Fostering the family, not just the child: Exploring the value of a residential family preservation programme from the perspectives of service users and staff

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ABSTRACT

Placement in out-of-home care is associated with a number of devastating outcomes for mothers and for their children in the short and long term. The aim of this study was to examine factors and processes of change that occurred through participation in a residential family preservation/reunification programme from the perspectives of service users and staff. We conducted in-depth interviews and a focus group with 12 service users and staff from one programme in Aotearoa/New Zealand. Three overarching themes common to the narratives of service users and staff were identified: (1) relationships, (2) programme structure, and (3) psychological resources. We describe eight sub-themes discussed by service users (emotional support, reciprocal learning, trust in staff, programme and therapy, daily routines, insight through trust, self-confidence, love for children) and six sub-themes discussed by staff (love and change, social learning, holistic, self-confidence, attunement, insight through trust). In addition, service users noted the importance of change occurring over time and staff identified the importance of an all-embracing nurturing environment (awhi). We discuss the place of culture as raised by one participant. Overall, the narratives offered hope that family preservation and reunification may be a potential alternative to parent/child separation for some families.

1. Introduction

Childhood abuse is associated with an increased risk of deleterious outcomes across the lifespan of the individual (Anda et al., 2006; Bair-Merritt, Blackstone, & Feudtner, 2006; Boden, Horwood, & Fergusson, 2007; Campbell, Walker, & Egede, 2016; Chen, Turiano, Mroczek, & Miller, 2016; Maniglio, 2009; Norman et al., 2012; Rapsey, Scott, & Patterson, 2019). Removing children from adverse home environments and placing them in out-of-home care (foster care) should improve outcomes for these children. However, when children are removed from parental care due to maltreatment, they remain at increased risk of experiencing a number of poor outcomes including mental and physical illness, poorer educational outcomes, and greater contact with justice and child protection services (Crichton, Templeton, & Tumen, 2015; Ford, Vostanis, Meltzer, & Goodman, 2007; Kling, Vinnerljung, & Hjern, 2016; Szilagyi, Rosen, Rubin, & Zlotnik, 2015; Templeton & Rea, 2015; Viner & Taylor, 2005; Vinnerljung & Sallnäs, 2008). When compared with children from similar backgrounds, studies indicate that outcomes are not improved and may even deteriorate for children in care

(Baldwin et al., 2019; Doyle, 2008, 2013; Goemans, van Geel, & Vedder, 2015). Consistent with quantitative findings, when asked their perspectives on going into care, many children reported missing their mothers and that their lives would have been better or the same if they had stayed with their families (Dunn, Culhane, & Taussig, 2010).

In addition to research finding poor outcomes for children removed into foster care, there is evidence that removal of children into care has deleterious outcomes for the mother (Broadhurst & Mason, 2017; Haight et al., 2002; Kenny, Barrington, & Green, 2015; Wall-Wieler, Bolton, et al., 2018; Wall-Wieler et al., 2017; Wall-Wieler, Roos, Nickel, Chateau, & Brownell, 2018; Wall-Wieler, Vinnerljung, Liu, Roos, & Hjern, 2018). Qualitative evidence describes mother/child separation as a traumatic event that involves the devastating grief of losing a child, loss of identity as a mother, and the added assault of stigma and the societal invalidation of such a loss (Kenny & Barrington, 2018; Kenny et al., 2015; Nixon, Radtke, & Tutty, 2013). Not only does a parent experience the loss of a child but they experience guilt and marginalisation at being blamed for that loss. Quantitative evidence finds that compared with mothers in the general population, mothers whose

children were taken into care had higher rates of mental disorder, housing instability, and poverty prior to having their children removed. Moreover, this inequity increased in the two years after having a child taken into care (Wall-Wieler et al., 2017). When mental health and structural factors that contributed to the initial removal of a child are intensified following the removal of a child, family reunification and thus, ultimately, the child's welfare, is undermined (Broadhurst & Mason, 2017; Keddell, 2016).

Furthermore, a focus on protection from risk and individualistic intervention does not address the structural factors that challenge child welfare (Fong, 2017; Keddell & Davie, 2018; Keddell, Davie, & Barson, 2019). In particular, indigenous children are substantively over-represented in out-of-home care in a number of countries including Aotearoa/New Zealand (Aotearoa/NZ) (Keddell & Davie, 2018; Tilbury, 2009). Intervention practices with a narrow focus on child removal do not address structural barriers, systemic racism, and can further perpetuate harm through a placement that does not ensure cultural continuity (Love, 2006). Moreover, a focus on risk and individualistic child protection policies conflicts with ways of knowing embedded in indigenous identity and values of Māori within Aotearoa/New Zealand (Love, 2006).

