are seen as 'welfare' or as a social security right for all citizens influences and determines whether they are perceived as legitimate and therefore worthy of substantial government input in terms of revenue (Saunders, 1987; Jamrozik, 1987). It has been argued that many educational, health, legal and tax benefits enhance the lives of the middle class but are considered part of the 'social wage', not welfare provision, and are not subject to the same criteria or criticism as welfare programs (Sweeney, 1987).

The focus and direction of government policies toward families will influence the number and types of support services made available to families, yet a clearly defined policy is difficult to achieve in a pluralistic society that holds ideologically diverse values and strongly felt emotions surrounding children and family issues (Moroney, 1987). A traditional family perspective would promote policies that would make divorce difficult, discourage fertility control and encourage full-time home-making for women through tax and income concessions and reduction in community supports for care of dependent members. More contemporary responses would promote the provision of childcare, resources for the care of ill and elderly dependents and employment policies that enable both men and women to carry out their joint parenting and work responsibilities (Maas, 1984).

Kahn and Kammerman (1982) advocate the provision of services to help families in ordinary circumstances cope with normal problems, life cycle milestones and transitions, and to assist families to 'manage complicated lives in today's changing world'.

Aims and Objectives of Family Support Programs

Although what constitutes family support is not clearly defined, it is the personal support aspects that are usually referred to when specific family support services and programs are described. Even within this definitional restriction problems arise, as noted by the Family Services Committee (1978) which experienced 'problems clarifying what was to be encompassed in the term "family services"', recognising that, 'many other areas of public policy affect the wellbeing of families. The most significant of these are health, education, housing, income security, and legal protection' (p.4).

At the Commonwealth level, priorities for the social justice policy related to families as stated in *Towards a Fairer Australia, Social Justice under Labor* (1988) were: improving the position of working families; caring for the aged;

eliminating child poverty; child care/ Child Support Scheme; enhancing education and training opportunities for women and girls.

Strategies to achieve these aims included increased access to child care, housing assistance, the Family Allowance Supplement, Home and Community Care Program to assist the aged remain in their homes and community, implementation of the Child Support Scheme to collect maintenance from non-custodial parents, the Family Support Program, and the enforcement of the Sex Discrimination and Affirmative Action legislation.

The Commonwealth's Family Support Program, established as a three-year pilot program in 1978 within the Office of Child Care, at that time within the Department of Social Security, was seen as providing community-based services for families with young children experiencing stress and as helping to develop a natural network of support, referral and self-help services. The Program's history illustrates many of the dilemmas surrounding the definition and provision of family support services.

The Family Support Services Scheme — An Illustration

The aim of the Family Support Services Scheme (FSSS) was to 'assist the development of a range of services designed to support families in their responsibilities in the rearing and development of children . . . and provide a stimulus to innovative thinking', particularly alternatives to traditional residential and institutional and substitute care for children (Office of Child Care, 1984).

Programs that could be funded included: housing referrals; financial counselling; family and child counselling; single-parent family development; resettlement services; emergency accommodation; homemaker assistance; family life education; and telephone reassurance (Department of Social Security, Annual Report 1978–79).

Under the initial pilot scheme, 182 projects were funded, the majority in the areas of emergency accommodation and housing (46) and family aide/homemaker/housekeeper services (43) (Jamrozik, Drury and Sweeney, 1986).

A high proportion of service clients were women, especially mothers with young children. More than half of the clients were on low incomes. Approximately 20–30 percent of client families had a family member with an illness or disability. Migrant and Aboriginal groups were under-represented (Council of Welfare Ministers, 1985).

Overall, most services were judged

by the State evaluators to have made a positive contribution to individuals and families. Family Centres were seen as being particularly beneficial to single mothers by providing an informal non-stigmatising community support.

The dominant theme, however, to be drawn from the State evaluations summarised in the overview produced by the Office of Child Care (1984) was that for many of the projects to be of optimum benefit to the families served they needed to be linked to, and coordinated with, other welfare services available to assist low-income families meet essential needs for housing, income and employment. Information, counselling and parent education were not enough to overcome the economic disadvantages experienced by many of the client families.

In 1980 the Family Support Services Scheme was extended with additional funds of $10 million for another three year period. New guidelines emphasised supports for families, 'particularly during periods of crisis' (Department of Social Security, Annual Report 1980–1981). Priority was to be given to families facing particular crises affecting, or with the potential to affect their ability to care for their children, and families in need of assistance/skills to improve their emotional/social or functional environment. Special attention was to be given to assisting access to these services by Aboriginal families, migrant families, financially needy families, one-parent families and families in isolated areas.

