



**INTENSIVE FAMILY-BASED SUPPORT SERVICES FOR
ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN AND
FAMILIES**

A background paper

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EARLY IDENTIFICATION, REFERRAL AND INTENSIVE FAMILY-BASED SUPPORT FOR ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES AT RISK OF CHILD PROTECTION INTERVENTION

1. BACKGROUND

SNAICC is seeking to profile promising practices by Aboriginal and Torres Strait Islander community-controlled agencies that:

- contribute to effective identification, intake and referral systems for families
- provide intensive family-based support / family preservation services
- potentially provide support to facilitate family reunification / restoration where children have been removed.

At the State level, there are several trends in child protection systems that have led to an upsurge of interest in the further development of intensive family support services. Notifications of suspected child abuse and neglect have continued to increase, especially the number and proportion of cases relating to neglect and emotional abuse. High re-notification and re-substantiation rates indicate that many families coming to the attention of child protection services have very complex and chronic needs, with multiple risk factors at the intersection of child protection concerns with other family needs, such as:

- domestic and family violence
- parental mental health problems
- family homelessness and precarious housing
- parental drug and alcohol problems

Alongside this, there are faster rates of infants entering care; children staying longer in care; and ongoing very high levels of overrepresentation of Aboriginal children in child protection and out-of-home care (Tilbury, 2009). The combination of these factors has positioned child protection as a specialised service, with a high threshold for State intervention, highlighting gaps in the service system for 'secondary level' family support.

The need for a balance between tertiary child protection and secondary, community-based services is also desirable so that a notification of suspected child abuse and neglect is not the primary pathway for access to services. This has led governments to direct attention to increasing the capacity of the family support sector, with multi-agency approaches and improved intake mechanisms to well-targeted, evidence-based support services.

At the Commonwealth level, the National Framework for Protecting Australia's Children also emphasises early intensive intervention to assist families, with the first three-year action plan noting priorities in the areas of *Closing the gap* - announcing funding for 35 Indigenous Children and Family Centres and 50 Indigenous Parenting Support Services; and *Joining up service delivery* - refocusing Communities for Children to target the most disadvantaged communities (Department of Families, Housing, Community Services and Indigenous Affairs, 2012).

Across Australia, each jurisdiction's child protection and family support systems have developed differently, so there is not necessarily consistency in policy or practice in the relationship between family support and statutory child protection intervention. There are differences in access and eligibility for different levels of family support, aims and purposes, and whether services are provided by government or non-government providers.

Government financial investment in non-government service providers also varies, including the emphasis placed on funding, supporting and working with community-controlled Aboriginal and Torres Strait Islander agencies to address child and family welfare needs.

This background paper:

- offers an evidence-based working definition of programs aimed at family preservation and family restoration or reunification (“intensive family support”) in the Australian context
- overviews the evidence base and key features of intensive family support programs, services and interventions
- identifies limited Australian evaluation findings
- overviews the features and scope of intensive family support services for Aboriginal and Torres Strait Islander families, based upon program descriptions and definitions used by the New South Wales, Queensland and Victorian governments

2. DEFINITIONS OF INTENSIVE FAMILY SUPPORT

“Intensive family support”, in the context of children’s safety and wellbeing, is usually conceptualised as encompassing intensive interventions with children and their families for either or both of the purposes of keeping families together through “family preservation” or returning children home from out-of-home care through “family reunification”. Thus, the aim of all intensive family support is to improve family functioning to ensure the safe care of children. A number of definitions are available. They encompass the main objective – family preservation or reunification – and refer to various features that distinguish this intervention from other interventions with children and families in a child welfare context. The differences lie in the emphasis placed on component factors and aspects of the research about preservation verses reunification.