To improve outcomes for children and mothers in the context of child welfare concerns, effective alternatives to out-of-home placements are needed ((Deane, Glass, Vystrcil-Spence, & Mignone, 2018; Trocmé et al., 2013; Modernising Child Youth & Family Expert Panel, 2015). Broadly, there is some evidence that interventions to reduce child maltreatment can be effective (Euser, Alink, Stoltenborgh, Bakermans-Kranenburg, & Van Ijzendoorn, 2015; Gubbels, van der Put, & Assink, 2019; van der Put, Assink, Gubbels, & Boekhout van Solinge, 2018). Robust research directly assessing the effect of interventions to reduce out-of-home placements is more limited but indicates that reductions in child welfare placements are possible with savings in human suffering and economic spending (Al et al., 2012; Huebner, Robertson, Roberts, Brock, & Geremia, 2012; Kirk & Griffith, 2004; Landers et al., 2018; Schweitzer, Pecora, Nelson, Walters, & Blythe, 2015). Family preservation interventions vary across multiple different variables including, for example, programme length, delivery setting (e.g., home, residential), intervention components (e.g., parent-child communication skills, problem solving, anger management), and selection criteria of participants, but are more likely to be short-term and based on a crisis-intervention model. A minority of studies have investigated longer-term, residential programmes (Bromberg, Backman, Krow, & Frankel, 2010; Deane et al., 2018; Landers et al., 2018; Vorhies et al., 2009) with minimal robust evidence available to determine effectiveness.

In the current study, we explore an Aotearoa/NZ based intervention that aims to avoid parent/child separation through an intensive, 6–12 month, structured, support programme. In this programme, the mother and the children in her care are placed in residential care *together*. During the intervention, the mother and her children participate in a therapeutic and parenting skills focused programme aimed at changing the factors associated with care and protection concerns. The programme is one of three similarly structured programmes available in New Zealand. The objective of this study was to identify the elements and processes that participants and staff believed contributed to change within in the programme.

2. Method

2.1. Research design

Qualitative data were collected from semi-structured one-on-one interviews and a focus group. All potential participants were provided with an information sheet which included the research aims and an overview of the study. After reading through the information sheet potential participants were provided with an opportunity to ask questions about the research process. Interviews were held in a private room on-site at the residential setting over a period of two days. The group interview was held in the staff meeting room. All interviews were audio-recorded for transcription purposes. Interviews with service users ranged from 20 to 64 min (mean 39 min). The two staff interviews were 30 and 42 min in length and the focus group ran for one hour.

2.2. Researcher description

CMR had previously visited the site and was familiar with another family foster intervention operating at another site. The interviewing researcher (CJR) had no prior knowledge of, or involvement with the intervention.

2.3. Programme description

The programme was located in a large urban city in northern Aotearoa/New Zealand and run by a non-governmental organisation. Participants were most commonly referred to the programme by child protection services and while taking part in the programme children were under joint guardianship of the parent and the State (this is the legal status of children when placed in foster homes). Referrals were most commonly received from the city in which the programme was located but referrals were accepted from throughout the country thus a woman and her children may have relocated some distance to be in the programme. The women were not mandated to attend but the alternative was that their children would be removed from their custody. The women and their children typically remained within the residential programme for 6–18 months; they lived together in small private units with communal cooking and dining facilities. During the day there was a strict routine, children were in child care or in school and the women took part in group therapy, individual therapy, parenting classes with a focus on attachment theory, and domestic violence classes. The women were responsible for cleaning and cooking according to a roster. Once participants have graduated from the programme, staff reported remaining in contact and providing various levels of support to some graduates despite this being outside of their contractual requirements. The lack of adequate formal transition services and support was noted by several staff.

2.4. Recruitment and sampling

All service users and staff involved in the programme at the time of the study were invited to participate. No exclusion criteria were applied.

Prior to the interviews being conducted the interviewer had no direct interaction or contact with service user participants, and limited contact by way of email with some staff participants. The study received ethics approval from the University of Otago Ethics Committee.

2.5. Study sample

The study sample consisted of service users and staff involved in delivery of the programme. Five service users, aged 25–37, at various stages of programme completion, participated in a semi-structured interview. Participants level of programme completion ranged from 6-weeks post-admission to having completed the residential component of the programme and moved into supported living five weeks prior to the interview. Service user participants identified as Māori (indigenous New Zealander) and/or Pākehā (New Zealander of European descent) ethnicities.

All of the service users reported that they had experienced childhood abuse or neglect. Several participants were at-risk of having their children placed in permanent foster care due to ongoing exposure to domestic violence. Reasons cited for admission to the programme included domestic violence, mental illness, and drug addiction. Most

often service users had their children removed from their day-to-day care prior to admission, some having multiple children in different care settings.