A review of the FSSS (Office of Child Care, 1984) concluded that the most common problems experienced by client families were lack of child management skills, low self-esteem of family members, social isolation, loneliness, lack of home management skills and financial difficulties. It was recognised that many of the problems experienced by clients were related to their low economic status.

Following a joint Commonwealth–State Council of Social Welfare Ministers Working Party Report in 1984, the Commonwealth withdrew from total funding of the FSSS in 1986–87 and instituted joint State and Commonwealth cost-sharing of the scheme under a new title, Family Support Program. Nevertheless, the Commonwealth appropriation in 1986–1987 was $6.2 million, a 69 per cent increase over the previous year.

National guidelines issued by the Commonwealth Department of Community Services and Health in 1987 listed the following service types as eligible for funding: neighbourhood-based family support services (family

centres, information and referral services, volunteer and catalyst services); home management (family aide/home-maker/advocacy, home budget counselling/family counselling); and parent support (parent education/effectiveness, skill development, self help groups).

Despite the recommendations of the Working Party, the Commonwealth made the decision in 1988 to abolish its involvement in the Family Support Program as a targeted entity for specific funding and monitoring. As of 1988–89 States will receive a general revenue appropriation from which they will have to allocate whatever funds they wish to programs now designated as part of the Family Support Program scheme. The 1988–89 appropriation considered targeted to family support programs was $13 million.

Some Family Support Programs

Among the 84 designated Family Support Services in New South Wales funded by a combination of Commonwealth–State funding in 1988 are the following specialist services: counselling support group for Methadone maintained parents; mobile playgroups; foster family support; educational program for children with disabilities; and Cystic Fibrosis family support.

Examples of Family Support Programs listed by the South Australian Department for Community Welfare include: Aboriginal home-management project; systematic training for effective parenting; Indo-Chinese Australian Women's Association; single pregnancy and after resource centre; teenage mothers support; and parenting for Greek and Italian families.

Not all 'family support' programs come under what has been designated the Commonwealth–State Family Support Program scheme. In Victoria, Community Services Family and Children's Services Program incorporates the Family Health and Support Sub-Progam which includes: Infant Welfare Centres to provide support, information and referral services to new parents; visiting Child Health Nurses to assist families with young children with special needs; Family Support Services; Family Counselling; Family Aides and Family Planning Services. The Child Development and Care Sub-Program coordinates pre-school places and Child Care Services.

In Queensland, the newly organised Department of Family Services provided Community Grants for 17 Neighbourhood Centres, established a Sexual Abuse Treatment Program, and allocated funds for a statewide network of

identify and respond to local community needs such as after school care and counselling. Services for the aged and those with disabilities are incorporated in this Department.

The Western Australian Department of Community Services, together with the Office of the Family, recently established a programme of Family Centres to provide a venue for sessions of supervised activities for 4 year-olds. The Centres will also be available for family-focused community programs.

Limitations of the Family Support Program

Limited funding and competition for scarce resources has generated community conflict and confusion over whether some or all programs should be targeted only to 'at risk' families or whether services should be crisis oriented or developmental in approach and how the essential material needs of many of the families who use the programs are to be coordinated with other government department guidelines (Alexander, 1983).

The list of program types that fell outside the scope of the Family Support Program illustrates the state of confusion and ambiguity that surround the definition of what is meant by 'family support'. Excluded from the Program were housekeeping, child protection, foster care, youth, general services for migrants and prison related services, respite care, material relief, health and nutrition, education and housing related services, child care, and specialist counselling such as marital counselling, psychotherapy, drug and alcohol dependence counselling, telephone and

sumed to receive funding under other Government department jurisdictions.

Policy Implications

The distinctions between family services and community services are not always clear. For example, is a program that provides a day care centre for the elderly a 'family' support or a 'community' service? The answer may be both if that elderly person is a member of a family. It has been suggested that some family services could, or should be, part of more inclusive community services. An example would be specific supportive services, for example, one for migrant families which could be part of a more universal community service such as a child care centre. The inclusion of a 'family support' service within a multifunctional community service framework could enhance the goal of reducing individual family isolation and connecting family members with wider community networks.

Coordination of services

A combination of formal and informal services coordinated across governmental departments is necessary to assure flexibility and accessibility to services, echoing the Victorian *Child Welfare Practice and Legislation Review Report* (1987), which called for 'a mechanism at the Federal Governmental level which brings together planning for income security and personal social services across functional departments and provides for cooperative data collection and program evaluation'. Perhaps an Australian Children and Families Commission as suggested by the Senate Standing Committee on Social Welfare (1985) is one answer.

