Supporting Multi-Stressed Families – What They Need and What Social Services Can Do

By Dr Mathew Mathews
Senior Research Fellow, Institute of Policy Studies, Lee Kuan Yew School of Public Policy (IPS-LKYSPP), National University of Singapore (NUS)
• How do we conceptualise families which exist in a context where they face substantial challenges?
• Should we focus on
  - the many problems they face?
  - their inadequate resources to deal with the stressors?
  - how they have been resilient/ resourceful in the face of many adversities?
• How do we, while trying to destigmatize these families, also address real issues?
Assessing Multi-stressed families

- Child factors
- Parent factors
- Child-rearing factors
- Family functioning factors
- Contextual factors
- Social network factors

Child factors

- Psychiatric problems (e.g. depression, obsessive compulsive disorder)
- Developmental problems (e.g. autism spectrum disorder)
- Learning needs (e.g. dyslexia)
- Behavioural problems (e.g. aggression, defiance)
- Addictions (e.g. gaming, internet, substance abuse)
- Health problems (e.g. childhood asthma)
- Victim or witness of abuse or domestic violence
- Problems at school (e.g. truancy)
Parent factors

- Psychiatric problems (e.g. depression, schizophrenia)
- Behaviour problems (e.g. aggression, criminal behaviour)
- Addiction (e.g. substance abuse, gambling)
- Poorer cognitive skills resulting in a low educational level and a lack of knowledge
- Handicaps (mental and physical)
- Health problems
- Poor coping skills
- Unrealistic expectations of parenthood
Child-rearing factors

• Inadequate or inconsistent child-rearing skills
• Difficulty in establishing or over-exerting authority
• Lack of skills to set boundaries and control
• Low positive parenting and harsh parenting
• Insecure attachment
• Parents might be a victim or perpetrator of domestic violence, abuse, and/or neglect
• Unrealistic expectation of child (e.g. expectations of special needs child may not square with child’s capabilities)
Family functioning factors

- Disturbances in functioning of family as a system (e.g. marital problems, family conflict)
- Difficulties in communication (e.g. higher maternal communication; low verbal fluency)
- Family members disengaged or enmeshed
- Low resilience
- Feelings of learned helplessness and powerlessness
- Limited organization or structure in daily routines
Contextual factors

• Poor housing conditions (e.g. lack of hygiene, space, minimal privacy, neighbourhood unpredictabilities)
• Poor nutrition
• Financial problems (e.g., debts, loans)
• Low-income work with little job security
Social network factors

• Disturbed or absent social network resulting in family being socially isolated
• Broader kin relations weak and conflictual
• Family has an aversion/ misgivings against the community, perhaps resulting in conflicts
Why multi-stressed families are so challenged?

- Multiplicity – family has to cope with several problems simultaneously
- Varying – problems are in different domains of life
- Complex – problems are interwoven and mutually modifying
- Chronic – problems are protracted and succeed one another
- Persistence – problems difficult to intervene with; agencies often give up

Consequences to children growing up in multi-stressed families

- While we should not be deterministic (and accept that people can be resilient), research does indicate the higher probability that children in these circumstances
  - Have poorer social mobility prospects (i.e. fewer opportunities in life)
  - Are less likely to fend off the consequences of negative life events
  - More likely to transmit family pathologies to successive generations
Multi-stressed families are also multi-treated families

• Why are multi-stressed families sometimes non-compliant to treatment?

Perhaps we should ask:
- How does it feel like being forced into treatment?
- How about being treated by many different agencies/professionals?
- What about if the expectations between agencies are different and they cannot coordinate well?
- What if agencies/professionals goals are different from those of the family?
What multi-stressed families need:

• Community and professionals who can empathize with the plight of multi-stressed families but do not relegate their condition as “fated”/impossible to change
• Space and empowerment to become co-creators of their welfare
• Re-ignition of their hopes/aspirations and encouragement to develop achievable, meaningful goals
• Multi-disciplinary resource teams that help families transfer skills they have acquired into their context/natural communities
• Supportive natural support systems/community
Community crucial for multi-stressed families

- Multi-stressed families sometimes isolated
- Community best in helping to “resocialise” families into dominant community norms
- Family Excellence Circles provided an opportunity for group learning and motivation for low income Malay families
Making programmes work for multi-stressed families

• Design programmes for clients and not for agencies’ benefit
• Emphasise research informed programmes that are constantly evaluated to understand which practice and programme elements help
• Emphasise a paradigm of support rather than a paradigm of programmes (i.e. important KPI of programmes should prioritise how it has helped the multi-stressed family build a natural support system)
Practice elements for programmes targeting multi-stressed families

• **Assessment of problems** - practice elements that aim to collect and structure information about the family and the problems they experience
• **Planning and evaluation** - practice elements that aim to translate problems of the family into goals to be worked on
• **Working on change** - practice elements that aim to realize change
• **Learning parenting skills** - practice elements that aim to strengthen parenting skills
• **Helping with concrete needs** - practice elements that aim to ease the burden of practical tasks
• **Activating the social network** - involves practice elements that aim to engage the social network around the family to help and support the family
• **Activating the professional network** - practice elements that aim to adapt goals, appointment and procedures with other practitioners working with the family
• **Maintaining the practitioner-client collaboration** - practice elements that aim to maintain and promote the collaboration between the practitioner and the client.

Programme elements

- Duration
- Intensity
- Supervision
- Consultation
- 24hour reachability