Seven staff members participated in the study. A focus group was held with five staff, and one-on-one semi-structured interviews were conducted with two staff members who were unavailable to attend the focus group. This yielded five transcripts from service users and three transcripts from staff participants for analysis. Staff participants were all female, aged 43 to 66. The roles of staff interviewed included child psychotherapy, practice manager, senior practitioner, awhina whānau (family support), support, and administration. We note that while having a wide range of staff participating may have meant that multiple perspectives were gained, there was also the possibility that some staff may have felt restrained in making negative comments about the service in a group setting including senior management. The longest serving staff member interviewed had been involved with the service for 41 years and the newest staff member had been employed by the service for three months. Staff identified as Māori, Samoan, and Pākehā ethnicities.

2.6. Data analysis

Inductive thematic analysis was applied according to the six-step methodology outlined by (Braun & Clarke, 2006). Themes may be developed inductively (from raw data) or deductively (from existing theory and research) (Boyatzis, 1998); this study took a primarily inductive thematic approach to develop themes due to the exploratory nature of the study with data from service users and staff analysed as two distinct data sets.

The analysis was conducted by CMR. The first step of analysis involved reading through each of the interviews and highlighting all sections relevant to the aims of this research. After the first reading, initial notes about content were made. Following this, all of the interviews were read again and relevant sections were labelled with codes. The coded extracts were then sorted into categories with similar meanings to develop initial themes. Initially nine themes were identified within the service users stories and eight themes within the staff stories. There was no a-priori intention to organise themes in the same way across service-users and staff, however the identified themes were grouped according to three current over-arching themes that were the same for both groups. At this time, two themes were combined from the staff stories and the theme of culture added. Time was seen to apply to the three over-arching themes and so was moved from being an aspect of the programme structure to a stand-alone theme. Likewise, awhi was seen to apply across themes and so was represented as an over-arching theme rather than a component of the theme of relationships. Theme names were developed to describe the processes of change within the foster the family intervention. At this point in the process there was a discussion between CR, a second independent qualitative researcher, and a clinician working in this field about the themes. All of the data was then reread to check the consistency of initial themes across the data set and to refine themes, and the content within them. Any names included in the extracts are pseudonyms.

3. Results: Service users

As can be seen in Fig. 1, three broad categories were identified among service users descriptions, these were the importance of (1) relationships (2) programme structure, and (3) psychological resources. Within these broad categories, we identified eight sub-themes: (1) emotional support; (2) reciprocal learning; (3) trust in staff; (4) programmes and therapy; (5) daily routines; (6) insight through trust; (7) self-confidence; (8) love for children. We also identified a fourth underlying theme, development over time.

3.1. Support and validation experienced in close relationships are important for change to occur

All participants identified the importance of the supportive relationships they had formed with other mothers and with staff.

The fact of the matter is you grow close; we all grow close and we love each other, and we're you know, a family here. (P1)

They described feeling that they were able to talk to other mothers and staff and that they would be listened to without judgement.

If I need to go and moan and bleat and get it all out then you know, one of the other mums is always there to listen to me. (P5)
The staff being easy to talk to and not judging you… take the time to listen to what you've got to say. (P2)

As a consequence of being listened to and understood, the women described being better able to regulate their emotions and undertake emotionally taxing activities due to social and practical support. For example, one mother described that the staff noticed her anxiety about taking her child to day care and so came along with her. Another participant described how others helped her change her mood from grumpy to positive:

I can sometimes be in this snotty mood when I go to class but then either one of the other mums or depending on the teacher we got for the day will help turn my mood around… there's more laughs here than there is grumpiness. (P2)

3.2. Reciprocal learning

The relational focus described by service users and staff enabled a safe environment for women to learn new parenting skills and also allowed direct modelling of relationship skills. Moreover, several participants recognised the role that they had in helping others in the programme. They saw themselves not only as recipients of the relational benefits of the programme but active participants in being role models and contributing to change in others.

I've been a real supportive role model to the other mothers… So yah, I've pretty much helped the mums find their voice in voicing things. (P5)

One participant was proud to be able to be a positive role model for others when she explained that she was going home with her child in her care despite reporting that she had been told that this would never happen:

I just said to her 'take it from someone who's going home in a month, who, when I came here they said that I would never live independently with my child ever. I'm going home with my child. (P1)

A participant also described the influence of watching children at the programme being taken into state care and the effect on her own motivation to care for her own children.

To see what trauma the children suffered and went through I thought was what my kids must have went through the same day they were taken. So that was really hard and that really impacted my, you know, I just wanted to be their mother and caretaker for them I just wanted to be there to hold them and hug them. (P5)