The reporting framework in the Child Protection and Support Services chapter of the annual *Report on Government Services (ROGS)* published by the Productivity Commission, includes a definition of intensive family support. Each State and Territory Government reports on the number and characteristics of the children commencing service provision. The *ROGS* definition of intensive family support (Steering Committee for the Review of Government Service Provision, 2012, p.15.5) is:

Specialist services, established in each jurisdiction, that aim to:

- *prevent the imminent separation of children from their primary caregivers as a result of child protection concerns*
- *reunify families where separation has already occurred*

The report asserts that intensive family support is distinct from intake, investigation, out-of-home care and other child protection and family support services that are reported on because they are:

- *funded or established explicitly to prevent the separation of, or to reunify, families*
- *provide a range of services as part of an integrated strategy focusing on improving family functioning and skills, rather than providing a single type of service*
- *intensive in nature, averaging at least four hours of service provision per week for a specified short term period (usually less than six months)*
- *generally receive referrals from a child protection service (ibid, p.15.5)*

The services provided in intensive family support include:

assessment and case planning; parent education and skill development; individual and family counselling; anger management; respite and emergency care; practical and financial support; mediation, brokerage and referral services; and training in problem solving (ibid, p.15.5).

Intensive family support is also defined in the *National Classifications of Community Services* prepared by the Australian Institute for Health and Welfare (2003, p.1). Across the range of community services, the framework offers the basis for consistent classification of the community services in terms of the activities provided to service users and the setting in which the services are delivered. Intensive family support sits within the classification of child protection activities that provide support for children, families and carers. It is defined as:

activities that seek to prevent the separation of families where there are child protection concerns or seek to reunify families where separation has already occurred. Activities focus on improving family functioning and are generally intensive and short term in nature (ibid, p.49).

A review of the literature on family preservation undertaken by the then NSW Department of Community Services found no clear definition of the term and drew on the US National Family Preservation Network to conclude that the services are short term, intensive, in-home services to build family skills and knowledge following a crisis. Interventions are aimed at improving children's safety and family functioning to prevent removal (Tully, 2008, p.iii).

Program descriptions and definitions used by the New South Wales, Queensland and Victorian governments variously incorporate the main features of the *ROGS* and *AIHW* definitions. The New South Wales model, for example, relies heavily on the Homebuilders model developed in the United States to respond to a family crisis and support family preservation. It therefore stresses more of the identified components of a family preservation model. The three jurisdiction's definitions are outlined in section 4 - Features and scope of intensive family support services (below).

As indicated above, *ROGS* includes the number of children commencing intensive family support each year. Table 1 shows the number of Indigenous and non-Indigenous children commencing services in 2009/10. The most recent reported data (i.e. 2010/11) were not used as Victoria did not report. These data nevertheless give an indication of the extent to which services, albeit mainstream and community-controlled, support Indigenous children and families in family preservation and reunification.

Table 1: Number of children commencing intensive family support in New South Wales, Queensland and Victoria in 2009/10 (SCRGSP, 2012)

	NSW *	Qld	Vic
Indigenous children	1812	1012	362
Indigenous children as a percentage of children whose Indigenous status was reported	27.3%	37%	12.7%
Non-Indigenous children	4836	1720	2483
Unknown	17	213	2131
All children	6665	2945	4976

* NSW data do not include Intensive Family Based Support centres delivered by the Department

Based on the evidence discussed below in respect to family preservation and reunification services and to meet SNAICC’s purposes of gathering in depth knowledge about community-controlled intensive family support services to Aboriginal and Torres Strait Islander children and families, the following is proposed as a working definition of “intensive family support”:

Services or programs for families in which there are identified child protection concerns, whose primary goal is to improve family functioning, skills and relationships in order to prevent the child’s imminent removal from the family home or to reunify the family where the child has been placed in out of home care. Services work with the family intensively over the period of time it takes to achieve family preservation or reunification goals. Where preservation is the goal, work is primarily within the family home and community. A mix of concrete/practical and clinical/therapeutic services is available to meet assessed child and family needs.

3. EVIDENCE BASE FOR INTENSIVE FAMILY SUPPORT

Intensive family support is one component of a broader child and family welfare system. Research over the last two decades has been critical in pointing out the need to deal more effectively with large numbers of reports about child abuse and neglect, the need to engage more productively with families, and the limitations of relying on out-of-home care.

