



Australian Research Alliance
for Children & Youth

**Positive Partnerships
with Parents of
Young Children**

Prepared by Dorothy Scott, Mary Salvaron, Elizabeth Reimer, Susan Nichols, Leda Sivak and Fiona Arney.

Australian Centre for Child Protection, University of South Australia.

For the Australian Research Alliance for Children and Youth April 2007

CONTENTS

Introduction	1
Positive partnerships:	
What parents say	2
ERGO: Empathy, Respect,	
Genuineness and Optimism	6
Organisational context	11
Social environment	14
Positive partnerships:	
What organisations can do	17
Conclusion and summary of	
key points	20
References	23
Appendix 1:	
Table of studies, methods and findings	29

**Funded by the Australian Government
Department of Families, Community
Services and Indigenous Affairs**

DISCLAIMER:

ARACY prepared this publication. It draws on information, opinions and advice provided by a variety of individuals and organisations, including the Commonwealth of Australia. The Commonwealth accepts no responsibility for the accuracy or completeness of any material contained in this publication. Additionally, the Commonwealth disclaims all liability to any person in respect of anything, and or the consequences of anything, done or omitted to be done by any such person in reliance, whether wholly or partially, upon any information presented in this publication.

ISBN: 978-1-921352-10-2

Australian Research Alliance for Children & Youth

PO Box 1360 WEST PERTH WA 6872

Level 13, Dumas House

2 Havelock Street WEST PERTH WA 6005

Telephone: 08 9476 7800

enquiries@aracy.org.au

www.aracy.org.au



**Australian Research Alliance
for Children & Youth**

ABOUT ARACY

The Australian Research Alliance for Children and Youth (ARACY) was founded by a group of eminent experts and organisations in reaction to increasingly worrying trends in the wellbeing of Australia's young people.

ARACY is a national organisation with members based across Australia.

ARACY asserts that by working together, rather than working in isolation, we are more likely to uncover solutions to the problems affecting children and young people.

ARACY is a broker of collaborations, a disseminator of ideas and an advocate for Australia's future generation.

ARACY has two primary goals:

1. To promote collaborative research and agenda setting for children and young people
2. To promote the application of research to policy and practice for children and young people.

This paper is one of a series commissioned by ARACY to translate knowledge into action. This series of papers aims to convert research findings into practical key messages for people working in policy and service delivery areas.

The ARACY topical papers may also be the focus of workshops or seminars, including electronic mediums.

Developed for the Facilitating Partners of the Australian Government Communities for Children initiative, this paper is now being made available to a wider audience via the ARACY website: www.aracy.org.au

INTRODUCTION

Someone once said “Children need all the support their parents can get”. They were right, of course, and it is through positive partnerships with parents that we can offer them support and engage them in services which can enhance child and family well-being. An understanding of the importance of relationship-based practice has profound implications for practitioners, managers and policy makers.

This topical paper was commissioned by the Department of Families, Communities and Indigenous Affairs through the Australian Research Alliance for Children and Youth. It is primarily intended for people working in the Communities for Children Initiative and this encompasses a broad range of services and sites of practice. While the content in this paper will not be of equal relevance to all settings, we trust that all who work in services for families with young children will find it of value.

We have found it difficult to identify empirical studies on worker-parent relationships in early childhood settings, and so have drawn on studies from related fields, and given salience to Australian research where possible.

The paper focuses on the elements of effective partnerships with parents, not on working relationships with children. (The latter, of course, would be a wonderful companion to this paper). The principles of practice and the personal qualities required for developing and sustaining positive partnerships with parents apply to all families, but are of critical importance for parents who struggle to nurture their children against the odds of adversity in the past or in the present.

This paper is deliberately not written in “academese” or “bureaucratese” but in a language that aspires to speak to the hearts and minds of those who work directly with families of young children. It also aspires to speak to those in



supervisory and management roles who have the responsibility of selecting and sustaining staff and volunteers in rewarding but very demanding work.

We are grateful to the South Australian Communities for Children Reference Group for assisting us in our initial consultations for the preparation of this paper, and to those who have given us feedback on drafts including Associate Professor Maria Harries AM (University of Western Australia), David Zarb (The Smith Family, Mirrabooka and Kwinana, WA), Di O'Neil (St Luke's Child and Family Services, Bendigo, VIC), Jan Chorley (Uniting Care Wesley, Seaton, SA), and Brenda Stubbs and Archie Baker (Department of Families and Communities, SA).

We hope that what we have written helps to affirm and inspire positive partnerships with parents and visionary practice in services for families with young children.

POSITIVE PARTNERSHIPS: WHAT PARENTS SAY

Let us begin by listening to what some parents have said about their positive partnerships with staff and volunteers in three very different services for families with young children across three different Australian States. Listening respectfully to parents symbolises where we need to start in engaging families.

Parent Resource Program

The following quotations come from some of the parents who were in the Parent Resource Program of SDN Children's Services, a community service organisation that in the early-2000's pioneered a model of integrated family support services and mainstream early childhood education and care. All staff were trained to engage and work collaboratively with parents who were struggling to raise their children in the context of poverty and in the face of problems such as substance dependence or family violence. The following quotes offer an insight into the importance the parents placed on their relationships with staff and what they most appreciated.



“Where other people would ask their extended family, I would pick up the phone and ask Mary (the Family Support Worker assigned to this family) and she would know that's how I feel.”

“They seem to let you into their lives – the personal things. I think that it's really nice that they're open with parents. I like it. I think this is important because we're prepared to do it ourselves so it's nice to get it in return. I think that it's important that they can be honest.”

“The staff tend to be interested in talking to you not only about the child but even in you personally. Sometimes they ask ‘How are you going?’ and say ‘This was a wonderful thing that happened today.’ I notice that they take enough interest to remember things. And that's quite important. People sometimes treat things as a job and have their cut-off points whereas I don't find that here ... I like the stability of the staff as well.”

