

Parenting Education & Family Support

Keeping a focus on families: The Family Continuity Approach

By Earl N. Stuck and Kathleen Englehardt

A problem needed to be fixed

In child welfare, where do families fit? This is a key question, perhaps the key question for our system of care. Historically, the "continuum" has centered on the child. Viewed from a distance, the continuum too often became a series of bus stops, where a particular service is delivered and an intervention provided, until it either "works" and the child is better or, it "fails", and he or she moves on to the next stop. The high cost of care, pressure from communities, liability concerns and especially societal attitudes about families all conspired to create a too-typical journey for children, that of "failing" into more intensive services. Depending on whether the child's family is considered "viable", family support services may have been sprinkled in along the way, but often almost as afterthought and the journey has too often been the child's alone, not the family's. Despite how deeply rooted in decision making and practice the child centered continuum has become over the years, it has become apparent that it is ineffective and perilously close to being actually harmful to the needs of the child.

The challenge of today is to flesh out and support an array of family focused services that is as rich and varied as those offered to children; that vigorously support family strengths and the capacity for change; and that effectively collaborate to create safe, secure, and permanent homes. It is essential to understand that when the child takes the ride, the family must go along too, or likely be forever left behind.

So how do we achieve this, and exactly what kinds of supports are needed? "Family Support Services" is a commonly used term for a wide variety of activities. They encompass such diverse interventions as education, connections to other families and resources in the community, and guidance for parents and children to develop their skills and utilize their strengths. Generally recognized family support services include mentoring, parent aide, respite, home based therapy, parenting education, life skill building, and flexible wraparound assistance. The goal of these supports is for children to be able to stay at home or return home safely, and/or to have reduced incidence of removal, foster care, group care or hospitalization. The goal for parents is to learn problem solving skills both for the whole family and specific to their child's needs. It is to help families learn to thrive, maintain strong relationships and learn how to have fun and enjoy each other. Although individual services have been evaluated, most studies tell us that no single service works for families, instead a flexible, coordinated, and individualized menu of options is the key.

Who we are

Family Continuity was founded in the early 1980's as a response to the de-institutionalization movement in mental health, mental retardation and juvenile justice, and to provide family and community alternatives to substitute care in the child welfare system. The early history of these movements unfortunately demonstrated that the closing of even a bad institutional system did not by itself solve the problems of those who had depended on it. Ill-prepared communities, schools, social services and courts struggled to meet the social and psychological needs. Likewise, families found themselves with loved ones to care for, but little experience and few resources to count on. Family Continuity began with the belief that all families, like individuals, are resilient, capable of change, and motivated to be healthy and happy. But that, also like individuals, they needed tangible supports in order to thrive.

What we believe

At Family Continuity, families are at the core of who we are and what we do. The agency is a pioneer

and leader in home based family services, creating an array of services with varying levels of intensity based upon the family's needs and considering the family's cultural and ethnic differences. A strong family circle (no matter how the family is defined) promotes resiliency and supports healthy lives for individuals of all ages. To be effective, we believe that services must be:

Strength-based. It has become a cliché, but the truth is that the identification of strengths and self esteem resulting from even the smallest success are powerful motivators, and perhaps the only real incentives for change.

Home-based. We believe providing home-based services is key. Many barriers prevent families from coming into an office, (i.e. transportation, monetary resources, the difficulty of getting young children gathered and out the door). They create impediments to assessing needs and forming relationships. We have found that when we go to the home, we gain greater understanding and better involvement from families.

Driven and owned by the family. Families participate and must be engaged right from the start. While families and individuals can occasionally be coerced into compliance, change is always a choice, and it is a choice only made when the family is fully involved in its life decisions.

Relationship focused. Family support cannot be given through detached, clinical interventions. Families risk change only through rich, honest and dependable relationships.

Based in and connected to the community. Isolation for families is as significant as it is for individuals. Forging stronger connections to community institutions that can carry on when Family Continuity services are no longer available is a centerpiece of all family support.

Pragmatic. Families benefit from attention to real-life issues such as effective communication, social isolation from family and friends, understanding of life stressors and crisis situations such as the loss of employment, divorce and parental acceptance of responsibility. They need concrete support (e.g., housing, budgeting, household organization, community connections).

