

# Functional Family Therapy – Child Welfare

FFT–CW<sup>®</sup> is an intensive, in-home, strengths-based program that works with children and young people together with their family or kin to help them strengthen relationships, improve communication and respond to challenging behaviours that could place them at risk of a statutory child safety intervention. Its overall objective is to enable children and young people to remain with their families where it is safe to do so.



YFS was funded by the Department of Child Safety, Youth and Women (DCSYW) to deliver FFT–CW<sup>®</sup> as a pilot in the Beaudesert and Browns Plains region. The pilot is part of DCSYW’s investment in trialling evidence-based models to enhance the family support sector and promote early intervention.

## Evaluation

DCSYW commissioned ARTD Consultants to evaluate the implementation, appropriateness, effectiveness and efficiency of the FFT–CW<sup>®</sup> pilot. The evaluation covered the first two years of implementation, 1 May 2018 to 30 April 2020, and included interviews with participants, staff and stakeholders.

## Profile of program participants

- 17% Aboriginal and Torres Strait Islander
- 6% culturally and linguistically diverse
- Substantial history with service system
- Present with multiple and complex needs

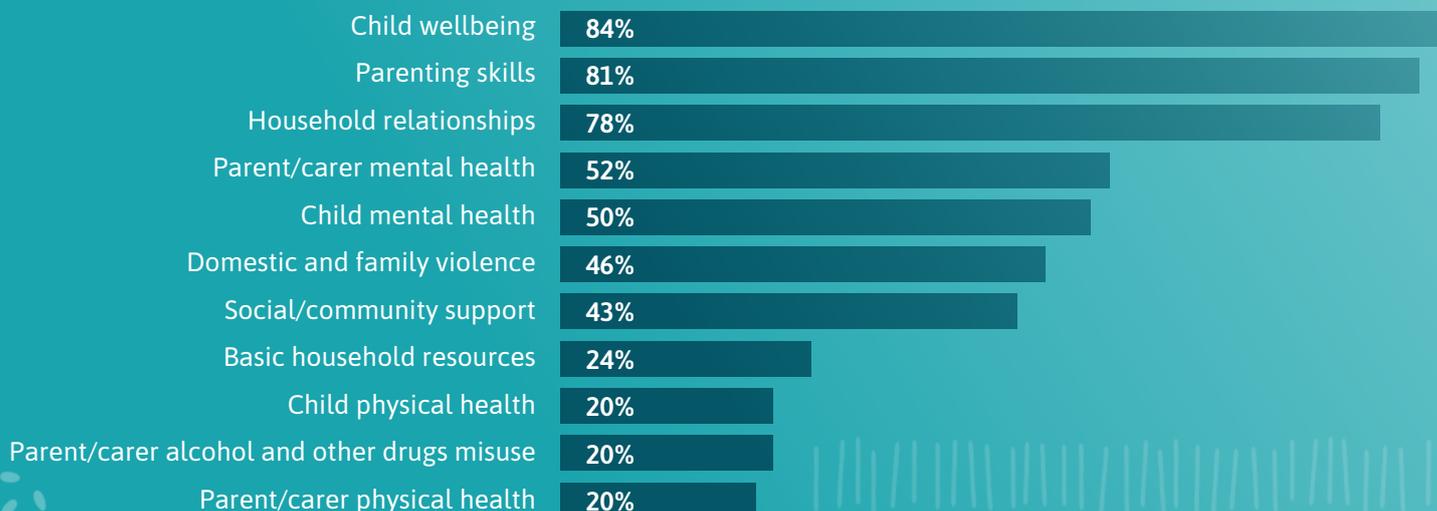
## Program implementation

FFT–CW is an evidence-based model developed in the United States. The program is delivered over four to seven months by a therapist. It works to change entrenched family dynamics that contribute to poor outcomes. It does this through delivery of three family therapy phases:

- engagement and motivation
- behaviour change
- generalisation.

The evaluation found that FFT–CW<sup>®</sup> was implemented with fidelity to the model.