“The staff always tell me things and that makes me comfortable. They always tell me what Alan has done in the day and they get his book out and show me the photos of what he has been doing. And his teacher will say ‘he has done this today’.”

“M. (the Family Support Worker) has come to the house a few times to see me and she's been a really positive person in my life. I discussed going to school (i.e. undertaking tertiary studies) with her and what I wanted to do and she gave me some resources.” (1: 13-14, 35-36)

A staff member in this program reflected on how the broadening of her role enhanced her job satisfaction.

“It's not just the children we are dealing with, it's the whole family. I feel rewarded for my efforts which makes for a great sense of success.”
(Goodfellow, 2004 as cited in 2: 28-29).



Nurse Home Visiting Service for Young Parents

Young parents in rural Victoria were asked how they felt about their visiting maternal and child health nurse. They expressed similar sentiments.

“She (the nurse) didn't really tell you what to do, which I've had trouble with a lot of people because they thought I was no good at raising him ... she just helped ...she'd suggest things and give you information.”

“She was nice, it just felt more normal talking to her, it wasn't like sitting at the Doctor's and having to explain myself and that kind of thing.”

“The nurse was very good, she just supported me and tried to help, she didn't make me feel bad and she helped a lot.” (3: 23)

Parents Plus Program

In an evaluation of the Parents Plus program delivered by Good Beginnings Australia in the northern suburbs of Adelaide, parents were invited to talk about what facilitated their involvement (4: 19, 23-25). The program involves playgroup sessions for parents and their children who have been placed in care by child protection services.

The playgroups were viewed by parents as a natural, fun, exciting, safe and friendly environment in which parents could share their life experiences and build happy memories together with their children. Parents reported developing a strong sense of trust with the staff who facilitated the sessions, and building friendships with other parents that were maintained outside the playgroups. Parents said that having a non-judgemental atmosphere was one of the keys to their engagement in the playgroups:



“Because you know what.....when people find out that you've had your kids taken from you, they look at you different.....like you're some kind of leper or something. That happened to me the other week. A nurse came out to check on my baby at home and when I told her that I had a kid who was in care she virtually ran out the door. People can be so judgemental. Here, everybody is in the same boat and can relate to each other.”

Respondents resoundingly identified personal and professional characteristics of the staff and volunteers as vital to their positive experiences of the playgroups. In particular, the non-judgemental and positive approach of playgroup workers, their honesty, “down to earth” natures, sense of fun, creativity, and love of the children in the playgroups, were outstanding characteristics identified by parents and other workers. The workers' extensive knowledge of parenting and child development and their interaction with the children were also seen as crucial. A majority of the parents commented on how much the children loved the staff and volunteers and enjoyed attending.

“The volunteers are wonderful and they come here every week and take us for who we are. They don't judge us either and there are a lot of judgemental people out there.”

“The parents were constantly told to be positive....you don't get the recognition you deserve and here you get that and you know what, you eventually start to believe it. You forget the negatives and concentrate on the positives.”

In addition, a majority of parents reported trusting the staff and volunteers and appreciated how “upfront” they were about their notification responsibilities (eg. if they come across any suspicion of child abuse and neglect, they were to report it). Staff also commented on the importance of ensuring transparency in report writing with the parents. This in turn built trusting relationships with parents.



Staff and volunteers shared their insights on their relationships with parents.

"... to me compassion is empathy and looking at another individual and saying 'wow, you know I really see you for who you really are' rather than actually forming a judgement in that same comparison – loving them for who they are and acknowledging that, that their presence is just as important as anyone else."

"It is flexible so the parents don't have to come in and something is going on in their lives like domestic violence but they have to sit there and listen to us telling them how much sugar is in a can of coke. You need to be flexible with people, especially where there is so much going on in someone's life."

"Some of the families...it just shows their dedication, some of them are travelling for an hour and a half to get to this group and an hour and a half to get home again and that - really 3 hours travel to a 3½ hour group - takes a real lot of commitment especially on their part when their lives are quite often subject to other factors that influence how often they can get out, or mental health issues or depression, some of them are in domestic violence situations where that can make it really difficult for them. Some of them have physical disabilities and still on 2 buses to get to there and when groups start at 9.30 that's getting up fairly early in the morning and I just think that proves their commitment to their children..."

"And it's interesting when we ask them about hopes and dreams for their children, all of them want the same thing – they want a better life for them than what they've got but they don't know how to give that to their children."

ERGO! (EMPATHY, RESPECT, GENUINENESS AND OPTIMISM)

Positive partnerships with parents are a means to an end, not an end in itself. They can be seen as "a necessary but not a sufficient condition" for improving the life chances of vulnerable children. Such relationships will be



influenced by many factors including service functions and different contexts. However, it is possible to offer some generalisations and what parents, workers and volunteers say above resonates strongly with research on the importance of practitioner qualities in engaging families, especially the qualities of **ERGO..... empathy, respect, genuineness and optimism**

Before looking at each of these qualities, a few words about the term “engagement”. It is used in two ways: firstly, it describes the commencement of a working relationship or a stage of the process of service provision; and secondly, it is a qualitative component describing the client's degree of involvement and investment in service provision.

In describing how relationships might influence client engagement using this latter definition, some research uses the terms “relationship” and “engagement” to refer to very similar concepts, whereas others describe engagement as a continual process that is an outcome of the relationship between worker and client. Staudt (5) and Yatchmenoff (6) explore these definitional issues at some depth.

For families with multiple and complex problems the perceived (and actual) costs of engaging with services may outweigh the benefits (5). This means that families may not be able to have initial involvement with services, or where this is achieved, to maintain such involvement, due to personal and social pressures (5).

Families may be involved with a vast array of services and would need to be effective case managers to coordinate and maintain their involvement with all of them. In such cases, families may stop being involved with services that are not addressing their most pressing needs (e.g., housing, employment, drug abuse), regardless of the quality of their relationship with the workers delivering the services (5).