3.3. Development of trust in staff

A component of building relationships with others and a key element facilitating change, was participants development of trust in the staff. Initially, participants came into the programme distrusting staff and highly fearful that their children would be removed from their care. Over time, they described that their perspectives changed from one of believing that staff were watching them for evidence that they were bad
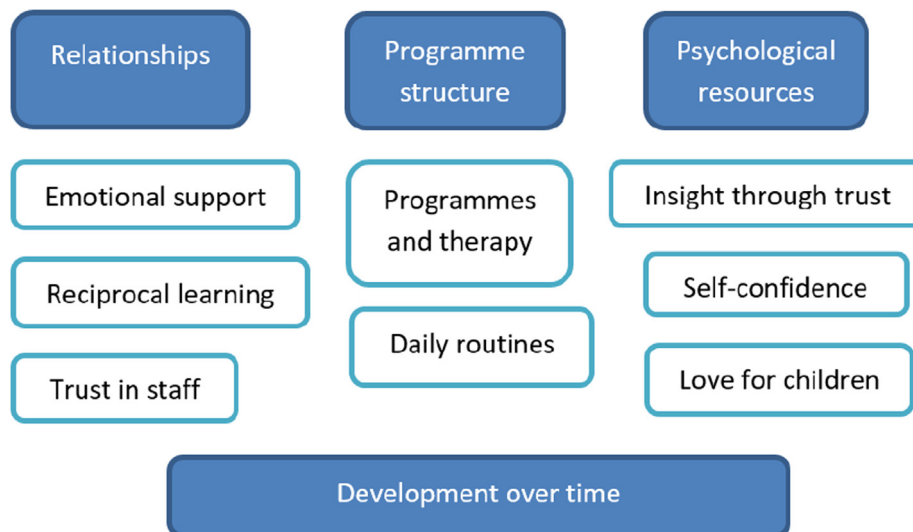
Fig. 1. Service users perspective.

parents to one of believing that the staff wanted to help them be good parents.

> …it does take three months for you actually to settle in properly and start showing your true self, because at first when you first get here you're trying your hardest not to do anything wrong because you've got that fear of losing your child straight away. (P5)
>
> I didn't trust these people; I didn't trust them at first because I was like 'I don't know, I could still lose my children'. (P4)

Over time participants developed trusting relationships with staff and this allowed for a shift in perspective from resistance to insight, vulnerability, and change (developed further in the third theme).

> Once you let them in, it's not as bad as what you think it is. Like, they're all good people. …like I got so used to them, like being growled from them (laughs), and taking advice from them. (P4)

An essential element of participants change in perspective and ability to ask for help and accept help, was the belief that staff were on their side and believed in them and their ability to change.

> [They] will try their best to keep you in the programme and give you another chance… (P4)
>
> They're there for support if you ever need it. They'll always come in to fight for us. (P1)

3.4. Development of parenting and life skills through participation in therapy and programmed classes

All of the participants described aspects of the structured programmes as contributing to changes across the domains of knowledge, skills, and psychological insight. For example, participants gave a wide range of examples of the influence of the parenting classes and the reinforcement by staff in helping them understand normal child development and parenting skills.

> My parenting skills have improved… like you learn strategies and stuff. (P4)
>
> Maybe sometimes just the different way you speak to your kids. Maybe instead of saying like "do you think you could talk less and eat more?' then say 'what a good job you do at talking and eating.' (P2)
>
> I've learned a lot and our lives have changed… It does work [therapy] and parenting classes and stuff, they work. (P4)

One participant also described learning practical life skills as contributing to reduced stress overall, and therefore indirectly contributing to their ability to better parent.

> Our budgeter cracked down on all the bills and stuff. So I've got no bills. (P4)

Several participants discussed the impact on their psychological growth of the different group therapy sessions that were part of the programme.

> We had a lot of play therapy, so if we didn't come here then that probably wouldn't have happened and I'd probably still be struggling with the issues that I was having. (P1)
>
> So we all hate Thursday class [interpersonal violence] but what she does is pretty good. She gets right down to the dirty stuff, even though we don't want to go there. (P3)

One participant discussed the value of having psychologists involved in the programmes as she felt that they were able to understood the complexities and challenges of borderline personality disorder.

3.5. Participation in routines of communal living

All participants noted that they valued the opportunity and support to establish and implement daily living routines within a communal living environment. Although maintaining a routine was a new, and sometimes challenging, skill for service users,

> Like you've got to get up for breakfast and your kids have to be dressed and everything. You can't go in the kitchen with your pyjamas and stuff. So yeah, there was just- Everything was just routined. (P4)
>
> There's some- I've always known routine is good, you know. It's just trying to get him into a routine. Difficult. (P5)

Another aspect of communal living was the opportunity to observe staff interacting with the children or providing help with practice day-to-day activities.

> It was one of the other staff, one of the staff who said, 'You can start giving him vegies at night.' (P2)

3.6. Psychological factors are a key element of change.

The third overarching theme captures the internal motivation, cognitive and psychological processes that enabled change.

Theme 3.6.1. Development of insight within trusting relationships

Service users described a change in perspective from resistance and defensiveness to trust and vulnerability enabling change. This theme

was closely aligned with the overarching theme of relationship, specifically, theme 1.3, the development of trust in the staff; however here, we highlight the resulting change in perspective. Initially, service users described that they did not believe that they were responsible for the involvement of child welfare services.

