"Think child, think family"

How adult specialist services can support children at risk of abuse and neglect

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Child abuse and neglect inflicts immediate suffering on large numbers of children and has serious long-term effects on physical and mental health in adulthood (Middlebrooks & Audage, 2007). Child maltreatment is strongly associated with a number of other serious problems among children and adolescents, including low birth weight, school failure, conduct disorder, poor mental health, substance abuse and teenage pregnancy (Durlak, 1998).

A large number of Australian children are involved in the statutory child protection system. In some jurisdictions in Australia, as in some parts of the United States, at least one in five children has been the subject of a child protection notification by the age of 18 years (Department of Community Services, 2007; Hirte, Rogers, & Wilson, 2008; Sabol, Coulton, & Polousky, 2004). In 2006–07, there were 58,563 substantiated cases of child abuse and neglect in Australia, a 45% increase from 2002–03 (Australian Institute of Health and Welfare [AIHW], 2008). In approximately two-thirds of substantiated child protection cases, the primary problem is neglect or emotional abuse, with physical or sexual abuse comprising the remainder (AIHW, 2008).

On 30 June 2008, there were 31,166 children in state care in Australia, which is almost double the number a decade ago, and the rate of Aboriginal and Torres Strait Islander children in out-of-home care is eight times that of other children (AIHW, 2009). Bringing children into state care may provide short-term safety, but it carries the risk of longer term psychological harm associated with foster placement instability. Such instability is now endemic in out-of-home care systems, with two-thirds of Victorian children in state care on 30 June 2001 having experienced four or more previous placements (Department of Human Services, 2002).

Recent US research suggests that multiple foster placements in the first 18 months after a child enters state care led to an increase in behavioural problems, regardless of whether a child had behavioural problems on entering care (Rubin, O'Reilly, Luan, & Localio, 2007). A massive data linkage study by the National Bureau of Economic Research, involving 45,000 children in Illinois, found that children on the margins of placement who were placed in foster care had higher arrest rates as adults than those at similar levels of risk who remained with their parents (Doyle, 2007).

With the trajectory of numbers of children in state care increasing and the continuing problem of recruiting and retaining foster carers, out-of-home care systems in Australia are unsustainable. While demographic differences between jurisdictions make direct comparisons difficult, the very large gap in the proportions of children in state care across Australia, ranging from 4.2 per 1,000 children in Victoria to 8.4 per 1,000 in New South Wales (AIHW, 2009), suggests that a lot more can be done to prevent children entering state care.

Parental substance dependence, mental illness and domestic violence

Analyses of substantiated child protection cases show very high levels of parental drug and alcohol abuse, mental health problems and domestic violence in this population, and that such problems are closely interrelated. In an analysis of Victorian substantiated child protection cases (Department of Human Services, 2002), 52% were found to involve domestic violence, 33% drug abuse, 31% alcohol abuse and 19% psychiatric disability. In other states, a similar pattern exists (Department of Community Services, 2007).

Families struggling with problems such as substance dependence, mental health and domestic violence are not only concentrated in statutory child protection services but are much more likely to be involved in correctional services and emergency accommodation services. A picture thus emerges of families with complex and compounding problems. For example, maternal depression and substance abuse are closely correlated and it is the combination of these that has the greatest negative impact on children (Dawe, Harnett, & Frye, 2008).

Children in the child protection system are the tip of the iceberg of a much larger number of "at-risk" children in the wider community. For example, in relation to alcohol abuse, Dawe et al. (2008) estimated that approximately 13% of Australian children live in a household with at least one adult who is regularly binge drinking. While not all of these children will suffer from abuse and neglect, parental alcohol misuse greatly increases the risk of:

- *emotional abuse*, for example, by witnessing domestic violence;
- *neglect*, for example, from having inadequate food, clothing and medical care; and
- *physical and sexual abuse*, both directly as a result of the disinhibiting effects of alcohol on the perpetrator, and indirectly due to the reduced capacity of intoxicated parents to protect children from abuse by others.