Most of the research on the attributes of the worker has been done in the field of psychotherapy and may not be readily generalised to a diverse range of populations and contexts. However, there are good grounds for thinking that the findings from this field may have relevance to “helping relationships” in general, across the sectors of health, education, justice and social services. Hubble, Duncan and Miller (7) have drawn on a broad range of studies on the factors responsible for positive outcomes in psychotherapy, including the meta-analysis by Lambert (8) which identified the degree to which positive outcomes were influenced by different factors:

- 40%: client factors and environmental factors such as social support
- 30%: qualities of the therapeutic relationship
- 15%: hope and expectancy of positive outcome
- 15%: specific intervention techniques.

In relation to vulnerable families with young children, a positive helping relationship with a parent may not only be of therapeutic value in itself, but may act as a gateway to referring them to specialist services. It may also be a vehicle for environmental interventions aimed at enhancing social support or reducing situational stressors (eg finances, housing). This may reduce the level of adversity to which young children are exposed.

So, what behaviours and attributes do researchers identify as indicating “empathy, respect, genuineness and optimism”?

Empathy

- Empathy is the most frequently cited personal characteristic contributing to effective practice and a positive client-worker relationship (9-12)
- Empathy is manifested in active and reflective listening, which refers to the worker's ability to understand what the client is saying and feeling. (It is important to listen very carefully in order to put yourself in someone



else's shoes – otherwise you might find yourself in the wrong shoes - stilettos instead of sandals!)

- Key elements of empathy include affirming, helping, warmth/friendliness and understanding (13).

Respect

- Workers exhibit respect by showing simple courtesy such as arriving on time and not being judgmental (14), and treating people as unique, not as 'cases' or numbers.
- Respecting the essential dignity and worth of each human being regardless of their background and current circumstances needs to be a core value.

Genuineness

- Workers need to be non-defensive and human enough to admit errors to clients. Practitioners need to model humanness and openness and avoid hiding behind a mask of "professionalism" (15: 120)
- "Sharing of self by relating in a natural, sincere, spontaneous, open and genuine manner" (15: 120).

Optimism

- Workers who express hope nurture self-efficacy and optimism. In the words of Brenda Stubbs, an inspiring Aboriginal homemaker working in a remote community in the Anangu Pitjantjatjara Yankunytjatjara Lands, "everything I try to do is saying 'you can change things, it doesn't have to be like it is' "
- Enhancing optimism is closely linked to strengths-based approaches, that is, focusing on families' strengths rather than deficits.

In relation to child abuse risk situations, the research of Trotter (9, 16) would suggest that empathy, respect, genuineness, and optimism may not be enough, and that with some families for example, it is very important to



encourage pro-social behaviours in a direct way, clarify roles and work together on client-identified issues. Dawson and Berry (12) also identify the importance of certain worker and agency behaviours in working with families where there are child protection issues. These include making specific instead of vague requests, providing training to carry out tasks, positively reinforcing task achievement and encouraging client participation in the choice and design of tasks.

Developing and sustaining relationships based on empathy, respect, optimism and genuineness is easier said than done. Like the myth of the perfect parent, the myth of the perfect practitioner can be burdensome. Factors within the worker, the parent, the organisational context and the broader social environment enhance or impair the expression of empathy, respect, genuineness and optimism.

The worker has a unique personality, values, personal experiences and educational background which interact to shape how he or she sees the world and relates to others. How well the worker's needs are met both at home and at work, and the pressures they are placed under, may affect the degree to which they can feel and show the qualities of empathy, respect, optimism and genuineness to parents. Workers are not immune from mental health problems such as anxiety and depression, and high levels of depression in low paid North American child care workers, for example, has been identified as a serious concern (17).

The parent influences the worker's capacity to demonstrate the desired qualities for relationship-building as relationships are, after all, two way processes. For example, parents whose life experiences have made it difficult for them to trust and respond positively to others, especially those in more powerful positions or from whom they fear judgement that they are bad parents, may take a lot longer to engage.

Sometimes parents may see a worker through the lens of unresolved issues in their relationships with their own parents. In one study on first time parent



groups, a child health nurse reflected on such “transference issues” in relation to why she thought she was able to engage some teenage mothers but not others - “...the one looking for Mum thinks I am wonderful but the one rebelling against Mum thinks I am terrible” (18).

Parents who are depressed may find it hard to be responsive to a worker’s attempts at engagement. Some workers will find these situations easier than others. If a worker is afraid of a parent or feels uncomfortable in their presence, this is likely to impair empathy and respect.

Workers in children’s services understandably have strong empathy toward children. Practitioners who are in close contact with the child and identify with their suffering when their needs are unmet may struggle to feel empathy for the parent, or to convey respect. In turn, some parents who have an insecure or conflictual relationship with their child may feel uneasy when they witness their child responding positively to the worker. The triangle of the worker-parent-child relationship can be a complex one and the child may be very mindful of the relationship, including the presence of tensions.

ORGANISATIONAL CONTEXT

Agency settings also shape the practitioner-parent relationship very powerfully. At the most basic level, the *physical context* of the service gives strong messages about whether it is welcoming to children and adults. Does the physical space show empathy, respect, genuineness and optimism? Is this a place where both mothers and fathers are likely to feel comfortable?

The organisational context also powerfully shapes the practitioner-parent relationship by defining the *worker’s role and mandate*. The client’s perception of the worker is shaped by the structure, function and culture of the service.



For example, the organisation might carry a stigma or have a history which affects how parents perceive it or there may be legal obligations to report suspected child abuse or neglect which act as a barrier to parents trusting staff. Often resource constraints deprive workers of the time necessary to establish rapport with a parent.

The responsibilities of parents, service providers and other caregivers are different in *different service sectors*. For instance, when a child's health is the focus, the balance of responsibility for decision making is different in an acute care context than it is in a routine health check (19). Preschools and childcare centres provide many opportunities to connect with parents owing to the regularity of everyday interactions. When these are used to link parents with site-based structured activities such as parent training and support groups, 'difficult-to-reach' families can be connected with support (20).