> *I didn't think it was my fault, I didn't think I needed to be here. So everyone has that, everyone I talk to who comes in, new mums are like "I don't even know why I'm here"…* (P4)

> *I thought I didn't need this programme at first cos I am a good parent.* (P5)

Within a trusted relational context, services users described the development of insight into what they needed to address and change in their parenting.

> *Throughout my addiction I still thought I was there for my children but I can see now that maybe I wasn't there so much as what I should have been.* (P5)

> *I'd just be quiet during therapy until I got to know her, and then I started talking to her and started going over the incidents, and she'd ask me every month and the end of the month like "and why are you here?"…The first month I'd be like "I don't know why I'm here. I don't think I need to be here. I'm a good mum" and stuff like that. Six-months later it was like - because of domestic violence incidents and unsafe for my children.* (P4)

This theme contains a dialectic in the women's narratives; a reduction in defensiveness and the development of vulnerability allowed service users to examine and address issues such as addiction and violence, thus growing stronger. A safe place, with supportive relationships, is necessary for such a process to occur.

Theme 3.6.2. Development of self-confidence in a parenting role.

Growth in their understanding and adoption of the parenting role was a second psychological process that was identified by three services users.

> *I now look at my children in a different way. I'll be their Mum, not their best friend. I'll still be their best friend, but I can draw the line between mother and best friend.* (P5)

A third participant specifically described an increase in self-confidence and self-efficacy in their ability to parent their children.

> *It boosted my confidence to the point where I could actually say to staff here, "no I'm taking her to the doctor" or "we're going here" or "no I need to do this with her."* (P1)

Theme 3.6.3. Love for their children

All of the service users described the centrality of their children in their motivation to engage with the restrictions of the programme and the hard work of making changes in their own lives and parenting behaviours. This theme differs from the others in that this love for their children was an essential quality that they possessed coming in to the programme.

> *My strength for my children is what's kept me clean throughout the programme… if I want my kids and I want my kids to succeed in life, then, you know, I want my kids to see that I'm a changed person… then I have to be a role model for them… It's for my kids, it's for my family, for my kids and that's all there is to it.* (P5)

> *He's at the centre and everything I do is for him.* (P2)

In addition to being an intrinsic strength possessed by the women, one service user also described an increased awareness of what it meant to operationalise this love and that this developed as part of their participation in the programme.

> *You have to change everything because everything has to revolve around your children.* (P4)

3.7. Development over time

When asked how their time had been in the programme, the first comment by two participants was "long". The length of the programme or the time needed to develop and change, was a thread seen in several of the themes. The programme duration varied dependent on the service users' engagement and progress but typically service users remain in the residential component of the programme for a period of ten to twelve months. This was viewed by all service users as difficult but also a necessary amount of time to work on making and maintaining changes in their parenting practices.

> *This programme for me, it's been alright. It's been a really long one. I didn't think I'd be here as long as I've been here… It was quite challenging at first, but I'm in a really good headspace now.* (P5)

4. Results: Staff

4.1. Awhi: The importance of an all-embracing, nurturing place to grow.

> *Some do really, really well here as they're growing because they're – they're awhi'd.* (S12)

The over-arching concept of awhi, a Māori word meaning to embrace, support, surround, and nurture was expressed multiple times in different ways by staff members. This concept underpinned the way that staff saw relationships and programme structure to operate. As represented in Fig. 2, we identified that staff reported overarching themes of relationships, programme structure, and psychological
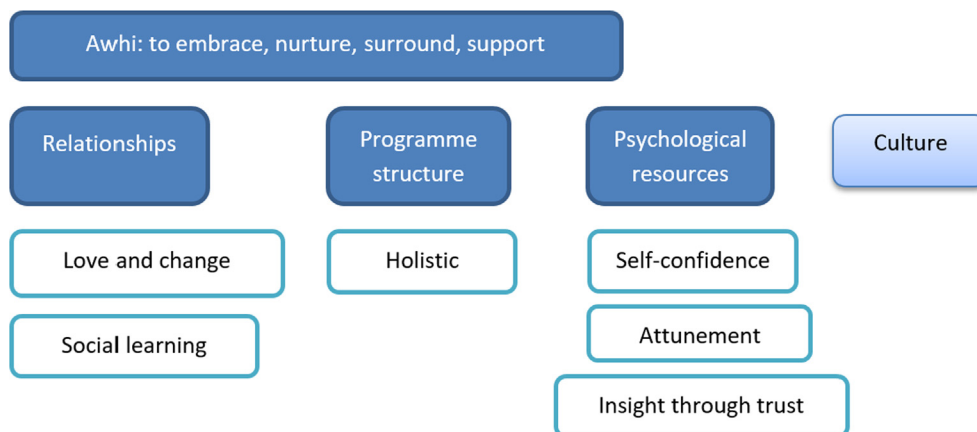

Fig. 2. Staff perspective.

resources as did the service users with some differences in five sub-themes: (1) Caring, validating, family-like relationships enable growth and change, (2) social learning, (3) holistic service delivery, (4) development of self-confidence in themselves and as parents, and (5) attunement to the needs of their children. We also include the over-arching theme of culture, which was not identified by service users.

