



**EARLY-INTERVENTION SUPPORT
AND VULNERABLE FAMILIES
AND WHĀNAU**

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Families and whānau need different levels and intensity of intervention or support at different times as their circumstances change. Their needs are likely to increase at transition points in their lives, and may be met by community-based, universal, targeted or intensive remedial services.

The most vulnerable families and whānau are diverse and may need more than one form of service provision and support.¹ Many have chronic, mutating difficulties, demanding different forms of input at different times. Though the families and whānau may appear chaotic, some will have adapted to function outside the accepted norms of behaviour. They may, intentionally or unintentionally, appear to play organisations off against each other.

Vulnerable families and whānau often experience problems that can reduce their capacity to function effectively. These problems can include substance abuse, criminal behaviour, accommodation difficulties, poverty, unemployment, mental health problems, violence, neglect and abuse, and poor education. Individual family members may also experience learning difficulties, personality disorders or psychiatric problems (such as alcohol or drug abuse, schizophrenia or severe depression), or they may have experienced abuse in their own childhood. Many of these issues will be intergenerational and occur across various parts or 'branches' of the family.

Risk factors have a multiplying or cumulative effect. Any single risk factor makes a relatively modest contribution to individual risk. Exposure to one or two risk factors, unless they are extreme, is unlikely to have a negative impact on a child's development. Having four or more risk factors, however, can lead to a tenfold increase in the probability of poor outcomes for children in childhood and later in life, irrespective of their cause.² Such factors include stress, ill health, drug abuse, mental health problems, poverty, lack of social support and poor housing.³

Who are the vulnerable families and whānau?

Evidence suggests that the percentage of vulnerable families and whānau in New Zealand has grown over time, from around 5 percent of the population to as high as 15 percent.⁴ Vulnerable families and whānau can be classified as:

- The 'invisible'

The overlooked, or those unable to articulate their needs. This includes those caring for others, those with mental health problems, socially isolated parents, homeless families and families with needs below the threshold.

¹ Barrett (2008).

² Jacobsen et al (2002).

³ MSD/FACS literature Review (2005) (unpublished).

⁴ For example, *The Social Report 2009* (Ministry of Social Development, 2009) notes that the proportion of children in households with low incomes increased between 2007 and 2008, from 16 percent to 20 percent, reflecting increased housing costs for families.

- The 'under-represented'

Traditionally, the marginalised, disadvantaged or socially excluded. This can include minority ethnic groups, prisoners, parents of disabled children, parents with disabilities, homeless families, refugees and asylum-seekers.

- The 'service-resistant'

This includes those unwilling to engage with service providers, the suspicious, the over-targeted or disaffected: families 'known' to social services agencies, those who are wary of engaging with providers or others who are distrustful and potentially hostile to service providers.

- Families and whānau who do not access services

This includes families who live in areas where services are either not available or not easily accessible; there may simply not be enough services to meet their needs, or they may not come to the attention of the services that typically provide onward referrals. Some move from place to place, often because they are engaged in seasonal work or have high levels of debt; they may not have access to public transport or to transport of their own, or the cost of petrol may limit their travel. They may have a family member in prison.

Programme engagement and retention

Vulnerable families and whānau are less likely than others to take up services on offer and are more likely to drop out. Estimates of drop-out rates from therapeutic services range from 35 percent to 70 percent. Rates are higher among families and whānau receiving mandatory services. Even with voluntary services, such as the Hawaii Healthy Start home visiting programme, around 10 to 25 percent of families chose not to take part, and between 20 and 67 percent left before the end of the programme:⁵

Relationships are crucial to successful engagement with the most vulnerable families. Providers need to build trusted relationships with families and develop ground rules for long-term family success (confidentiality, honesty, respect for differences, parent empowerment and a collaborative approach, for example).

The caseworker or home visitor is often the key to successful 'bridging'. Their ultimate aim is to bring families and whānau to a point where they access integrated targeted or universal services themselves before crises escalate, without any sense of shame or stigma, but this may take some time.

Services delivered from a community base such as a health centre, community centre or community social service can be successful in building these relationships. Many of these providers are well linked to other services. When the time is right, families may be referred to more intensive programmes. Health providers, language nests, craft and cooking classes and marae-based services could provide good opportunities for entry points. Community staff with the appropriate skill base can set up an environment that is safe and inclusive for vulnerable families. They are likely to have language skills and cultural knowledge, and use strategies that are appropriate to the community.⁶ The New Zealand Te Aroha Noa programme, for example, sees parents as expert and competent, and expects them to have

⁵ Watson (2005).