The need to coordinate services to families across Commonwealth, State, and Local Government levels is demonstrated by a review of programs administered or funded by various departments. For example, marriage counselling services and marriage education programs are funded by the Attorney-General's Department, family planning services and child care through the Department of Community Services and Health, direct income supports such as Supporting Parents Benefit, Family Allowance, Child Maintenance, Unemployment Benefits and Age Pensions by the Department of Social Security, and low-income housing by the Department of Housing.

Even within one Department, services which support families can be scattered across several divisions. The Department for Community Services

significant contributions towards the Neighbourhood Houses Program of the State Department of Education, the Department of Health, the Department of Sport and Recreation, the Housing Department, and the Commonwealth Office of Child Care. The Houses, themselves, are run by local community groups and non-government organisations (Dean, Boland and Jamrozik, 1988).

Service Providers

Community-based family support programs also raise the issue of who will be the providers of these services. A common assumption is that community-based services are less costly than other ways of delivering services, particularly institutional care of the young, elderly or ill family members. However, as Jones (1987) points out, community care usually depends on a female workforce earning low wages with no fringe benefits, or as Rosenman (1987) observes, on the availability of an unpaid caregiver to coordinate and monitor the provision of available community resources such as childcare, housekeeping services or meals on wheels.

Overseas Trends in Family Support Services

Recently, attention has focused on overseas initiatives, particularly in the United States, to provide services to families where children are considered 'at risk' of neglect, abuse, and developmental problems. The aim of these programs is to prevent unnecessary removal of children from their families into foster or residential care.

This concern has been fueled by rising government expenditure for foster and residential care. Passage of legislation, *The Adoption Assistance and Child Welfare Act, 1980*, Public Law 96–272, that went into effect in 1983 in the United States has been the driving force behind the development of new models of intervention with 'at risk' families. The law requires judges to make a determination that 'reasonable efforts have been made to prevent out-of-home placement or the federal government will not make payment to the states for foster care costs' (Sudia, 1986).

A National Resource Center For Family Based Services funded by the United States Children's Bureau, Administration For Children, Youth and Families, was established in 1983 to provide technical assistance, training, research and dissemination of information to government and non-

family based alternatives to out-of-home placement (Hutchinson, 1986).

Program Types

The nomenclature varies, but programs are commonly known as family strengthening, family preservation or family prevention programs. Some programs aim at providing a range of educational, developmental and preventive services for families at the lower and mid continuum of stress and risk. Others are considered to be early intervention programs for vulnerable families. However, families at the point of crisis, when a child is at immediate risk of removal, receive most attention, the so-called 'tip of the pyramid multi-problem families'.

It is difficult to isolate the more specific elements of these programs. For example, Family Preservation Projects in Utah, USA included teaching parenting, time and financial management, housekeeping, communication, assertiveness, negotiation, impulse control and decision making skills. Families were also linked to a range of community resources and extended social networks (Callister, Mitchell, and Tolley, 1986).

The Supportive Child Adult Network (SCAN), a non-profit agency in Philadelphia, USA, combines social work, outreach nursing, medical consultation and psychological services to provide protective casework, family counselling and living skills to families of children with suspected abuse and neglect (Tatara, Morgan and Portner, 1986).

Homebuilders, of Washington State, USA, the prototype of intensive short-term programs, provides both 'hard' services such as assistance with buying groceries or helping paint a house, and 'soft' behavioural family therapy. In this model, therapists teach families how to use community services such as public transport and health clinics as well as developing their social and parenting skills (Norman, 1985). Rather than take children out of homes, service support is brought into the home to help the family function more positively for everyone.

Common elements of the comprehensive family service model are: intensive, short- and long-term home-based visits by trained nurses, family therapists, social and welfare workers; periodic health and developmental screening of children; parenting skills training; daycare; education and job training skills; socialisation skills and

munity services. A combination of home- and centre-based services would be characteristic of these comprehensive models.

Small caseloads of 2–4 families and flexible access mark many of these programs. Some programs emphasis short-term (4–8 weeks) intensive (5–20 hours a week) home-based services. Services are available around the clock and on weekends.

Successful programs use a combination of professional, para-professional and lay workers, and both informal and formal resources (Weissbourd, 1986). Their major objectives are: to reduce isolation by increasing informal social and emotional support networks; linking families to the wider range of community services and activities; enhancing parenting and social skills; and improving coping skills to enable families to feel more control over their lives. In the terms of Urie Bronfenbrenner (1979), they are 'ecological' in that such programs look for solutions that suit the varied and complex contexts in which different families and communities live.