Theme 4.1.1: *Change occurs within family-like relationships with other mothers and with staff.* The essential value of warm, supportive relationship was present in many comments. The theme of supportive relationships was a strong narrative in the services users accounts as well; however, staff more often used the metaphor of family and belonging.

So when you're in here it's family, okay. They're part of a family. We're a part of their family, they're a part of us. So it's a family. (S7)
This sense of family and being safe, it's a huge part of it. (S6)

Within the safety of these relationships, staff described possibilities for change and growth.

It's not a matter of telling them they need to do this, they need to do that, or they need to do the other thing. They know if you don't care. …your primary strategy is to get into a relationship with this mum… (S11)

Staff viewed the programme as providing substantially more than a skills training environment where participants were provided with information or had their parenting critiqued. An important aspect of change, present in several staff accounts, was an awareness that they were walking beside the women and that they both had the same goal in sight.

It's that love behind there, you know. You're not here to just judge them, but to try and help and be there. (S9)
No-one ever stood beside her and praised her and helped her along her journey so she still feels that… we're her family still. (S7)

Theme 4.1.2: *Social learning: Service users learn from each other within community.*

Staff identified that the residential nature of the programme meant that women were able to learn from each other in a range of different ways including in the stories shared as a part of group therapy and in day-to-day modelling of how staff and other mothers interacted with the children.

A lot of their growth can be off their conversations with mums… they learn from the other mothers sharing their stories in group therapy… (S12)
Role modelling is a big thing here… Before you know it they're copying you and you can hear them, or they pick up on other mothers because others mothers have picked up on the role modelling (S12)

As well as social learning through observation, opportunities were present to actively practise and develop interpersonal skills. Staff reported providing scaffolding to help women develop conflict resolution skills in situations that arose naturally in the context of living in a community.

The other learning thing is about how to repair relationships… owning your part in it and finding a way forwards. (S6)
I guess the staff are very good at, like pushing- Not, not pushing that with them but bringing up the opportunity to think about "So, so how did that happen? And you were a part of that so it can't just be everyone else's fault. So what was your part in it? And what could you have done differently? (S6)

Theme 4.2: *Change occurs through the accessibility, consistency, and routine of an holistic service.*

The holistic, wrap-around service was identified as a practical component enabling change. Staff saw the advantages of this to include that consistent messages were given to service users in multiple ways, logistical obstacles to attending classes were removed, and service users

were able to experience and practise living with routine.

It's holistic, it's like a one-stop shop so everything's on site for them… things like travel, travelling to different programmes or not having enough money to catch the bus or that kind of stuff impinges, and has a big impact… the fact that everything's onsite, not only can they attend everything but while they're doing that they're learning about time management and routine and creating the real safe boundaries and security for their children. (S12)
…it's not just the support workers or Jane, or me, or Ben, or Alofa, that in group classes, that they pick up the same kind of strength and struggles, and attend to that in a different kind of way. So it's the same messages. (S6)
…this is every day they're supported; seven days a week. You know, they even have therapy and counselling and they have classes and people that are you know, gathering them up and wrapping around them like the circle of security. (S7)

Theme 3.3.1 *Self-confidence and empowered parenting role*

The third theme described by the staff reflected the psychological growth that they saw the service users undergo. They described the mothers beginning to recognise their own self-worth.

…when they start changing themselves you know they're growing their own self-worth.…grow steadily within themselves become self-empowered. (S12)
It's a great opportunity for them to reconnect. Not only with their children but with themselves first and foremost. (S9)

In addition to a growth in self-confidence and belief in themselves, staff described the mothers becoming increasingly confident in their parenting role. They described the importance of the women experience making decisions for themselves and for their children or learning to intervene to meet the needs of her children, for example telling her child to wear a coat if her child wasn't dressed warmly enough.

For lots of the mums it was finding a voice. (S7)
So who's the mum? I am. (S6)

Staff noted that while the mothers' flourished when they were given praise or encouragement, believing in themselves was a new experience for many of the women.

That's quite a big thing for the mums in terms of having people believe in them. Believe that they can actually change and do things differently. Believe you know, they can go out into the world and make a difference for them and their children. (S6)

Theme 3.3.2 *Attunement and recognition of their children's needs.*

A second aspect of psychological growth observed by staff was an increasing ability of the mothers to reflect on their own parenting practice and see the world from the perspective of their child. There were several aspects to this growth in awareness of their children's needs including understanding attachment needs, developmental capacities of different ages, and the transactional nature of relationships. For example, staff here reflect on an increase in the understanding of development and attachment needs, that is interpreting a child's often challenging behaviour as representing an unmet need.