The scale of the problem of parental alcohol abuse alone is such that it cannot be solved solely by services. It requires population-based measures, such as taxing liquor according to its alcohol content, restricting alcohol advertising and providing evidence-based social marketing campaigns.

A public health approach to child protection includes such population-level interventions, as well as reforming service systems so that primary, secondary and tertiary interventions are better integrated and more effective (O'Donnell, Scott, & Stanley, 2008).

Building the capacity of children's services to be parent–child centred

Increasing attention is being given to the prevention of child abuse and neglect and other poor developmental outcomes for children through universal maternal and child health services, early childhood education and care services, and schools. Universal children's services are seen as unstigmatised platforms from which to reach vulnerable families in holistic ways and reduce risk factors such as poor parent–child attachment and social isolation.

"Joining up" such services so that they provide a more integrated response to families with multiple and complex needs is also receiving greater emphasis. A leading example of this policy direction is the UK Sure Start initiative, which began in 1999, and which brings together early childhood education and care, health and family support services, with a focus on outreach and community development. It is offered to families with children under four years of age living in areas of

social disadvantage. There is great diversity in Sure Start Local Programmes, but the following principles are common:

- involving parents as well as children;
- using non-stigmatising approaches;
- transcending "education", "health" or "parenting" through multifaceted interventions;
- being locally driven and based on consultation with parents and communities; and
- being culturally appropriate and sensitive to the needs of children and parents.

Recent evaluations of Sure Start have raised concerns that the most disadvantaged families are not accessing these services. A variation between the outcomes for different services was also found and the possible reasons for this explored (Anning & National Evaluation of Sure Start Team, 2007).

One of the key challenges in such integration strategies is how to shift the orientation of a child-focused workforce

towards the parent–child relationship being the primary unit of attention. The author was involved in a successful Australian example of this in the late 1970s and 1980s. Victorian maternal and child health nurses (then called infant welfare sisters) were concerned about the problem of post-natal depression, a problem for which their professional education and the traditional paediatric surveillance orientation of their service did not equip them to respond.

A study was undertaken on the conditions under which the nurses' traditional child health focused role (weighing, measuring, immunising and monitoring infant health) could be broadened to encompass "maternal emotional and social well-being" (Scott, 1992). Findings from this study suggested that there were several factors that facilitated broader service provider roles. These included:

- a low level of competition between the new role and existing roles;
- low levels of inter-professional conflict in relation to adopting the new role;
- possessing the professional knowledge and skills to perform a broader role;
- time to perform a broader role; and
- consumer acceptance of the service provider performing a broader role.

By incorporating new content in qualifying and post-qualifying professional educational programs, broadening service objectives and developing performance indicators to reflect a psycho-social orientation, the role of the maternal and child health service in Victoria became more family-centred. The change in the name of this service reflected this shift.

Building the capacity of adult services to be "child and parent sensitive"

Far less attention has been paid to building the capacity of adult-focused services working with families with multiple and complex needs to be "child and parent sensitive", yet there are encouraging signs in most of the key sectors that this is possible. One field in which significant work has been done is adult mental health. Broadening the unit of attention to the parent–child relationship initially emerged in the 1970s in relation to women with serious post-partum psychiatric disorders, following the introduction of joint admission of mother and infant. This facilitated a shift from an exclusive focus on maternal mental state to one that also encompassed the mother–infant dyad (Main, 1968; Scott, 2008).

Over the past decade, a few Australian mental health practitioner–researchers and advocates have made major contributions to enhancing the capacity of adult mental health services to be more responsive to the needs of the children of adult mental health consumers (Cowling, 2004). This has resulted in the Australian Government-funded initiative, Children of Parents with a Mental Illness (COPMI), which is aimed at strengthening the capacity of adult mental health services to address the parental roles of their adult clients and to respond to the needs of their children (www.copmi.net.au). In South Australia, a pilot program involving placing a mental health liaison nurse in a statutory child protection service has shown encouraging results in engaging parents with a mental illness, and improving inter-professional and inter-sectoral collaboration (Arney, Zufferey, & Lange, 2006).