Evaluation

The American Head Start program has been considered a prototype of the ecological approach. Both preventive, developmental, and remedial interventions are included. Components include day care, parenting education, nutrition education, health care, educational and job training opportunities, parent participation and professional and paraprofessional facilitation and involvement.

Recent evaluations have demonstrated the positive benefits of Head Start, particularly where follow-up education, health and social programs are provided. Participation in Head Start appeared to encourage use of other community services, such as family planning, recreation facilities, health and counselling services. Parents who were active participants have reported feeling more capable and confident as parents, and more in control of their own lives (Zigler and Freedman, 1987).

The value of home-based intervention in addition to, or instead of, centre-based services is being advocated overseas and in Australia. Research to date indicates both positive and inconsistent outcomes (Halpern, 1986). The Edna McConnell Clark Foundation in New York which funds and evaluates model programs describes 80 to 90 per cent success rates after one to three years for keeping children in their own

Supports for Families — Information Sources

Additional information on Government and non-Government Family Support Services is available from the following sources.

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  Victoria
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AIFS Reference Librarian

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homes. Dramatic cost-savings compared to foster and residential care have been reported by States that have incorporated model programs (Norman, 1985).

It seems important to emphasise that family support as defined depends on the availability of a variety of resources both material and personal. It is not a substitute for the provision of adequate housing, employment opportunities, income, health care, schooling and recreation facilities, nor a cheap alternative to adequately resourced family support programs of child care, parent education, home help aides, or family counselling.

The cost-benefits of family support services are generally measured in terms of savings in relation to the greater costs of substitute care for children. Additional cost savings are calculated from the decrease in numbers of families who would enter expensive legal, medical and social security systems if these less costly family support services were not implemented (Mitchell, 1987).

It should be noted, however, that there are also costs attached to the provision of community resources, such as day care, respite care and other services that families need if stability and optimum functioning are to be achieved. Provision of extended hour and weekend services requires a reconsideration of employment conditions as well as staff commitment that can affect the family lives of the workers. These costs have to be examined when the savings attributed to some of the short-term programs are evaluated.

to confront budget cuts across welfare programs which impede the provision of necessary resources to implement family preservation programs. Monitoring of compliance with the legislation is not as efficient as it might be. The definition of 'reasonable efforts' is still vague, although the American Bar Association, the National Council of Juvenile and Family Court Judges, and several university departments have been granted funds by the Children's Bureau to develop manuals with guidelines for implementing the legislation (Hunner, 1986). Progress has been made in some States with coordinating funding and administration of programs across departmental lines, but fragmentation remains a concern.

Some Australian Programs

Many of the family support programs described in American journals appear similar to those provided in Australia under the Family Support program. They rely heavily on the use of home aides to provide practical and low-key emotional support for isolated or stressed families with children. Home aides are usually linked with broader family support programs that provide family counselling, financial counselling, day care, and centre-based social, parenting, and work skills programs. Referrals to legal, housing, and income benefit resources are part of these programs.

Camberwell Care and Counselling (Camcare) in Victoria is one example. A team approach is used for most cases. A typical case would follow this pattern. The social worker visits a client at home who requested help with parenting and health problems. The family aide is called in to make home visits of two to four hours weekly. The family aide might babysit so the mother could rest or go out, she (male family aides are rare) may do the washing up, model playing with the children, drive mother and baby to the Infant Welfare Centre, and just have a chat. Day care may be arranged with the Family Day Care Program or a local council day care group. If a child is considered 'at risk' developmentally, attempts to find more specialised day care placement would be made, usually with a non-government agency. The mother might be encouraged to join a drop-in social group at the centre or be introduced to a Neighbourhood House or play group. Respite or temporary foster care may be arranged for short periods of time for some or all of the children to give mother some time away from her children. Participation in school holiday

programs and family camps may be encouraged with financial and child care arrangements organised by the social worker. The financial counsellor may be called in to help with budgeting or dealing with rent arrears and other debts, and the family counsellor to work on personal or relationship problems.

Counsellors are also involved in community education, visiting Neighbourhood Houses and other venues to talk about financial management. One counsellor is currently working with bank managers to encourage referrals to financial counsellors so that other sources such as food vouchers, low cost energy repayments, or subsidised childcare can be explored before an overdraft or loan is given.