I guess what I see for some of them is that they actually are able to stand in their children's shoes a bit better and think about what behaviour may mean and that you know, and about unsettled behaviour being about 'the child needs you'… (S12)
I think they get a greater understanding of their children, and their children's development, and what their children need because you know the staff will often often always be directing them back to their- So, you know like if someone's throwing a massive wobbly so what do you think they need? What do you think they want right at this minute? (S6)

This staff member describes situations where the development of insight into how their own parenting behaviour influences the

behaviour of their children, enabled change.

> *There are two or three mums I can think over the time who became very, very reflective about the impact their behaviour on their children. That they could really go to owning that.* (S11)

Several staff members also recognised that the service users want the best for their children and that this was something that service users had when they came into the programme.

> *She was always really interested in her children. So she was always willing to learn. She had an openness about trying to change things for her son when they were here... They really, really do want it to be different. They don't want to repeat the same things that happened for them.* (S6)

Theme 3.3.3 Development of insight and trust in others allows for change.

Similar to the service users, staff narratives contained a dialectic whereby the development of insight and vulnerability was necessary for mothers to seek help and change past behaviours. Staff noted that when mothers came in to the programme they had a keen awareness of the possibility that they would lose custody of their children. Staff saw this fear presented a substantive obstacle to showing insight into, or admitting to, their role in child protection issues and therefore to seeking help to change those issues.

> *There are a lot of women here who don't want to make a mistakes because they think they will lose their children, so therefore they come across as something that they're not...* (S7)

Over time, with the development of trusting relationships, staff described the mothers increasingly showing the strength to admit to changes that they wanted to make and allowing others to help them in this process.

> *...being able to make mistakes and own them and then move forward to not do them again.* (S12)
> *Over a period of time the walls will come down and they become more open and honest... To be able to reach out for help and not be their own island.* (S12)

4.2. Culture

One staff member commented on the of culture in identity development.

> *They don't know who they are, these women, culturally speaking. That's what I find. They don't bring a strong sense of their cultural side.* (S12)

5. Discussion

The predominant tone of the narratives in this study reflected hope and optimism. Within the context of literature that emphasises multiple poor outcomes for mothers and children associated with foster care placement (Baldwin et al., 2019; Doyle, 2013; Wall-Wieler et al., 2017; Wall-Wieler, Vinnerljung, et al., 2018) and child welfare system reviews that call for greater family support (Hughes, 2013; Modernising Child Youth & Family Expert Panel, 2015), the findings of this study point toward how change can occur within a family preservation intervention. Three central themes contributing to change were identified within the reports of service users and staff, the centrality of relationships, the value of holistic, structured programme learning, and the development of psychological resources. Although staff and service users perspectives were analysed separately, it became clear that there was congruence in the overall themes described by both groups. This high degree of congruence may also be a factor contributing to positive changes, with staff and service users aware that they are on the "same side" with the same goals.

Service users and staff all described the key role of supportive, loving, family-like relationships. This is consistent with a meta-analysis finding larger effect sizes for curative interventions providing social and/or emotional support (van der Put et al., 2018). On the other hand, our findings contrast markedly with qualitative studies that include women who have had their children removed into care (Haight et al., 2002; Kenny & Barrington, 2018; Kenny et al., 2015; Nixon et al., 2013). In those studies, the grief and losses associated with the removal of children from parental care were highlighted along with the societal invalidation of that trauma. Further, the repercussions of parent/child separation included reduced parental self-efficacy, increased behaviours that were damaging to the mother's health, and increased social instability; thus potentially contributing to a downward trajectory of decreasing parenting resources (Broadhurst & Mason, 2017; Haight et al., 2002; Wall-Wieler et al., 2017). In contrast, the stories in this study suggest the means to an improving trajectory for parent and child.

Furthermore, forming trusting relationships with staff allowed service users to develop insight into, or to admit to, their needs for help meeting their parenting goals as opposed to their initial fears that staff surveillance would result in the loss of their children. This trust in service providers enabled change: In a safe environment, women were able to acknowledge their struggles and accept help to learn and grow. Again, this is in contrast to qualitative studies with women who have had their children removed, where women reported a need to defend their parenting against service providers or hide any vulnerabilities for fear that this would result in their children being returned (Haight et al., 2002; Nixon et al., 2013). For example, Nixon et al.'s study described women's loss of self-efficacy and diminished ability to adequately parent their children due to loss of confidence in themselves and distrust of service providers. Distrust of service providers meant that instead of feeling able to ask for help, women felt that if they were seen as making any wrong step then their children might never be returned to them.