Whether practice is primarily *located in the community* or from within a more centralised organisation can also affect relationships. For instance, a 'community psychologist' locates his/her practice within the community as distinct from a clinical psychologist.

In many parts of Australia it is common for Aboriginal families to have lower rates of participation in early childhood services such as preschool. Going into community settings may be an essential strategy for linking families to these services. De Gioia (21) recommends 'community gatherings for informal information sharing (for example barbecues, get togethers, informal 'yarns' at the community hub)' as a way of raising awareness about what early childhood services can offer. This 'going out' orientation to Aboriginal communities is vividly described by a parent trainer for the program Mind Matters (22: 46):

"I'm just sowing the seed. I just sit on the ground by the creek and show them the stuff. I don't even think of asking them to make a decision or say whether they can do it or not".

However, community settings can also create their own barriers:



“In the experience of the trainers, many Indigenous communities prefer someone from outside the community to present the program, perhaps in partnership with an Indigenous presenter, in order to allow discussion to transcend community boundaries and taboos.” (22: 40)

Some innovative programs have used bi-cultural and bilingual staff placed for a day or so a week in early childhood services in local communities to engage refugee and recent immigrant families in the service system, and to enhance the cultural competence of mainstream personnel. The Refugee Family Resource Program of the Victorian Co-operative on Children's Services for Ethnic Groups was an excellent example of this.

Some organisational contexts are more *“father friendly”* than others. Fathers are beginning to receive increasing attention in services for families with young children. To engage and sustain relationships with men may require a major transformation in the culture of the organisation.

“The first step for those planning early intervention strategies is to recognise that fathers are not automatically included in family services and that including this ‘other half’ of the parenting population will require a significant reorientation of family-related services... as well as noticing fathers’ absence, services will need to examine the way that they orient themselves to fathers, to identify unexamined assumptions which pathologise fathers and father-figures” (23: 4).

Services that provide support for staff development specifically aimed at improving relationships with fathers can enable practitioners to become more effective in this respect. For instance, preschool sites which ran a professional development program aimed at supporting preschool staff to involve fathers showed a greater percentage of father contacts and participation in activities than sites which did not (24).

One maternal and child health nurse in a low income semi-rural community in Victoria regularly wrote individual letters to all of the fathers of recently born



babies in her area, inviting them to come with their partners and baby to an evening session on infant resuscitation (18). The response was excellent with mothers, fathers and babies all on the floor having fun in a warm and informal atmosphere. In addition to potentially life-saving skills, the nurse was able to open discussions about such sensitive topics such as the impact of the birth of a baby on couple relationships, and the dangers of shaking babies. For many of the families it was the beginning of them mixing socially, thus strengthening neighbourhood social support.

SOCIAL ENVIRONMENT

The wider social environment also influences working relationships in both powerful symbolic and practical ways. In relation to symbolism, for example, the history of colonisation of Indigenous Australians may carry a potent legacy in relationships between service providers and users which cross cultural boundaries. Crossing the chasm of culture and class can be a major challenge. The very vocabulary which a practitioner from a middle class background may routinely use can make a parent with little formal education feel uncomfortable and inferior.

Most of the research literature in this field has been very “urban-centric”. Given that over a third of the Australian population live outside capital cities (25) and significantly higher proportions (69%) of Indigenous people live in rural and remote areas of Australia (26, 27), it is pleasing to see some attention now being given to working relationships in rural contexts.

Green, Gregory and Mason (28) have used the metaphor of “stretching the professional elastic” to describe rural working relationships on the continuum from “professional, objective expert” to “helpful friend”. This notion challenges traditional ideas of professional ethics, values and rules about professional boundaries as they relate to the development and maintenance of the working relationship.



Those working in rural settings need to grapple with “multiple relationships” – the working relationship as well as other relationships they have with service users outside the professional sphere (29). This can give rise to complex issues related to confidentiality, worker self-disclosure and trust.

Some researchers view the development of multiple relationships in a negative light (30). Others see such relationships as an inevitable part of working in rural and remote settings (29, 31, 32), and even as an asset in helping establish rapport (33). It is recommended rural workers and service users explore the implications of multiple relationships at the beginning of the working relationship with clients (31, 32, 34).

In rural and remote settings, isolation can also pose very practical challenges - greater distances between service users and workers, for example, resulting in fewer opportunities to build and maintain working relationships (27). There may also be greater professional isolation for the practitioner in relation to access to supervision and support (31, 35).

Little research has been done on the working relationship in relation to Indigenous communities and given the enormous diversity within and between Indigenous communities, generalisations may prove unhelpful. However, some have described a style of relating in terms of

A de-professional approach [in which] friendship, yarning, recognition of your common humanity with the client, sharing of stories, sharing of self, including spirituality and humour, are recognised and valued techniques. A relationship characterised in this form works with power and equality in a more complex way... (Lynn, Thorpe, Miles with Cutts, Butcher & Ford, as cited in 28).