Another example is the Burton Family Support program in Salisbury, South Australia. A door-knocking and home visiting approach by family support workers is used to acquaint newcomers and other families with the kinds of services that are available in the area. The needs of the family are assessed, and a process is begun of connecting families to support networks. Invitations are given to join neighbourhood Introduction Groups which use the Participation Training Model of adult education to develop skills in social interaction and communication, parenting, assertiveness, and decision-making. Continuous supervision, peer support and training for the family support workers is provided. However, because the program is limited to normal working hours, participation by most men and working women is limited.

A study of Neighbourhood Houses in Tasmania (Dean, Boland and Jamrozik, 1988) found that the 21 Houses offered a variety of activities. Most popular were: arts and crafts, sport, recreation and social (bingo and video nights, netball, coffee mornings and lunches); cookery classes; health and fitness (ante-natal classes, beauty and grooming, home safety); educational (book discussions, learning skills, budget management, music, access to TAFE further education courses, migrant English); food cooperatives; child care; support groups (parents anonymous, play groups, special needs children); and counselling.

In addition to basic material needs, families need a network of relationships that provides emotional and practical support and access to information and resources. Wiess (1987) makes the point that intensive, costly and comprehensive programs cannot, nor should be, universally available for everyone. It is more realistic to make sure that less intensive parenting support groups and relationship skill

building programs are available to everyone.

Towards the Future

For on-going support in a a more universal context, the Australian Institute of Family Studies has advocated the expansion of Neighbourhood Centres to include information and advice about a range of services such as where to find a daycare centre, a tutor for maths, a good family physician or a nursing home for parent or grandparent. Daycare and elderly care, counselling, adult education classes and other services could be offered at these Centres. Maybe even a cooperative cafe could be set up where a single person could come for a neighbourly meal, a teenager or elderly grandparent 'escape' from the family home for an evening out, or dual working parents could bring the kids to be relieved of cooking a meal. An informal play area and library, maybe

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Good Business

Some interesting comments on work-based child care assistance are reported in *Current Contents*, Vol.21, No.1, January 1989.

'Few companies are untouched by child care difficulties. Those that feel they can ignore the problem may not be able to do so for long; tight labour markets predicted for the years ahead may stimulate many more companies to offer child care as part of their strategy to recruit and retain female employees . . . Adding child care assistance is a strategic decision, and companies make it for the same reason they might choose to offer stock options, profit-sharing plans, or other incentives: a significant payoff exists for the company. They are convinced that child care assistance makes for more loyal, more reliable, and more productive employees . . . You can't take the benefits of child care to the bank. Most of them aren't easily measured. Still, a whopping 95 per cent of the companies responding to a 1984 survey said the benefits of their child care programs outweighed the costs . . . Larry Taylor, Vice President of Taylor Corporation, North Mankato, Minnesota, says: *"We see the benefit in positive employee feedback, parental peace of mind, a more dependable workforce, improvements in recruitment and retention, and higher numbers of women in management. These are things that make it worthwhile for us."*'

Ellen Wojahn in 'Bringing Up Baby: The Myths and Realities of Day Care', *Inc.*, Vol.10, No.11, November 1988.

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even a laundry facility, could be provid-
ed. Such Centres could become the
'extended family' or social focus for a
variety of family members and others in
the community.

Bronfenbrenner (1979) has emphas-
ised the ecological approach to family
support, the importance not only of
family members interdependence on
one another, but of support from other
people (peers) and institutions (schools,
welfare agencies, hospitals) in the
immediate community, and the influ-
ence of wider environmental factors,
such as poverty and unemployment.
Family support is defined as the rela-
tionship between families and the com-
munity at large, provided in the
context of community life and through
links with community resources. Gar-
barino (1987) characterises the 'com-
munity as parent to the family' and
advocates that 'parents and the commu-
nity have joint custody'.

Services should be designed to em-
power individuals to deal with the com-
plexity of contemporary life. Work and
family demands are often conflicting
and the whole of society suffers, eco-
nomically and socially as a result.
Without the buffer of necessary ma-
terial, emotional and practical sup-
ports, we will be unable to change
those disadvantaged and negative pat-
terns which lead to family vulnerability
and breakdown.

Coordination across a range of com-
munity services is necessary — develop-
mental, preventive, educational, and
remedial — to provide families with
the information, the skills, the emo-
tional and practical resources to cope
with the pressures, tensions, ordinary
life cycle transitions or extreme crises
that can occur. In the Institute's view,
prevention of problems through more
extensive family support service pro-
vision is an essential part of any
comprehensive policy aimed at family
wellbeing and a more productive and
vital society.

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