Individualized. Just like individuals, family needs vary by intensity and services by type over time.

Educational. The assumption needs to be that families can and will change when presented with new skills and perspectives. Skill-building activities are crucial (e.g., child development, behavior management, children's need for structure and consistency, self-care for caregivers).

Availability. The model offers 24 hour emergency response to each family, and non-traditional, flexible service schedules to be there when and where needed.

Preventive. Services are designed wherever possible to keep families together and avert out of home placement, knowing that a break-up is often harder to repair than a family is to maintain.

Honest. Family support is not "being nice to" or coddling families. Sound practice is based not upon condoning harmful behavior or excuses, but rather, on honest appraisals of actions and consequences, challenges and alternatives, but as with individuals, commitment to the family is unconditional.

Family support in action: A typical case:

A family (7 year old boy living with his mother and 9 year old sister) was referred for services through the boy's school due to his acting out at home and school. Physically assaultive towards others, his sister was afraid of him and his mother, who had serious medical issues of her own, reported that she could not control him. The client's family became involved in Family Continuity's Wraparound services. Family Continuity worked with the child's school and the family regard-



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ing his acting out. Although the behavior improved considerably, support services continued, focusing on the mother as her health had declined. She was hospitalized and the maternal grandmother moved into the house and took care of the children. She too had difficulty coping with young, active children, so support was provided to her. The mother was able to return home, but in a wheelchair and unable to walk. Eventually, her health worsened, and the family dealt with the issues of loss and grief associated with her impending death.

In the real world, simple behavior problems too often distract attention from complex, multi-dimensional family needs. This case resulted in success, but only because it was addressed with flexible and diverse services planned to provide whatever was needed. The program provided:

Flexibility, with meetings wherever they were needed. (in the hospital, at grandmother's home). Adapting to changing circumstances along the way.

Collaborative case coordination, involving DSS, hospitals, schools, and a host of agencies in the solution, while always being the family's advocate and coordinating care.

Multi-dimensional care, as the case developed, a counseling case became a medical one, a planned return to mom became an exercise in supporting an extended family.

Emotional support, to both mother and the children, processing feelings about their mother's deteriorating condition and the responsibilities they may have to assume.

Tangible, concrete support, such as securing transportation, accessible housing, and recreational opportunities for the family.

Community connections, such as mentoring services for the boy and other resources like food pantries, YMCA passes, and a grandparent support group.

Consistency, as an anchor that remained tied to the family throughout an ever-changing series of life events.

The research on intensive home-based services shows that most situations can become manageable with time-limited, intensive family-focused work in the home and with any other necessary support services. This weaving transition from program to program within the agency and even with the same clinician was a tremendous help to this family as they did not have to "start over" with another clinician but continued to rely on the same support system that had been in place from the beginning. By having services coordinated through one agency and with staff who regularly collaborate on care, coordination of treatment improves significantly and provides a seamless transition of services.

It is important not to neglect the needs of the family even when the parents or children are out-of-home, in treatment, or who are re-unifying and no longer need the level of support available through more intensive services, but who continue to need support in order to maintain and solidify changes.

Client satisfaction

Families know these services work. While there are not always successes, the feedback from families is consistent in many ways, with themes always the same:

- ◆ The value of education, "They really helped a lot in the parenting department".
- ◆ Dealing with nuts and bolts issues, "They came up with chore charts we could put up and she

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could earn privileges”

- ❖ Focusing on communication, “We’ve been able to discuss things more, me and my son, instead of me yelling or him yelling. We are able to sit down and discuss things.”
- ❖ Recreation, “We spend more time together playing games and doing activities together”.
- ❖ Relationships, “I knew I was not alone. I could reach out for help”.

Family support is both a preventive and an interventional activity, an ongoing commitment to permanency. Family support services are best used together with, not instead of, other therapies and out of home care. The family support services arena is wide open. We are all looking toward developing new models such as providing specific support to grandparents raising grandchildren, providing support in schools, how to make longer term family support available, and giving more services to transitional age youth. We like to be creative in

our thinking and work to develop services that stem from advice we receive from the experts—the families themselves.

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