The solutions proposed involve better-tailored responses to help maltreating families. Intensive family support operates at the secondary tier of primary-secondary-tertiary continuum of services to at risk families. Secondary services or ‘targeted’ family support services have a child protection focus – they aim to improve family functioning to ensure the care, safety and wellbeing of children. The theoretical foundations of family support are based on:

- an understanding of the social causes of child maltreatment and family stress
- knowledge about child development, trauma, resilience, and attachment
- ideas about participation, self-determination and self help
- systems theory or ‘ecological’ approaches to work with families (Faver et al., 1999)

There are also elements of crisis intervention theory evident in intensive family support, as the aim is to respond quickly when families may be open and responsive to assistance and new ways of operating in order to avert a crisis (eg. possible child removal).

Rigorous evaluations of intensive family support conducted in the US have been hampered by a lack of specificity in program design and targeting. Because of the difficulties of defining and assessing ‘imminent risk of placement’ services may be provided to families

with different levels of need, and this confounds evaluating how effective services have been in meeting needs. Determining ‘success’ has also been difficult, as program goals have shifted from ‘preventing placement’ to ‘improving family functioning’. Nevertheless, through evaluative and other studies of family support, a body of knowledge has developed about the design and characteristics of quality family support programs that increase the likelihood of successful outcomes. The following five elements of effective intensive family support have been identified from the research literature.

1. Services must be purposive, planned and matched to need

Services must be goal oriented and planned with a sound theory of change. They should be carefully targeted and individually tailored to specific nature and source of family difficulties. The ‘scattergun’ approach of plugging in whatever service is available in the hope that something will work is ineffective (Faver et al., 1999). Parents are most positive about family support when the goals are specific and have been well communicated (Gardner, 2003). Assessments must be comprehensive to find out the level and nature of family functioning and child development (Tully, 2008, p.iv) as well as safety and risk assessments. Specialised assessments, for example around substance use, mental health or domestic violence, may also be necessary. The case plan must link assessments and interventions, such that services are tailored to the families’ assessed needs (Tully, 2008, p.iv).

Case management is needed for setting, implementing and monitoring case goals as well as to coordinate service delivery and ensure follow up and coordination of services where referral is necessary eg drug and alcohol issues (Durlak, 1998). Working collaboratively (if necessary through agreed protocols and information sharing agreements) assists clients to access other services. Linking families to other services allows a multi-disciplined coordinated approach to service delivery which tackles layers of issues facing families at risk.

2. Relationship-based

Workers should strive to develop a structured helping alliance with family members, with the worker’s role being more therapeutic than brokerage (Tanner & Turney, 2003). Staff must be able to understand and respond to complex needs, especially when families may not be open about their difficulties. Because relationships are vital to service delivery, interventions should be delivered by appropriately trained, research-informed and skilled staff, backed up by good management and supervision (Miller, 2006). Limited worker caseloads enhance capacity to develop accessible services (Miller, 2006); the Homebuilders model is two to four families at a time. Value has also been identified in the same worker attending to the family over the period of their involvement (Tully, 2008).

3. Tangible and non-tangible forms of assistance

A mix of practical, educational, therapeutic and enabling services is suggested (Berry, 1992; Faver et al., 1999; Tully, 2008; Ryan & Scheurman, 2004):

- Practical (or concrete) services address a specific practical need in the family such as transport to medical appointments; establishing daily routines related to sleep, meals or getting to school; family recreation; homework support; and respite care;
- Educational services include information and advice, parenting skills, budgeting and household skills development;
- Clinical or therapeutic services include casework, counselling, emotional support, family mediation, anger management, development of social supports, and interventions to solve a personal or family challenge; and

- Enabling (or advocacy) services link the family to other supports via referral and advocacy (eg. assist with access to housing, child care, emergency relief payments, rental assistance, children's education, legal services, and if needed, specialist services).

For intensive family support services, home visiting must be a part of the service (Miller, 2006) as challenges occur due to family living conditions and habits. Intensive work which teaches changes in responses and models safe parenting needs to engage in the location of the family life. However, it is essential that individual program components – such as home visiting, parenting skills programs and counselling - are also evidence-based.