## Presenting issues



## Key program outcomes

### Increased skills

Increased skills such as emotional regulation, parenting skills and calming strategies were recorded. For example:

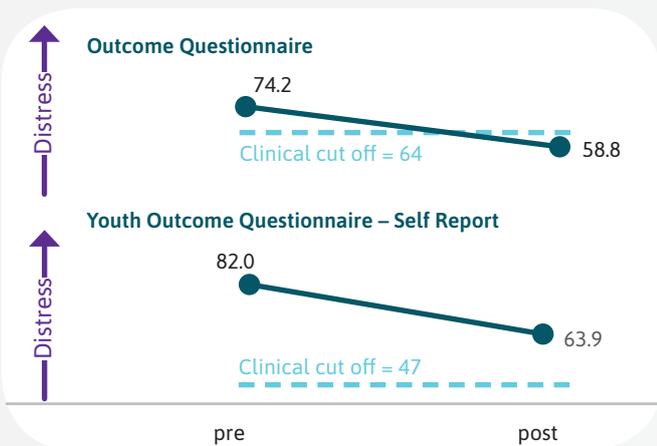
96% of young people and 94% of parents felt that parenting skills were better as a result of the intervention.

### Reduced mental distress

Both parents and children recorded substantially reduced mental health symptoms.

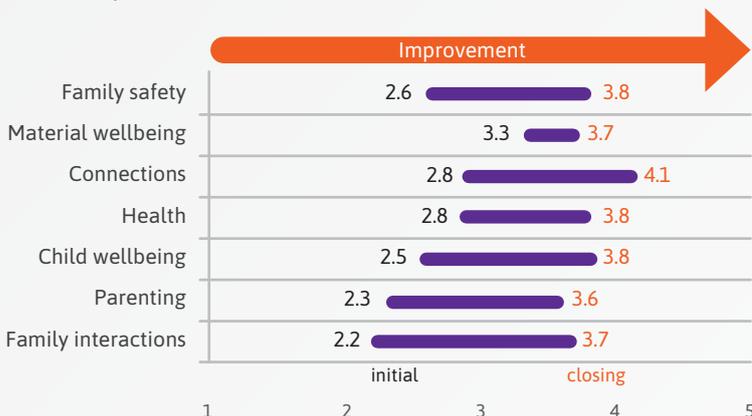
For parents, average post-service scores dropped below the clinical threshold, indicating significantly reduced levels of anxiety, depression, stress, and interpersonal and social difficulties.

The evaluation found that children and young people's post-service scores remained above the clinical threshold, indicating sizable levels of psychological distress.



### Improved family relationships

The evaluation showed improved overall family wellbeing, particularly in relation to family interactions, which increased by 1.5 points (on a 5-point scale) from an initial score of 2.2 to 3.7 by closure.<sup>1</sup>



<sup>1</sup>Wellbeing Domain Assessments

Most parents and their children agreed the program was useful, and their relational skills were better as the result of participating.

## Strengths

- **The family-therapist relationship** – therapists were described as patient, understanding, relatable, honest, comfortable, open and warm, good listeners, engaged and attentive.
- **Relentless engagement** – the team used multiple contact methods and immediate rescheduling of appointments to secure participation.
- **The tailored and flexible delivery** – FFT-CW<sup>®</sup> is offered in-home and after-hours.
- **The practical and educational nature of therapy** – sessions were described as well-paced, planned, balanced, interesting, accessible.

## Challenges

- **Recruitment and retention** – the model requires highly skilled therapists who are able to engage and build a therapeutic relationship with a diverse range of families and are willing to work after hours. This limited the pool of eligible candidates. Recruitment also needs to align with FFT-CW<sup>®</sup> training schedules and allow time for therapists to learn the model.

## Key learnings

**Program suitability** – the program was found to work best with families that:

- have some stability
- are willing to engage and are motivated to change
- are experiencing entrenched relational issues
- are not experiencing coercive and controlling domestic violence, active sexual abuse or psychotic behaviour
- are proficient enough in English to complete assessments and understand therapeutic concepts.

**Cultural appropriateness** – stakeholder feedback indicated the model is culturally appropriate and respectful, but further consultation with the Aboriginal and Torres Strait Islander sector and community would be beneficial to inform further roll-out.

**Other support needs** – around 30–50% of participating families had additional support needs, suggesting therapeutic and case management support is complementary.

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