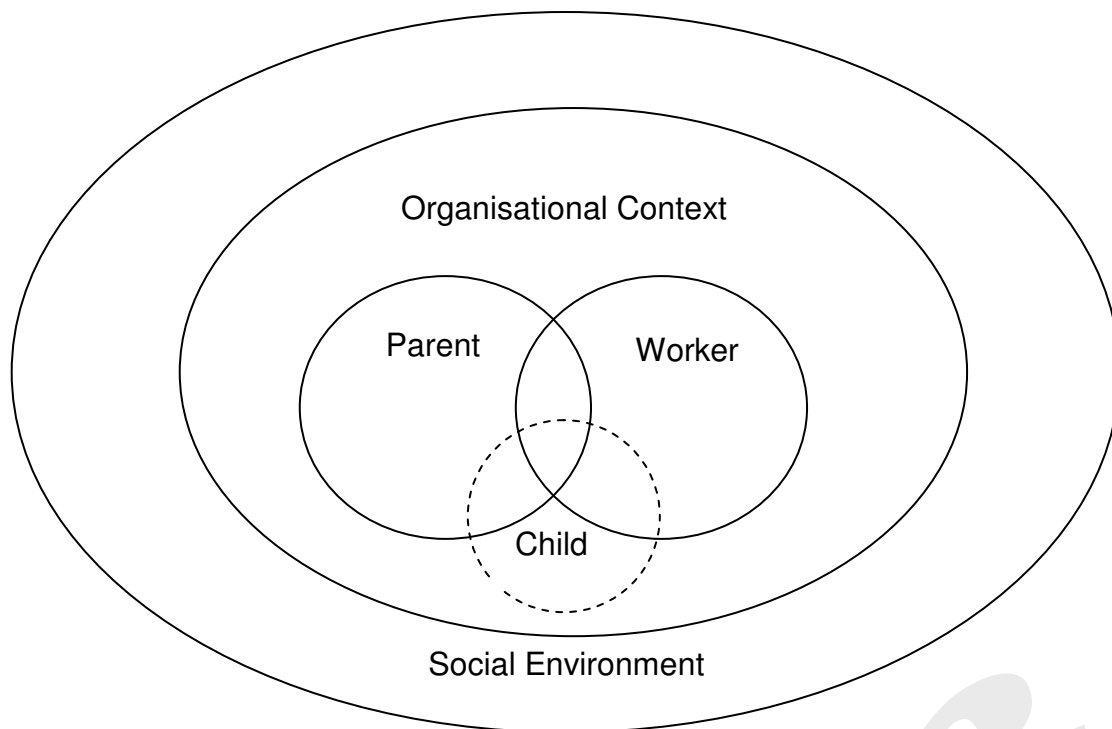


Figure 1 – The worker-parent relationship in context

The “ecology” or the context of the organisational setting and social environment in which the worker-parent relationship is embedded is depicted in the diagram above. Practitioners may wish to use this diagram to reflect on specific relationships with parents, particularly those that have worked better than might have been expected as well as those that have worked less well.

By thinking about the possible contribution of factors relating to the worker, the parent, the child, the organisational context and the broader social environment, it might be possible to gain a deeper understanding of the dynamics occurring and what is required to develop and sustain positive partnerships with parents.



POSITIVE PARTNERSHIPS: WHAT ORGANISATIONS CAN DO

Creating a culture of inquiry and reflection

Organisations that have an inquiry orientation create opportunities for parents and practitioners to participate in problem solving aimed at enhancing relationships between services and families. For instance, one project brought parents, managers and practitioners together in 'discussion groups aimed at generating innovative and practical ideas for facilitating future collaboration' (36). Parents, in this case, highlighted the need for better communication between the different professionals who provided services to families of children with speech/language difficulties.

In another case, working together with families on community based inquiries helped community health centres in the United States to overcome mistrust associated with the previous advice-giving model (37). Parents who collaborated with preschool teachers on inquiring into children's transitions to school developed more positive attitudes towards teachers, seeing them as an 'important and helpful source of support' (38).

Organisations that encourage a *reflective approach* to practice can enable practitioners to question their assumptions about families' needs, problems and resources. It is important that practitioners consider how their own backgrounds and values influence the judgements (conscious or unconscious) they make of families, particularly those whose culture and social class are different from the practitioner's (39, 40).

In a number of Australian early childhood programs, training in the Family Partnerships model (41) has been very positively received by staff from diverse professional backgrounds.

"The emphasis of the course is on participants actually putting the ideas and skills into practice, not just talking about them. An essential element



of the training is reflection on practice in between sessions and also ongoing opportunities for reflective consultation/supervision after completion of the course. In this way learning from the course is maintained and integrated into practice" (42).

Selecting the right staff

The importance of relationship-based practice has obvious implications for selecting staff although there is a paucity of research on staff selection in relation to the personal qualities that enhance positive partnerships with parents of young children.

In light of the research on the significance of empathy, respect, genuineness and optimism, an applicant's core values and affective traits should be key selection criteria. Exploration of the conditions under which a person has been able to maintain good working relationships with families despite significant obstacles may be a useful line of inquiry in interviews and referee checks. Some have also recommended the inclusion of parents in staff selection.

"Hiring processes for child welfare workers need to include consideration of personal characteristics, interpersonal style and attitudes towards clients. A specific suggestion we offer is to include a former client on agency hiring committees. This strategy can serve several purposes: the interpersonal sensitivity and ability of prospective workers to relate to child welfare clientele can be readily observed, former clients' experience of prospective workers can be factored into hiring decisions, and prospective workers receive the message that the child welfare agency values and respects client input and desires to work collaboratively" (11: 40).

There may also be value in using role plays in staff selection. In the professional development of child protection workers, the School of Social Work at the Australian Catholic University routinely uses role play scenarios to assess the interviewing skills of the practitioner and the ability to convey empathy while exercising their protective role (Morag McArthur, personal



communication). This post-qualifying professional development program is an interesting model of collaboration between a major service delivery organisation and a university (43).

Supporting and sustaining staff

While there is very little research to guide organisations in the recruitment of staff there is a large body of research on staff retention and what is needed to support and sustain practitioners working with vulnerable families and children (44-46).

The importance of high quality clinical supervision/consultation to enhance performance and prevent worker stress and burnout in emotionally demanding work is being increasingly recognised. The worker's needs are captured well in the comments below from a practitioner in the Victorian "Take Two" program, an outreach child and adolescent mental health program.

"Personally I find it helpful to have a senior clinician who is available. If I have a really heavy session, even if I am out of the office, I can ring her and say I need to talk ... My colleagues are also really supportive. ... I have also found it helpful to learn about myself, my body and how I react to things; knowing the early warning signs when things are getting a bit too much. Again these are things that you learn the hard way. I have also found that I have needed to teach myself when it is and isn't appropriate to think about work" (47: 8).