4. Adequate dose and duration

Getting the treatment 'dosage' correct is important, because under-intervention is likely to be a waste of resources. However, there are no clear-cut answers to service intensity and duration. Services need to be tailored to the degree of risk to the child (or the amount of need in the family). Therefore an assessment is required about whether families have a short-term crisis or a long-term problem, and single issue or multiple problems (Faver et al., 1999).

Interventions of longer duration, with follow-up or 'booster' sessions for problems of greater severity are required for high-risk families and especially in neglect cases. Long standing relationship problems are harder to resolve and parents are likely to opt in and out of support over longer periods (Tunstall & Aldgate in Gardner, 2003). Longer term intervention can be both purposeful and focused if based on a good case plan and regular reviews of whether expected client change has been achieved.

Short, low-level interventions are suitable for delivering factual information and some 'simple' behaviour change. Family preservation models (around four months, high intensity services available seven days/week) have been more successful with physical abuse than with neglect which, due to its chronic nature, is not amenable to short duration services (Berry, 1992). For some families, their needs might warrant support for at least a year (Miller, 2006; Bagdasaryan, 2005).

Flexibility and responsiveness of services applies also to matching session lengths and appointment times to the family's circumstances, as well as workers and supports being available in the evenings and on weekends (Tully, 2008, p.6). As case closure approaches with the intensive support services, clients transition to less intensive, more generalist services and follow-up services (Tully, 2008). Some intensive family support services provide a post-intervention support service, providing a 'step-down' level of support continuing after the short-term intensive intervention is completed.

The US Homebuilder Model which is focused on family preservation asserts the criticality of a short timeframe (i.e. within 24 hours) between referral (i.e. the crisis precipitating statutory attention) and contact by the service.

5. Engagement and participation

As indicated in the various definitions of intensive family support, the two outcomes for children and families of "intensive family support" are family preservation and family reunification or restoration. As these outcomes are tied to decisions of the statutory child protection agency, eligibility for services is families whose children are at risk of imminent removal from the family home or where the child is placed in out-of-home care and the case

plan goal is family reunification or restoration. Because the services subject to this background paper are delivered by non-government agencies, a family's participation is voluntary. This is important to avoid the stigma that clients may attach to statutory child protection. However, attention should still be paid to factors for getting, keeping and engaging families (Moran et al. 2004). Most research is based on completers – not non-starters or dropouts – and poor retention rates are a challenge in most prevention efforts (Girvin et al., 2007).

Particular measures are needed to ensure equitable access and 'cultural competence' for Aboriginal and Torres Strait Islander and culturally and linguistically diverse families. Recent research has called attention to the need for more meaningful engagement with Indigenous perspectives within social work and human services (for example, Bennett et al, 2011; Long & Sephton, 2011).

Engagement is a two way process, demanding worker skill and persistence – it is not just up to the client to be 'motivated'. What matters most is the match between client need and services provided – if clients perceive the service is helpful, they will stay engaged (Girvin et al., 2007). Services are also more relevant to clients if they have participated in assessment and goal setting (Tully, 2008, p.6). When working toward family preservation, parents appreciate interactive assessment and goal setting, a component of the Homebuilders Model (Tully, 2008, p.6).

4. FEATURES AND SCOPE OF INTENSIVE FAMILY SUPPORT SERVICES FOR ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES IN NEW SOUTH WALES, QUEENSLAND AND VICTORIA

New South Wales

The Intensive Family Based Services (IFBS) program began in 1994 and offers intensive, time-limited, home-based support for Aboriginal families in crisis where children are at risk of entering out-of-home care, or are currently in care and a restoration plan is in place. The program reflects key features of the US Homebuilders model in that:

- it is delivered in the home
- it is intensive
- caseworkers are available 24/7
- it is time-limited to 12 weeks (in contrast to the Homebuilders model of 4 – 6 weeks)
- a mix of concrete and clinical services is provided
- low caseloads for workers (Leahy et al., 2008)

Services work intensively over a short period of time (up to three months) with families referred by Community Services Centres. IFBS is offered where "an assessment is made that there is a reasonable prospect of improvement within the family with the right kind of targeted support." The primary focus of the service is the safety, welfare and well being of the child and/or young person. IFBS caseworkers work with families to improve life skills, parenting capacities, coping abilities and problem solving. Families are also linked up with appropriate community and service supports both during and after the intervention.