Both staff and service users reported that the formal therapy and skills-based classes were an invaluable part of learning. Although evidence for the effectiveness of programmes to prevent child maltreatment is inconsistent (Euser, Alink, Stoltenborgh, Bakermans-Kranenburg, & Van Ijzendoorn, 2015; Gubbels, van der Put, & Assink, 2019; Landers et al., 2018; van der Put, Assink, Gubbels, & Boekhout van Solinge, 2018), aspects associated with the delivery of the formal programmes may enhance programme effectiveness in a family foster intervention. Staff in particular highlighted the value of all programmes being accessible on site with no practical obstacles to engagement. Staff and service users also noted the value of messages being delivered and modelled by multiple staff and other service users. One staff member explicitly connected the programme structure, relationships, and community living through use of the concept awhi whereby the mothers were loved, supported, and nurtured by multiple elements. Such an environment contains components similar to those described in therapeutic community interventions, which have some evidence for effectiveness in addiction treatment (Magor-Blatch, Bhullar, Thomson, & Thorsteinsson, 2014; Pearce & Pickard, 2013; Vanderplasschen et al., 2013). Further to this, service users highlighted establishing and maintaining daily living routines to be a key aspect of the community living

While two of the themes, relationships and programme structure, reflect external change mechanisms, the third theme describes several internal mechanisms. Service users described pre-existing love for their children as the foundational motivation for everything that they did. Following from this, while staff observed that the women loved their children, they focussed more on describing the attunement and ability to meet children's needs that they observed developed over time. Synchronicity between the love the mothers felt for their children and their skills and internal resources to show that care, developed over time and within the context of trusting relationships. This psychological growth may represent what has been termed a transition or turning

point in the literature (Giordano, Cernkovich, & Rudolph, 2002; Nguyen & Loughran, 2018).

All participants noted that psychological change developed over time, with the service users being particularly clear that the length of the intervention was an essential component in providing time to develop trust in their relationships with others. This is somewhat supported by research that finds that curative programmes (i.e., with maltreating parents) of a moderate length (6–12 months) have larger effect sizes (Euser et al., 2015). However, the majority of family preservation interventions are short-term and not residential (Al et al., 2012; Schweitzer et al., 2015) therefore direct comparison of the effectiveness of components is difficult.

A programme that is more similar to the "family foster" model described in our study is the Canadian Live-In Family Enhancement (LIFE) model, which involves the mother and her children being fostered together (Deane et al., 2018). The similarity is that family stay together, the intervention is 8 to 12 months, and there is 24 h support at all times within their foster home but differs in that it is not a holistic service with formal programmes and community living within one site. A qualitative evaluation of that model, however, found four of the six identified themes were consistent with the themes we identified: (1) establishing predictable routines; (2) developing self-esteem and competence in parenting; (3) building trust in the agency and others; (4) broadening the circle of support and repairing relationships.

We note that among service users and staff only one participant discussed the place of cultural identity. This contrasts with a qualitative assessment of another residential programme in Aotearoa/New Zealand, albeit for offenders, which identified the unequivocal importance of Māori culture in rehabilitation (Ashdown, Treharne, Neha, Dixon, & Aitken, 2019). Moreover, others have noted the role of reconnection to culture as integral to healing and the superior effectiveness of culturally responsive interventions (Bombay, Matheson, & Anisman, 2014; Griner & Smith, 2006). Despite lack of direct referencing to culture within this study, family preservation provides greater opportunity for cultural continuity than child removal.

This study provides unique insight into the components and processes of an intensive family preservation programme. In considering our study within the broader field, we have discussed research investigating: components of non-residential programmes to reduce child maltreatment (van der Put et al., 2018), the value of therapeutic communities to treat addictions (Magor-Blatch et al., 2014), intensive but non-residential programmes to enhance family preservation (Al et al., 2012), and the importance of culturally responsive interventions (Griner & Smith, 2006) although none of these fields has investigated the specific combination of components comprising the family foster intervention described here. This study contributes to the small body of literature examining alternative to out-of-home care however, more robust research is needed. Quantitative research is necessary to investigate whether participating in this programme results in reduced risk of future out-of-home placements (Kirk & Griffith, 2004). Further, it is important to know what the social, emotional, and health outcomes are for children and their mothers when mothers participate in the family foster intervention compared to children who are removed into an out-of-home placement. Also, it is likely that this type of intervention is effective for some parents more than others. It will be important to be able to identify which parents are best suited to participate in this intervention.

The stories told in this study suggest that a relational and skills based programme within a supportive residential community environment has the potential to change the lives of women and children. It is time to change the focus of child welfare interventions from one that focuses only on the child to a new paradigm that understands that parent and child well-being are inter-related. The stories of service users and of staff suggests that a paradigm that fosters family resilience is worth investigating further.

Declaration of Competing Interest

The authors declare no conflicts of interest with respect to authorship or publication of this article.

Authors' contributions

Rapsey designed the study, analysed results, and was responsible for writing the manuscript. Rolleston interviewed participants and contributed to the analysis and writing of results.

Appendix A. Supplementary material

Supplementary data to this article can be found online at https://doi.org/10.1016/j.childyouth.2019.104505.

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