Precisely because practitioners are their own "instruments of practice", issues relating to strong emotions and "boundaries" can be very challenging.

"I remember learning about boundaries and maintaining a professional distance, so you know about these concepts in theory ...but to be honest I don't think anyone really understands what these things mean until you are in it, so to speak. That is, until you have your boundaries crossed and



feel your heart being wrenched. It is probably then that you realise you probably got a little too close and you should speak to someone about it." (47: 8)

Services for vulnerable families with complex problems are finding that they need to increase the level of professional supervision they provide. The learnings from each phase of the evolution of Parent Resource Program at SDN Children's Services have been vital in refining that service.

"The over-reliance on one person to take on all the roles and interactions with families was not helpful in the long run and again not something that could be sustained. In phase two we intentionally involved all staff and created wider and stronger networks of support for parents." (2: 25)

"We built in more support and professional supervision for staff as well to ensure that the additional demands of the program did not become overwhelming to staff. This has reduced staff turnover." (2: 25)

CONCLUSION AND SUMMARY OF KEY POINTS

There is limited research available to guide practitioners, managers and policy makers to help them create the conditions for effective working relationships in early childhood services with vulnerable families. However there is support for the following conclusions.

1. Positive partnerships between practitioners and parents of young children are central to achieving the objectives of services.
2. Partnerships between practitioners and parents can be complex, influenced by the relationship each has with the child, and by what the practitioner and the parent mean to each other, psychologically and socially.



3. Key elements in effective working relationships are the practitioner's empathy, respect, genuineness and optimism (ERGO).
4. The worker-parent relationship is embedded within an organisational context which influences the relationship through the nature of the physical setting, its resources, the service role and mandate, and agency climate and morale.
5. The worker-parent relationship and the organisation are embedded in a broader social environment which can facilitate and/or inhibit the potential for positive partnerships. In this respect culture and class are important dimensions, and rural settings have particular challenges and opportunities.
6. Organisations can enhance positive worker-parent partnerships through:
 - creating a culture of inquiry and reflection
 - selecting the right staff
 - supporting staff through good supervision and training
 - giving staff enough TIME to develop relationships

Ultimately developing and sustaining positive partnerships with parents may be more an art than a science. In the words of two recent researchers in this area:

"... we wish to stress that the results of this research are not reducible to a list of 'dos and don'ts'. Our findings suggest that good helping relationships are more ways-of-being than they are about strategies and techniques. If the effort a worker avails in establishing a positive relationship with clients is prescriptive and technique driven, it is likely to fail. Workers' relationship and engagement skills can only blossom when they are rooted in genuine care and respect for the clients they serve. Specific techniques can augment an empathic, supportive, and collaborative approach, but they cannot substitute for this" (11: 40).



“Workers need to be encouraged and trained to exercise power softly and judiciously, to lay aside professional masks, to be human and down to earth and to go ‘the extra mile’. The results of this study suggest that good helping relationships in child welfare are ultimately about good human relations in general – treating others with kindness, respect and dignity; being honest and genuine; and striving to understand and work collaboratively” (11: 42).

Draft



REFERENCES

1. Goodfellow J. Parents speaking out. Redfern: SDN Children's Services; 2006.
2. Udy G. SDN's Parent Resource Program: Reflecting our heritage, responding to present needs, reinventing the future for and with struggling families. *Developing Practice* 2005; 12(Autumn):22-30.
3. Gippsland Lakes Community Health. 0-2 Project Report. Victoria; 2006.
4. Salveron M, Arney F, Lewig K. Evaluation of the Parents Plus Playgroups. Adelaide: Australian Centre for Child Protection, University of South Australia; 2006.
5. Staudt M. Treatment engagement with caregivers of at-risk children: Gaps in research and conceptualization. *Journal of Child and Family Studies* 2006; Online First.
6. Yatchmenoff DK. Measuring client engagement from the client's perspective in nonvoluntary child protection services. *Research on Social Work Practice* 2005; 15:84-96.
7. Hubble MA, Duncan BL, Miller SD. The heart and soul of change: What works in therapy? Washington, DC: American Psychological Association; 1999.
8. Lambert MJ. Implications of outcome research for psychotherapy integration. In: Norcross JC, Goldfried MR, editors. *Handbook of psychotherapy integration*. New York: Basic Books; 1992. p. 94-129.
9. Trotter C. *Helping abused children and their families*. Sydney: Allen & Unwin Pty Ltd; 2004.
10. Shulman L. *Interactional social work practice: Toward an empirical theory*. U.S.A.: F.E. Peacock Publishers; 1991.



11. de Boer C, Coady N. Good helping relationships in child welfare: Learning from stories of success. *Child and Family Social Work* 2006; 12(32-42).
12. Dawson K, Berry M. Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare League of America* 2002; 81(2):293-317.
13. Ackerman SJ, Hilsenroth MJ. A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review* 2003; 23:1-33.
14. Drake B. Consumer and worker perceptions of key child welfare competencies. *Children and Youth Services Review* 1996; 18(3):261-279.
15. Hepworth DH, Rooney RH, Larsen JA. *Direct social work practice*. 5th ed. United States of America: Brooks/Cole Publishing Company; 1997.
16. Trotter C. Worker skill and client outcome in child protection. *Child Abuse Review* 2002; 11:38-50.
17. Whitebook M, Phillips D, Bellm D, Almaraz M. Two years in early care and education: A community portrait of quality and workforce stability. Executive Summary. Berkeley: University of California; 2004.
18. Scott D, Brady S, Glynn P. New mother groups as a social network intervention: Consumer and maternal and child health nurse perspectives. *Australian Journal of Advanced Nursing* 2001; 18(4):23-29.
19. Coyne IC, S. Challenging the philosophy of partnership with parents: A grounded theory study. *International Journal of Nursing Studies* 2006; in press.
20. Frieberg K, Homel, R, Batchelorm, S, Carr, A, Hay, I, Elias, G, Teague, R & Lamb, C. Creating pathways to participation: a community-based developmental prevention project in Australia. *Children & Society* 2005; 19:144-157.