The program is viewed as part of the second highest level of early intervention services designed to work with children and their families to improve family functioning and prevent entries into out-of-home care. The effectiveness of the services is measured by subsequent abuse and neglect, child's placement in out-of-home care, and child and family functioning.

The program was evaluated in 2008 when there were six Aboriginal community organisations funded under IFBS. Positive results were found in relation to reduced child protection reports (both 6 and 12 months post-intervention), including for families where parents experienced drug and alcohol and mental health problems; and better reunification rates. The evaluation found that the program benefits outweighed costs by a ratio of 1:9. The evaluation suggested that (1) enhanced referral processes and (2) post-intervention support should be considered to enhance program delivery (Leahy et al., 2008).

As part of ongoing responses to the Wood Inquiry findings, AbSec, in partnership with the Department, is piloting four new Aboriginal IFBS. The services are in addition to six previously funded services in other locations across New South Wales. Services are delivered by community-controlled agencies so services are culturally appropriate and to build the capacity of non-government organisations. The location of services is based on data and service mapping, as it is important to determine locations where there is organisational capacity and the statutory agency is able to provide support.

Queensland

In published materials, the Queensland Government uses the term “family intervention service” (FIS) to refer to services funded to provide intensive family support in a child protection context for the purposes of family preservation (“under ongoing departmental intervention and monitoring”) or reunification (where this is the case plan goal and “in the child’s best interests”). From late 2010, the Department commenced funding “Helping Out Families” (HOF) services in three locations in the south-east corner. These services are expected, as with FIS, to work with Aboriginal and Torres Strait Islander children and families referred to the programs, but none of them are Aboriginal community-controlled agencies. FIS and HOF services are expected to increase the protective factors for the family and child, and improve attachment between the child and parent - parents develop improved knowledge, caring and parenting skills and / or the child feels and experiences greater security and stability (i.e. there are no safety concerns). A mix of concrete and practical services is available, with a focus on practical skills development with supports provided in-home. Services also undertake individual and family counselling and make referrals for families to specialist services, when required.

The stated expectation when working with Aboriginal and Torres Strait Islander families is to “address the personal, cultural and spiritual wellbeing of Aboriginal and Torres Strait Islander children and their parents / family members within appropriate cultural models of support” (Department of Communities, 2009, p.4). Aboriginal and Torres Strait Islander community agencies, providing interventions delivered by Aboriginal and Torres Strait Islander case workers, are considered to provide the most culturally appropriate services.

Funding applications for services particularly targeted to Aboriginal and Torres Strait Islander children and families have been funded in one of two ways. The first is through general FIS funding rounds and the second was through the establishment of the “Aboriginal Family Support Program” (FSS) in 2009/10. The stated function of services funded through the FSS was a mix of family support (early intervention) (75%) and FIS (25%). Funding to agencies through the Family Support Program was based on the number of Aboriginal and Torres Strait Islander children in care and each successful agency is expected to provide coverage to children and families across the geographic hub for which they receive funding. Eleven hubs were set out in the funding information paper.

The stated purpose of the FSS program is to provide “support services to Aboriginal and Torres Strait Islander children and families where the principal purpose of intervention is to assist families (specifically parents) in the practical care needs of their child including family reunification and family preservation outcomes; and support is provided that prevents any likelihood of the child entering or re-entering the child protection system (Department of Communities, 2010, p.14).