⁶ Cortis, Katz, and Patulny (2009).

an ongoing and significant involvement with the centre where the programme is based. A review found that:

Te Aroha Noa blends the core components of highly effective early learning and parent-support programmes with culturally and socially responsive management practices that make it relatively easy for parents to become highly engaged in the programme.⁷

Follow-up is important; so is maintaining contact once a relationship has been established. It may also be appropriate to accept that the time may not be right and let parents know that this does not mean they have failed. They can always try again later, or try something else as long as there are clearly established possibilities for re-engagement.

Explanations for poor engagement can be grouped into three categories: demographic and socio-economic factors; personal beliefs; and family dysfunction and the severity of the child's dysfunction.

Demographic and socio-economic factors

Participants who do not complete programmes tend to be significantly younger, come from a lower socio-economic group, have less social support, have more life stress, be significantly less educated, be depressed and have higher levels of parental dysfunction. Teenagers are more likely to drop out from parenting programmes than older parents. Mothers who report greater stress from their relations with their child and life events are also likely to drop out.

Personal beliefs

Behavioural beliefs can influence willingness to take part in a programme. In one study, those who intended to take part believed that their relationship with their children would improve if they did; those who did not plan to take part were more likely to focus on the 'costs', such as feeling embarrassed or being exposed to a restricted parenting approach. Intenders were also more likely to report that friends and peers, their spouse or partner and their own children, or their extended family thought they should take part.

The availability of a particular intervention is not sufficient to ensure it is taken up by programme participants. Participants need to value the intervention and believe that it will be of benefit before they will commit themselves. The New Chance programme in the United States provides a good example.⁸ The programme design included classes in parenting and life skills, each for two hours per week. An evaluation found that approximately one-third of mothers never attended any New Chance parenting classes and the actual services received by the other two-thirds fell far short of the intended amount. A high dropout rate was part of the problem but absence rates were also high, with many participants reporting that they did not need parenting classes.

Parents' engagement can be affected by personal motivation or the attitudes of other family members. A report on a small intensive group programme in Scotland for families with 'fairly severe' parenting difficulties, including child protection issues, found significant improvements in the mothers' mental states, the children's behaviour and observed mother-child interaction.⁹ Not all mothers benefited from the programme, however. A key factor appeared to be their willingness to invest emotional energy in the group and the child. A year

⁷ Munford, Sanders, Maden, and Maden (2007).

⁸ Reichman and McLanahan (2001).

⁹ Statham (2000).

later, mothers who had benefited were significantly more likely than controls to have maintained that improvement, but not where their partners had been hostile to their involvement in the group, highlighting the importance of engaging other family members in the programme.

Almost all programmes provide services to a mother and one child, usually the first-born.¹⁰ Very few family support initiatives at the early-life stage have made serious attempts to engage with men, and there is little evidence of their impact on fathers or father figures. Evidence is also emerging from the relationship literature that parenting skills' enhancement may depend on improvements in couples' relationships or may lead to adverse consequences if the nature of couple interactions is neglected. Meeting the needs of other adults in the family as well as older or younger children can be costly and demanding. On the other hand, bringing fathers or other significant adults in the household into the programme can result in improved family participation and support for the programme's goals.

Severity of child's dysfunction

Aspects of family and child dysfunction that are typically associated with poor engagement include depression, family violence, high family stress, isolation, personality disorders and psychiatric problems such as alcohol or drug abuse, schizophrenia and depression. Other factors may be a mother's perception of her child's behaviour as problematic, poor interpersonal parental relations and harsh childrearing practices.¹¹

In some cases, recipients do not understand why they are engaged in particular early-intervention services or what the relationship is between the activity and child outcomes. A study of a home visiting programme found little evidence of accord between providers and parents regarding either family needs or the services being delivered.¹² While parents expressed some need for personal and family-level services, they had a much stronger desire for services related to the wellbeing of their children. Professionals promoted personal and family-level services as being equally as important as child-level services. Service providers and parents did not share a common language for describing services or a common vision of the ideal activities for an early-intervention programme.

Programmes that have attempted to work with these groups all stress the importance of having a suitable outreach worker, who may be a community member from a hard-to-reach group; enough time to establish rapport and achieve results (in one case, 18 months was considered too short); adequate stable funding; and networks and partnerships to help determine needs, find and reach clients, build capacity and ensure continuity.¹³

Identifying and assessing families and whānau

In New Zealand, vulnerable families and whānau are often identified through:

- applications for welfare support
- notifications to Child, Youth and Family
- referrals through health, justice or education services
- referrals and self-referrals to iwi social services and community agencies
- identification by iwi and community agencies, with or without an approach from a family.