In the field of drug and alcohol treatment services, there are several impressive Australian initiatives, including the Parents Under Pressure program in Queensland (Dawe & Harnett, 2007) and the Nobody's Clients Project in Victoria (Odyssey Institute of Studies, 2004). Dawe et al. (2008) have recently argued, however, that such examples will remain isolated and ad hoc unless the needs of children are given salience in national drug and alcohol policies and that this leads to appropriate funding models.

In fields such as domestic violence, there has also been increasing focus on the needs of children and the impact of domestic violence on the mother–child relationship (Humphreys, 2006). In the corrections field, the Victorian Association for the Care and Resettlement of Offenders (VACRO) has recently published a report that examines the unmet needs of children across the criminal justice continuum: when a parent is arrested, when a decision is made to grant bail, when a custodial sentence is given, while a parent is in prison, during pre-release planning, and post-release (Victorian Association for the Care and Resettlement of Offenders & Hannon, 2007). Their recommendations could provide a useful audit tool by which existing policies and practices can be assessed. There are few such tools of this nature in adult-focused sectors.

One of the key challenges in such integration strategies is how to shift the orientation of a child-focused workforce towards the parent–child relationship being the primary unit of attention.

Recent UK policy: Think Family

Stimulated largely by a crime prevention agenda, in the UK a new emphasis is being placed on building the capacity of all services to reduce the negative impact on children of parents with problems such as substance misuse, anti-social behaviour, mental health problems and non-participation in the workforce. The Social Exclusion Taskforce in Cabinet Office led a cross-Whitehall review on families at risk in 2007 and early 2008, which culminated in an initiative called Think Family (Social Exclusion Task Force, 2008a).

Through the Family Pathfinder programme launched in May 2008, fifteen local government areas are testing innovative ways of supporting vulnerable families. The Think Family initiative builds on the foundations of other major policy initiatives, such as Sure Start and Every Child Matters (the government's response to the inquiry by Lord Laming into the child abuse death of Victoria Climbié), and has the following core principles:

- *there is no "wrong door"*—contact with any service offers an open door to joined-up support;
- *look at the whole family*—services take into account family circumstances, and adult services consider clients as parents;
- *build on family strengths*—relationship and strength-based engagement; and
- *provide support tailored to need*—no "one size fits all".

Propositions relating to broadening roles

If the potential of traditional child- and adult-focused services to become parent–child centred is to be enhanced, capacity-building strategies need to be based on the experience of those who have succeeded in achieving this, sound organisational change principles, and empirical evidence. Given the paucity of evidence in this area, the Australian Centre for Child Protection has identified this as a priority area, with initial emphasis on two fields: emergency housing and drug and alcohol services.

While there are promising models in a range of adult specialist services sectors, as described above, there is no clear conceptual framework for such capacity-building initiatives, nor sound empirical data on the conditions under which such changes can be achieved and sustained. In relation to possible adoption or adaptation of such models by other organisations, the body of knowledge on the diffusion of innovations may provide a useful framework (Salveron, Arney, & Scott, 2006).

It can be hypothesised that the factors facilitating or inhibiting embedding "parent- and child-sensitive practice" exist at several interrelated levels: the individual practitioner, the organisational setting, and the wider policy context.

If audit tools could be developed at each of these levels for key sectors, this would provide baseline measures for assessing change strategies.