All intensive family support programs are targeted to families and children (unborn to 18 years) subject to ongoing statutory child protection intervention and the child is living in the family home or is placed in out-of-home care and the goal is reunification within 12 months. Referrals are made by the Department, with limited scope for self-referral or referral by a ‘Recognised Entity’ (community-controlled agency funded to participate in departmental decision-making about Indigenous children). The intensity of services is described as thorough, to meet the prioritised and most critical needs of the family, and offering support to a family or parent regularly, over a period of three to 12 months, which can be extended (Department of Communities, 2009, p.7).

Performance measures associated with the Aboriginal Family Support Program are:

1. an increase in the attachment of a child parent/family, and improvement in the skills of a parent
2. services are coordinated to facilitate improvement in the safety, physical, emotional and social wellbeing of the child, parent and family
3. demonstrated progress has been made to reduce risk of harm to the child and improve the safety of the child thereby reducing the likelihood of the child re-entering or having contact with the child protection system
4. interaction between the child and parent during supervised contact is assessed and information and observations reported to Child Safety to inform family reunification assessment by Child Safety

Victoria

As part of Child FIRST, child protection reforms from 2006-07 implemented a cross-sector, intake and referral system for Integrated Family Services at a sub-regional level - Child and Family Services Alliances. Aimed at enabling earlier intervention and diversion from the statutory system, the reforms changed the way that statutory and non-statutory services for all at-risk children and families were received and assessed. Aboriginal Community Controlled Organisations are partners in each Alliance with government and other non-government agencies.

Findings, in regard to Aboriginal children and families, from an evaluation for the Department of Human Services (KPMG, 2011) on the progress of Integrated Family Services included that:

- partnerships between Community Controlled Organisations and mainstream agencies were generally good, particularly where participation was relevant and achievable for the Aboriginal agency
- in some areas, Aboriginal agencies lacked the capacity to participate
- Community Controlled agencies provided secondary advice to mainstream agencies which was believed to enable greater choice in service providers for families
- referrals had increased and more families were receiving services
- there are opportunities to share and disseminate good practice in working with Aboriginal organisations, children and families.

Specifically in regard to family preservation and restoration services, the following was gathered from a factsheet (Department of Human Services, 2007) on Department's website.

Aboriginal Family Preservation Program

Aboriginal Family Preservation programs were first established in five Victorian communities between 1998 and 2000, with one new program established in 2007. The program gives intensive support over a short period of time to either prevent the need for children to be placed away from home or enable children to return home.

Aboriginal Family Restoration Programs

Aboriginal Family Restoration programs provide intensive support while offering the additional benefits of a residential based program for the whole family. Three Aboriginal Family Restoration programs commenced in 2006/07, one of which continues as an integrated family preservation and restoration model.

Working with Aboriginal children and families: The safety, stability, development and wellbeing of Aboriginal children within their family, is the focus of the program's involvement.

The programs are accessed through Child FIRST, which means there are multiple entry points through the local alliance that consists of the local family service providers and child protection service. Aboriginal community-controlled agencies operate in 18 of the State's 24 catchment areas.

Table 2 sets out a comparison of the main features, where identified in a preliminary examination of the program descriptions, of the programs described above in New South Wales, Queensland and Victoria.

Table 2: Comparison of intensive family support programs for Aboriginal and Torres Strait Islander families in New South Wales, Queensland and Victoria

	New South Wales	Queensland	Victoria
Preservation – prevent unnecessary placement/ imminent risk of placement	✓	✓	✓
Reunification – prevent unnecessarily long separation	✓ (Where restoration is a case plan goal)	✓ (Where reunification is a case plan goal)	✓
Prevent re-entry to child protection system	n/a	✓	n/a
Target group	Children and their families and their families, living with family or in OOHC	Children (unborn to 18 years) and their families, at risk of entry to OOHC or in OOHC where reunification is the case plan goal	Children and their families and their families, living with family or in OOHC