21. De Gioia K. "Well, Aboriginal services would be alright..." Aboriginal families in early childhood services: A case study. Sydney: Healthy Childhood Research Group, University of Western Sydney; 2003.
22. Mueller D. An Evaluation of Families Matter. Carlton, Vic.: Dennis Mueller and Associates; 2005.
23. Fletcher R. Defining Fatherhood: Family Action Centre, University of Newcastle, unpublished paper; 2002.
24. McBride B, Rane, T & Bae, JH. Intervening with teachers to encourage father/male involvement in early childhood programs. *Early Childhood Research Quarterly* 2001; 16:77-93.
25. Australian Bureau of Statistics. Regional Policy and Research in Australia - the Statistical Dimension: Information Development Plan for Rural and Regional Statistics. Canberra: Australian Bureau of Statistics; 2005.
26. Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Social Survey, 2002. Canberra: Australian Bureau of Statistics; 2002.
27. Chenoweth L. Educating Practitioners for Integrative Rural Practice. *Rural Society* 2004; 14:276-287.
28. Green R, Gregory R, Mason R. Professional Distance and Social Work: Stretching the Elastic? *Australian Social Work* 2006; 59:449-461.
29. Campbell CD, Gordon MC. Acknowledging the inevitable: Understanding multiple relationships in rural practice. *Professional Psychology: Research and Practice* 2003; 34:430.
30. Zur O. Therapeutic boundaries and dual relationships in rural practice: Ethical, clinical and standard of care considerations. *Journal of Rural Community Psychology* 2006; Vol E9 (Number 1, Spring 2006).
31. Munn P, Munn T. Rural Social Work: Moving Forward. *Rural Society* 2003; 13:22-34.



32. Green R. Social work in rural areas: a personal and professional challenge. *Australian Social Work* 2003; 56:209.
33. Green R, Gregory R. Rural and Remote Social Welfare Practice: Differences and Similarities in the Australian Context. *Rural Society* 2004; 14:245- 255.
34. Pugh R. Dual Relationships: Personal and Professional Boundaries in Rural Social Work. *British Journal of Social Work* 2006; Advance Access published September 8, 2006.
35. Lonne B, Cheers B. Retaining Rural Social Workers: An Australian Study. *Rural Society* 2004; 14:163-177.
36. Band S, Lindsay, G., Soloff, N., Peacey, N., Gascoigne, M. & Radford, J. Are Health and Education talking to each other? Perceptions of parents of children with speech and language needs. *European Journal of Special Needs Education* 2002; 17(3):211-227.
37. Delemos J. Community-based participatory research: changing scientific practice from research on communities to research with and for communities. *Local Environment* 2006; 11(3):329-338.
38. Pianta R, Kraft-Sayre, M, Rimm-Kaufman, S,. Collaboration in building partnerships between families and schools: The National Center for Early Development and Learning's Kindergarten Transition Intervention. *Early Childhood Research Quarterly* 2001; 16:117-132.
39. Butera G. Collaboration in the context of Appalachia: The case of Cassie. *The Journal of Special Education* 2005; 39(2):106-116.
40. Kalyanpur MH, B. A posture of reciprocity: a practical approach to collaboration between professionals and parents of culturally diverse backgrounds. *Journal of Child and Family Studies* 1997; 6(4):487-505.
41. Davis H, Day C, Bidmead C. Working in partnerships with parents. Sydney: The Psychological Corporation/Harcourt Assessment; 2000.



42. Children Youth and Women's Health Service. Family Home Visiting Service Outline. Adelaide: Government of South Australia; 2005.
43. McArthur M, Allen-Kelly K, Duggan F. University-industry partnerships: Keeping child protection workers on the job, challenged and happy. *Communities, Families and Children* 2006; 1(1):24-32.
44. Hemmelgarn AL, Glisson C, James LR. Organizational culture and climate: implications for services and interventions research. *Clinical Psychology: Science and Practice* 2006; 13(1):73-89.
45. Hodgkin S. Competing demands, competing solutions, differing constructions of the problem of recruitment and retention of frontline rural child protection staff. *Australian Social Work* 2002; 55(3):193-203.
46. Institute for the Advancement of Social Work Research. Factors influencing retention of child welfare staff: A systematic review of research. Washington, DC: Institute for the Advancement of Social Work Research; 2005.
47. Australian Institute of Family Studies. Child Abuse Prevention Newsletter. 2007; 15(1).

Useful Websites

Bernard van Leer Foundation

www.bernardvanleer.org

Family Action Centre

www.newcastle.edu.au/centre/fac

St Luke's

www.stlukes.org.au



www.innovativeresources.com.au

www.strengthscase.com

Wilfrid Laurier University

www.wlu.ca/index.php

What works for children?

www.whatworksforchildren.org.uk



APPENDIX 1: TABLE OF STUDIES, METHODS AND FINDINGS

Title	Aims	Target Group	Intervention	Findings	Evidence	More Information
Worker skill and client outcome in child protection (Trotter, 2002)	The study attempts to identify the extent to which child protection workers make use of skills such as role clarification, problem-solving approach, pro-social expression and collaborative client/worker relationship, and how these skills relate to client outcomes.	Involuntary clients and families involved with child protection services	No intervention used. Data was sought through 50 interviews with child protection workers and 282 interviews with family members. The child protection workers provided information about 247 client families	The study revealed that when workers used the skills, their clients had better outcomes – the workers believed the clients showed better progress, the clients were more satisfied with the outcomes and the cases were more likely to have been closed 16 months later	Qualitative study using interviews with child protection workers and family members. Study only attempts to isolate the influence of one factor in the client's lives, the child protection worker	A limitation of the study relate to the measurements used which can be criticised as being subjective (eg. workers might report good progress where clients have successfully covered up their abusive behaviour). Study has only been carried out in one region in one part of Australia