¹⁰ Gray (2003).

¹¹ Assemany and McIntosh (2002).

¹² Filer and Mahoney (1996).

¹³ The Communities for Children programme in Australia is an example, as is Whānau Toko I Te Ora in New Zealand.

Interventions in the United Kingdom have used outreach and community activities to identify more vulnerable families, or accessed them through other agencies and then assessed their needs away from the site of service delivery.¹⁴ Undertaking assessment through community work allowed agencies to disguise assessment in the course of general activities and remove any stigma that might be attached to the exercise. Voluntary sector professionals were reluctant to use certain structured assessment tools for hard-to-reach groups. While generic procedures (such as those used in health assessments) were considered acceptable, many formal assessment tools, such as diagnostics or 'pen-and-paper' exercises, were seen as alienating, particularly to those with negative experiences of school or service provision. According to one professional, such methods are stigmatising and run the risk of misdiagnosis. In consequence, service providers often set aside professional assessment until needs had been discussed directly with the clients.

Professionals asked about factors influencing their definition of vulnerable families referred to:

- physical or social isolation of the client or client group
- aspects of the client's behaviour
- population characteristics associated with the individual or group
- client or group needs (perceived or actual)
- whether the individual or group has had a negative experience of services in the past
- whether service information is accessible to the group (in an appropriate language, for example)
- whether the targeting strategies used are effective in identifying and engaging the client group.

These factors influenced thinking about service provision. For example, where the definition was based on a particular characteristic, such as ethnic composition, services tended to be delivered, or planned, on the basis of these characteristics, rather than on the individual needs of population members. Where the definition was linked to physical isolation, the development of additional services focused on accessibility rather than on clients' needs.

Service delivery

Access to universal services, such as Well Child/Tamariki Ora services in New Zealand, removes the stigma attached to service provision and allows for screening and identification of families with additional needs.

Programme design can present challenges to engaging vulnerable families and whānau; flexibility and adaptability are imperative. Cultural assumptions underpinning programmes are a challenge, since basic concepts like 'parenting' may differ between cultural groups. Direct methods of training may not be universally effective and knowledge needs to be appropriate to specific community priorities.

Group-based parent education programmes are generally recommended, but evidence also suggests that individual-based programmes can be more effective where the needs of the family are too complicated to be addressed in group interventions, or where there are particular difficulties engaging with the parents.¹⁵

¹⁴ On Track is an evidence-based preventative programme in the United Kingdom, which aims to reduce and prevent crime by targeting early interventions (in terms of the problem and age of the child).

¹⁵ Gibbs, Underdown, Stevens, Newbery, and Liabo (2003).

Parent education or training is least effective for economically disadvantaged families. These families benefit significantly from parent training delivered individually compared to group-based training programmes. The need to get the mixture of people and the dynamic right can make it difficult to get the cohesion necessary for effective engagement in group work.

Providing only 'evidence-based' parenting programmes may deter engagement for some of the families with the most complex and varied needs. Because service providers need to work from the clients' level, extra staff and service time may be required to reach and engage clients who are extremely disconnected or in complex circumstances. Some very basic material and emotional needs may have to be met before parenting support interventions are deemed possible. This degree of flexibility is not always possible within a more structured evidence-based programme.¹⁶

Service outcomes

Some reviews suggest that providers need to be realistic about the types of changes they expect the most vulnerable parents to make as a result of supportive services.¹⁹

Understanding the long-term harmful consequences of physical punishment and verbal abuse does not necessarily mean that families will stop using these behaviours.

One review found that services offered at least once a week yielded the greatest long-term benefits for participants – those who received the most frequent services continued to show a decrease in verbal abuse and the potential for child abuse. Peer-referred parents often joined the programme to be with their friends and to enjoy the social aspects rather than work on their parenting. Some group-based services anticipated this in the belief that addressing the social isolation of parents would encourage them to remain involved in the programme.

Some reviews suggest that parent education programmes work better for parents with older children than for those with pre-school children. This is because it is easier for older children to respond to the verbal communication methods promoted in the programme. Parents of children who display especially challenging behaviour or who are conduct-disordered at the start of interventions generally report less of an impact.¹⁷ The literature suggests that successful programmes for this group need qualified therapists and longer and more intensive intervention than a 'standard' programme.¹⁸

Strategies for working with vulnerable families

A woman was referred to our team by someone else in the community ... it's about having the right workers who could create the relationships. We had a young Māori social worker who could form a relationship with this young Māori mother, and forming that trust relationship was the critical factor – so it took something like a couple of months of actually just visiting that woman and seeing her in her garden – having cups of tea on the back step – before she was finally invited inside the house. And that in fact was the critical factor. Inside the house was all the evidence of her lifestyle and of the risk to her children – and so at that point it was like she was saying I know something's got to change here – you can see what my life is. And then we were able to link that person and her kids to various specific things like the HIPPY

¹⁶ Cortis et al (2009).