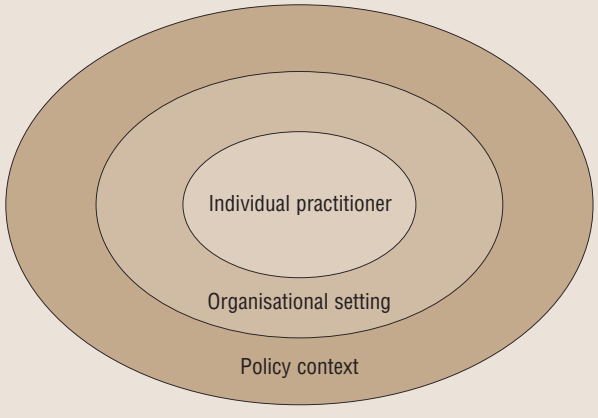

Figure 1 Levels of analysis for service provider role enhancement

Children in the child protection system are the tip of the iceberg of a much larger number of "at-risk" children in the wider community.

Individual practitioner

It is possible to analyse service provider roles in terms of their "core" and "marginal" functions:

> Core responsibilities are defined by society's central institutions, and these institutions possess powerful sanctions to ensure that they are fulfilled … beyond the core are marginal areas in which much more variation is possible. The occupant of the role may … limit his work to his core responsibilities or extend his involvement with clients to include other aspects of their situation. (McCaughey et al., 1977, p. 166)

Factors relating to the individual service provider that may pre-dispose a practitioner to perform "marginal" role functions related to client wellbeing include their personality and beliefs regarding the ideals of service (McCaughey et al., 1977). Role definition is also a function of occupational identity:

> As an occupational group seeks to establish itself as a profession, it focuses its role around the specialised areas for which its members have training and expertise; in the process marginal tasks are excluded as inappropriate. (McCaughey et al., 1977, p. 166)

In response to technological advances and emerging community needs, professional roles evolve and it can be hypothesised that tasks perceived as "higher status" marginal roles will be more likely to be adopted than tasks perceived as "lower status" marginal roles. Roles also differ in the degree to which they are "normally diffuse" (McCaughey et al., 1977, p. 196).

Individual service providers within a particular occupational group or a service sector can probably be placed along a spectrum of role performance from narrow to broad, similar to that suggested by McCaughey et al. (1977):

1. *Narrow*—core role only. ("It's not my concern.")
2. *Somewhat narrow*—core role and assessment of "other needs", leading to referral for the latter. ("It's a concern but someone else's job—refer on.")
3. *Somewhat broad*—clients' "other needs" are incidental but unavoidable. ("Not my core role but I have to do it.")
4. *Broad*—"other needs" are an intrinsic part of core role. ("It's part and parcel of my job.")

Further research at this level of analysis could help to identify effective strategies to shift a critical mass of an occupational group along the spectrum from narrow to broad roles.

Organisational setting

In addition to individual practitioner factors affecting role performance, there are likely to be strong situational factors operating within the organisational context. These may not be uniform across an organisation, as there may be subcultures within a team or program that influence whether broader roles are performed. Situational factors such as pressure of work may fluctuate and so the

breadth of role enactment may also vary markedly in the same setting.

It can be hypothesised that the following organisational factors shape the degree to which the service delivered is more broadly "family-centred".

- Size of caseload—higher pressure for "throughput" will reduce capacity for broader roles.
- Holistic agency norms and philosophy will support broader roles.
- Proceduralisation of service delivery will inhibit individually tailored services.
- Narrow performance indicators will limit broadened roles.
- Risk-averse agency cultures will lead to "risk shifting" and avoidance of complex cases.
- Higher levels of professional autonomy and discretion can support broader roles.
- Positive organisational culture and climate will enhance organisational change and facilitate broader role performance.

It may be helpful for organisations seeking to provide a more family-centred service to develop audit tools that enable them to assess current functioning and measure changes. For example, in the more clinically oriented adult services in fields such as mental health or drug and alcohol treatment services, the following questions may be useful:

Intake

- Is it known and recorded whether clients are responsible for the care of children?
- Are the caregiving needs of parents considered during intake?
- Are the agency waiting room and appointment times etc. child- and parent-friendly?