Referral through statutory agency	✓	✓	Child FIRST
Self-referral	no	Very limited	no
Primary focus	Improve life skills, parenting capacities, coping abilities and problem solving	Improve family functioning, build practical skills	n/a
Duration	Up to 16 weeks	3 to 12 months, but can be extended	Up to 12 weeks
Immediate response to referral	n/a	n/a	n/a
Services are available out of hours	✓	Not usually	✓
Intensity of service provision - Caseload of 2 to 4 families per caseworker	2 families per caseworker	n/a	n/a
Participation is voluntary	✓	✓	✓
Family residential	No	No	✓
Work with extended family members	n/a	✓	✓
Services also directly provided by the statutory agency	✓	No	No
Organisational support - Staff skills, training, qualifications and supervision	✓	Stated in funding guidelines and through service standards	Stated in service standards
Mix of services provided – practical and therapeutic	✓	✓	n/a
Stated priority that services are delivered by community-controlled agencies	✓	Yes, but not if a suitable organisation is not identified	Yes, within the Indigenous Policy Framework
Client outcomes are monitored and reported	n/a	✓	✓
Has the program/s been evaluated?	Yes, in 2008 leading to some changes	No	No

5. EVALUATION OF INTENSIVE FAMILY SUPPORT SERVICES

An evaluation was undertaken by the New South Wales Department of Community Services in 2008 of the Intensive Family Based Service (IFBS) for Aboriginal families. This is the only evaluation of intensive family services in Australia that has been located. Results of the evaluation were positive (see section 4). This evaluation is highly relevant to this project, as the service design was evidence-based (drawing from Homebuilders) and the services were provided specifically for Aboriginal families.

An AbSec presentation on what worked and the lessons learnt asserts that Aboriginal families respond well to and better with Aboriginal service providers, are more willing to engage, and that “the cultural connection with Aboriginal workers and families is forming strong bonds and trust.” The benefits to families also outweigh the financial costs.

AbSec states that IFBS for Aboriginal families:

- keeps Aboriginal children safe at home with their families and in their own communities
- provides intensive supports that regular caseworkers are unable to provide
- assists in reducing disproportionate representation of Indigenous children in out-of-home care.

The positive findings from the NSW evaluation are consistent with a meta-evaluation of intensive family preservation programs that adhere strictly to the Homebuilders model (Washington State Institute for Public Policy, 2006). This study found that only family preservation programs with fidelity to Homebuilders significantly reduced out-of-home placements and subsequent abuse and neglect. This evaluation did not have a focus on services to Indigenous families.

But overall, evaluation findings are not wholly positive. The US Department of Health and Human Services evaluation of Family Preservation and Reunification Programs (US DHHS 2002), studied four local programs providing services intended to improve family functioning and reduce unnecessary foster care placements. This experimental-design evaluation examined outcomes of sites that each used the Homebuilders model, although fidelity was not assessed. One year after program entry, findings included: (1) families served experienced a range of problems; (2) participating families received a wider and deeper array of services; (3) foster care placement was not reduced; (4) child safety was maintained; (5) family functioning did not generally improve; (6) all subgroups experienced similar outcomes; (7) families thought their lives had improved.

Ryan and Schuerman (2004) suggest the next step in evaluation of family preservation/reunification services is to disentangle the sub-groups of families who access services, and to examine more closely the component parts of service delivery to ascertain which parts may be more effective than others, particularly whether (1) service dose is sufficient, (2) services are adequately matched to need, and (3) component parts are evidence-based.

6. CONCLUSION

The common features of intensive family support programs are: (1) services are available to families with a child either at imminent risk of placement or being considered for return home from care (2) service duration is brief and but services are intensive in nature; (3) caseworkers are responsible for a limited number of families; (4) the majority of services are provided in the family home; and (5) a mix of therapeutic and practical services are provided. The main differences between programs relate to targeting of client populations, the caseloads of individual workers, the intensity of services, and the duration of services.

It is essential to ensure that firstly, the design and delivery of intensive family support services conforms to the evidence base that is available, and secondly, that services are rigorously evaluated to assess their applicability and effectiveness in the Australian context. Because the over-representation of Aboriginal and Torres Strait Islander children and families is such a significant feature of the child protection system, and remains a major challenge for policy and practice, taking account of the particular needs of Aboriginal and Torres Strait Islander families is critical.

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