Title	Aims	Target Group	Intervention	Findings	Evidence	More Information
<p>The impact of different supervision practices in community corrections: Cause for Optimism (Trotter, 1996)</p>	<p>The study investigates different supervision principles including the use of empathy, pro-social approach and problem solving practice in community based corrections in Victoria. It aims to consider whether the combined use of these approaches, by supervising officers, relates to recidivism and whether each of the factors is individually related to reduced recidivism</p>	<p>Thirty Correction Officers working in community based correction services in Victoria</p>	<p>Correction Officers were offered a five day training course which included instruction in the principles of pro-social modelling and reinforcement, problem solving and empathy. Officers were asked to use the supervision model taught in the training course in the supervision of their clients and to participate in a series of ongoing training sessions</p>	<p>The research found that among other things, supervision characterised by a pro-social approach, the use of problem solving and the use of empathy, is related to lower recidivism. Where supervisors make use of these supervision principles, client recidivism rates, as measured by breach rates and re-offending rates one year and four years after the start of supervision, are twenty five to fifty percent lower. The pro-social approach seems to have more impact than the use of problem solving or empathy in this study</p>	<p>Analysis of files and police records to gather information about the extent to which file notes reflected the use of the supervision practices/principles and whether the use of these approaches as indicated in the file notes were related to reduced recidivism of clients. Used rating scales for each file</p>	<p>The study was limited to a small sample working in correctional services in Victoria.</p>



Title	Aims	Target Group	Intervention	Findings	Evidence	More Information
Treatment engagement with caregivers of At-risk children: Gaps in research and conceptualization (Staudt, 2006)	Discussion of behavioural and attitudinal aspects of engagement and identification of the barriers and interventions to appointment keeping	Parents of at-risk children (involved with mental health services)	No intervention used. Review of literature on engagement of families receiving mental health services	Two components of engagement: behavioural (eg. client performance of tasks to implement treatment and achieve outcomes) and attitudinal (emotional investment in and commitment to treatment). Discusses barriers to engagement and ways to increase engagement	Outcome of most engagement interventions is appointment keeping and retention. This is direct and easy to measure, whereas attitudinal measures are more subjective and difficult to attain.	Reviewing engagement strategies do not convey the skill, sensitivity and knowledge that are required to successfully engage the families of at-risk children. A gap in the field is how to engage parents who are court-ordered and where the treatment focus is on the parent. Engagement efforts need to be developed to reach maltreated children and their families



Title	Aims	Target Group	Intervention	Findings	Evidence	More Information
Evaluating a social work engagement approach to involving inner-city children and their families in mental health care (McKay, Nudelman, McCadam & Gonzales, 1996)	Article focuses on increasing the ability of social workers to provide mental health services to urban, low-income children and their caretakers	Children and their families receiving mental health care services	107 children and families randomly assigned to engagement skills trained group or urban mental health agency group	Of the 33 children assigned to the engaged skills group, 29 came for the first appointment and 28 of those returned for a second appointment. In the comparison group of 74 clients, 47 came for an initial appointment and only 39 of these returned for a second appointment. The average length of treatment during an 18-week study period for first interview subject was 7.1 sessions, as opposed to 5.4 sessions for the comparison group	Random assignment of families to groups. Outcome variable was appointment keeping	Small sample size. Outcome variable was appointment keeping. Process information from clients related to their satisfaction with the session and the therapist, their perceptions of being met with respect and understanding and their motivation to return for the next appointment needs to be collected in future studies. Feedback from the therapists about engagement process is also important



Title	Aims	Target Group	Intervention	Findings	Evidence	More Information
<p>Increasing access to child mental health services for urban children and their caregivers (McKay, Stoewe, McCadam & Gonzales, 1998)</p>	<p>The study aims to evaluate the effects of two types of engagement interventions (telephone-engagement and first-interview engagement and telephone engagement combined condition) on the initial attendance and the ongoing retention in child mental health services. Another condition which was the usual intake procedure was also used. Outcome measures include attendance at initial appointments, average duration of contact with a mental health agency and proportion of appointments kept during the study period</p>	<p>109 caregivers and children requesting services at a mental health agency.</p>	<p>Randomly assigned caregivers and children to one of three conditions: combined engagement intervention, telephone intervention alone or the usual intake procedure</p>	<p>The combined intervention and the telephone-alone conditions were associated with substantial increases in attendance at the initial intake appointments in comparison to the clinic comparison condition. Without more intensive engagement efforts, 56 percent of the cases can be lost between the telephone call to request services and the intake appointment</p>	<p>Random assignment. Impact of telephone engagement intervention was limited to attendance rates at initial intake appointments; it did not extend to ongoing rates of engagement</p>	<p>Limitations of the study include not incorporating information from clients about their satisfaction with the agency or the therapists, their motivation to return for future appointments, or the specific barriers that interfered with their use of the mental health services.</p>



Title	Aims	Target Group	Intervention	Findings	Evidence	More Information
<p>Good helping relationships in child welfare: Learning from stories of success (de Boer & Coady, 2006)</p>	<p>The study involved in-depth exploration of good helping relationships in child welfare</p>	<p>Clients involved with child protection services and their case workers.</p>	<p>No intervention used. A select sample of six child welfare worker-client dyads were interviewed to determine worker attitudes and actions that were key to the development of good working relationships</p>	<p>High level of congruency among workers, clients and researchers about worker relationship competencies. Two categories of themes emerged from the qualitative analysis: (1) soft, mindful and judicious use of power and (2) humanistic attitude and style that stretches traditional professional ways of being</p>	<p>Small sample size. Sample not representative of the child welfare sample. Qualitative study based on interviews. Method of sample recruitment may have influenced findings</p>	<p>Innovative features of the research design include multiple interview format with two individual and one joint interview for each worker and client and opportunities for the worker and client in each dyad to reflect and respond to the other's interview transcripts</p>