¹⁷ Moran, Ghate, and van der Merwe (2004).

¹⁸ Utting (2003).

*programme for the preschooler – a parenting-outcome education programme, alcohol and drug counselling – all those things.*¹⁹

Programme providers have tried a number of strategies to attract and retain participants from vulnerable families, with varying degrees of success:

- investing persistent effort in the early stages of referral and attendance (including telephone ‘recruitment’ calls and reminders by phone or letter)
- providing one-to-one contact before, during and after services to encourage parents to keep attending
- the facilitator meeting with the family at a pre-group home visit to discuss and explain the purpose of the group and related issues
- arranging a visit to the venue if parents are unfamiliar with the building
- encouraging another group member to contact the parent
- providing transport for those who require it
- rewarding regular attendance (with certificates and qualifications, for example)
- providing access to useful or fun activities not necessarily related to parenting
- advocacy for participants in their personal issues, such as help with accommodation problems
- the provision of additional components, such as a drug segment for their participants
- provision of incentives for uptake and engagement of the service that are meaningful to clients within their culture, context or situation.

Principles of providing services for vulnerable families and whānau

Evidence suggests that the following principles underpin the provision of services for vulnerable families and whānau.²³

Improving engagement when working with the most vulnerable families and whānau	
Components	Why
Involving the family and whānau	<ul style="list-style-type: none"> • Listening to families about what services they really want; looking for ways to involve them in the development and implementation of services. • Helps ensure the programme addresses actual and not just perceived need. • Builds confidence and skills, and reduces the stigma and negative association of accessing the service.

¹⁹ New Zealand Council of Christian Social Services (2009).



<p>Importance of relationship-building</p>	<ul style="list-style-type: none"> • Relationships are crucial to successful engagement with the most vulnerable. • Relationship-building takes time. • Relationships build essential ground rules for long-term family success: confidentiality, honesty, respect for differences, parental empowerment and a collaborative approach. • Outreach work in family homes or other locations will build and maintain trusting relationships.
<p>Looking at the wider picture of what the family needs</p>	<ul style="list-style-type: none"> • The most vulnerable families often have multiple needs; some can be addressed immediately (eg, housing), others may require longer service provision (eg, mental illness).
<p>Cultural appropriateness</p>	<ul style="list-style-type: none"> • Programmes need to be culturally appropriate in both content and delivery. • Programmes 'borrowed' from overseas need to be reviewed by representatives of the cultural groups with whom they are to be used. They may need to be adapted or a new programme designed from scratch. Kaupapa Māori programmes will be an option for Māori.
<p>Skilled staff and secure organisational status</p>	<ul style="list-style-type: none"> • Having staff who are skilled, diverse, flexible and reflective of the make-up of the community helps build trust. • Ensuring services have good organisational practice, supervision and access to training maintains quality, including follow-up assessments to identify any new problems.
<p>Inappropriateness of 'one-size-fits-all' assumption</p>	<ul style="list-style-type: none"> • Creating flexible services that appeal to the broad range of the most vulnerable families and assess and match individual families' needs with services increases the likelihood of uptake. • Multi-level provision ranging from short-term interventions such as drop-in centres to longer-term support based on accurate assessment of the population group and individual need will increase effectiveness. • Centres that are inclusive and welcoming will attract families. • Being prepared to take and manage necessary risks, tackle difficult issues and do things differently can help improve outcomes.



Multi-entrance, multi-exit and multi-re-entrance opportunities	<ul style="list-style-type: none"> • Information should be available in as many different ways as possible and via multiple entrance points. • Creating 'back-door' opportunities for families draws them in a neutral way so that they can choose to take up the support being offered when they are ready and on their terms. • Encouraging families to re-engage when they have a crisis or face a new situation is helpful.
Working in partnership with other services	<ul style="list-style-type: none"> • Having one co-ordinating service means families are not overwhelmed with help. • Provides access to other professional skills, support and networks.
Sustainable funding	<ul style="list-style-type: none"> • One-off or short-term funding of services for the most vulnerable families is ineffective.
Monitoring and evaluation	<ul style="list-style-type: none"> • Evaluation of services is more complicated because families are not a homogeneous group and their needs are constantly changing.



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