Assessment

- Are parenting roles considered as a potential stressor on clients?
- Are parental roles considered as a possible source of motivation?
- Are parental concerns about their children identified?
- Is parenting capacity assessed?
- Are the needs of clients' children directly considered?

Intervention

- Is intervention individually tailored to family needs?
- Is strengthening parent–child relationships part of the intervention?
- In what ways are children "seen and heard" by service providers?
- Is there regular and good collaboration with children's services?

Outcomes

- Do service outcomes include parenting competence?
- Do service outcomes include the safety and wellbeing of children?

Policy context

The legal and policy context and the wider sociopolitical milieu in which an organisation exists can powerfully shape the degree to which a service is "child- and family-sensitive". If a "whole-of-government" ethos is strong in a particular political and public sector environment, then it will be easier to promote more "joined-up" service delivery.

For example, the potential to link the National Framework for Protecting Australia's Children with other current Australian Government priorities—such as those in early childhood education and care, Indigenous health and welfare, and homelessness—will be enhanced if they are well integrated under a coherent "social inclusion" structure.

There are other contextual factors that may influence an organisation's capacity to provide a more family-centred service for vulnerable families:

- legal requirements such as mandatory reporting of suspected child maltreatment that may inhibit a service provider from getting "too involved" in children's needs for fear of endangering a fragile therapeutic relationship with the parent;
- privacy constraints on information sharing between organisations that may inhibit a holistic understanding of family needs;
- "single input services" based on categorical funding models that limit comprehensive responses to families with multiple and complex needs;
- greater competition for scarce resources that may lead to increased "gate-keeping" in relation to resource-intensive cases;
- strong centralised reform drivers in government and budget pooling across sectors and portfolios that will support broader, family-centred service delivery; and
- good cost-effectiveness data demonstrating the value of providing a broader service that will support such initiatives.

Factors such as these could be developed into an audit tool for "joined-up" policy. The obstacles to "joined-up" policy and service delivery are significant but not insurmountable. Graycar (2006) proposes that: jurisdiction/domain

disputes need to be addressed by elevating the ownership of the problem; unrealistic time scales for reform need to be adjusted so that there are interim performance measures; and "silo budget processes" need to be replaced with multilateral budget bids, budget pooling, and outcome rather than output measures.

To build the capacity of adult services to respond to the needs of vulnerable parents and their children will require strong and coherent policy frameworks, appropriate funding models and effective workforce development strategies. It would be unwise to "scale up" promising models until they have been rigorously evaluated in terms of reducing risk factors associated with child abuse and neglect, and *improving outcomes for children*.

Key questions to be addressed include:

- Is it effective?
- How is it effective?
- Is it cost-effective?
- Is it sustainable?
- Is it transferable?

It may not be possible, or desirable, to replicate or "adopt" programs in their "pure" form across different contexts, but it may be possible to transfer the principles of successful programs to other contexts, with careful assessment of the effect of adapting original elements.

Conclusion

Child abuse and neglect is a major problem, with serious and long-term consequences for Australian society as well as potentially devastating consequences for individual children and families. Building the capacity of *adult*-focused services to be "child- and parent-sensitive" is as important as building the capacity of *child*-focused services to be "child- and parent-sensitive". Both are essential strategies in a national approach to protecting and enhancing the wellbeing of Australia's most vulnerable children.

Organisational history, professional boundaries, workforce skill limitations, and narrow "performance indicators" and funding models are among the factors that constrain the ability of adult services to respond to the needs of parents and their children. Despite this, a few organisations across a wide range of sectors have been able to pioneer family-centred approaches.

To "scale up" promising models, there needs to be high level, centralised government commitment, as the range of adult services affecting children is large, cuts across all levels of government, and spans different portfolios and service sectors. This is not easy to do, but not to do so will be even harder, as Australian society will carry the human and financial burdens of child abuse and neglect for generations to come. What a wise and good parent would wish for their own child, a wise and good nation must strive to achieve for all of its children.

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