

**Australian Centre  
for Child Protection**

# **Working Together to 'Think Child, Think Family'**

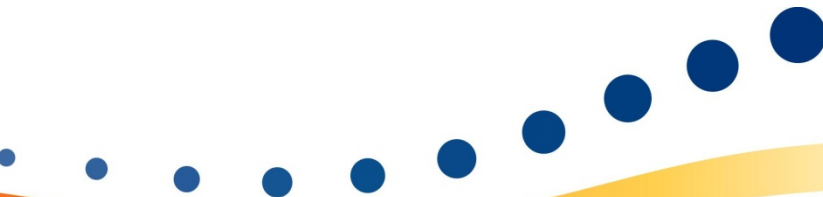
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**University of  
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*Working together to enhance the lives of children*



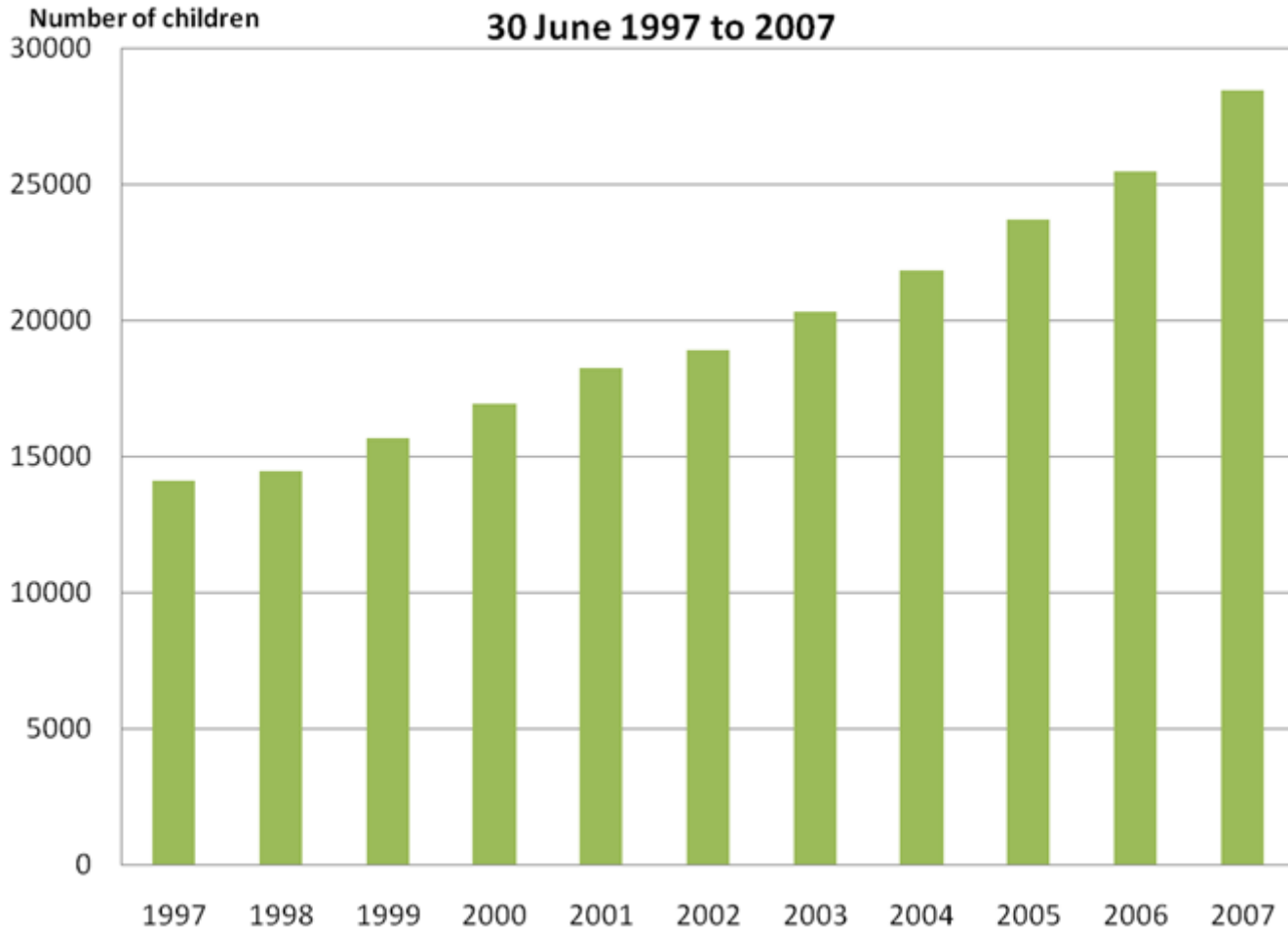
Enhancing the life chances of Australia's most vulnerable children through:  
research and strategic evaluation  
professional education  
communication and advocacy



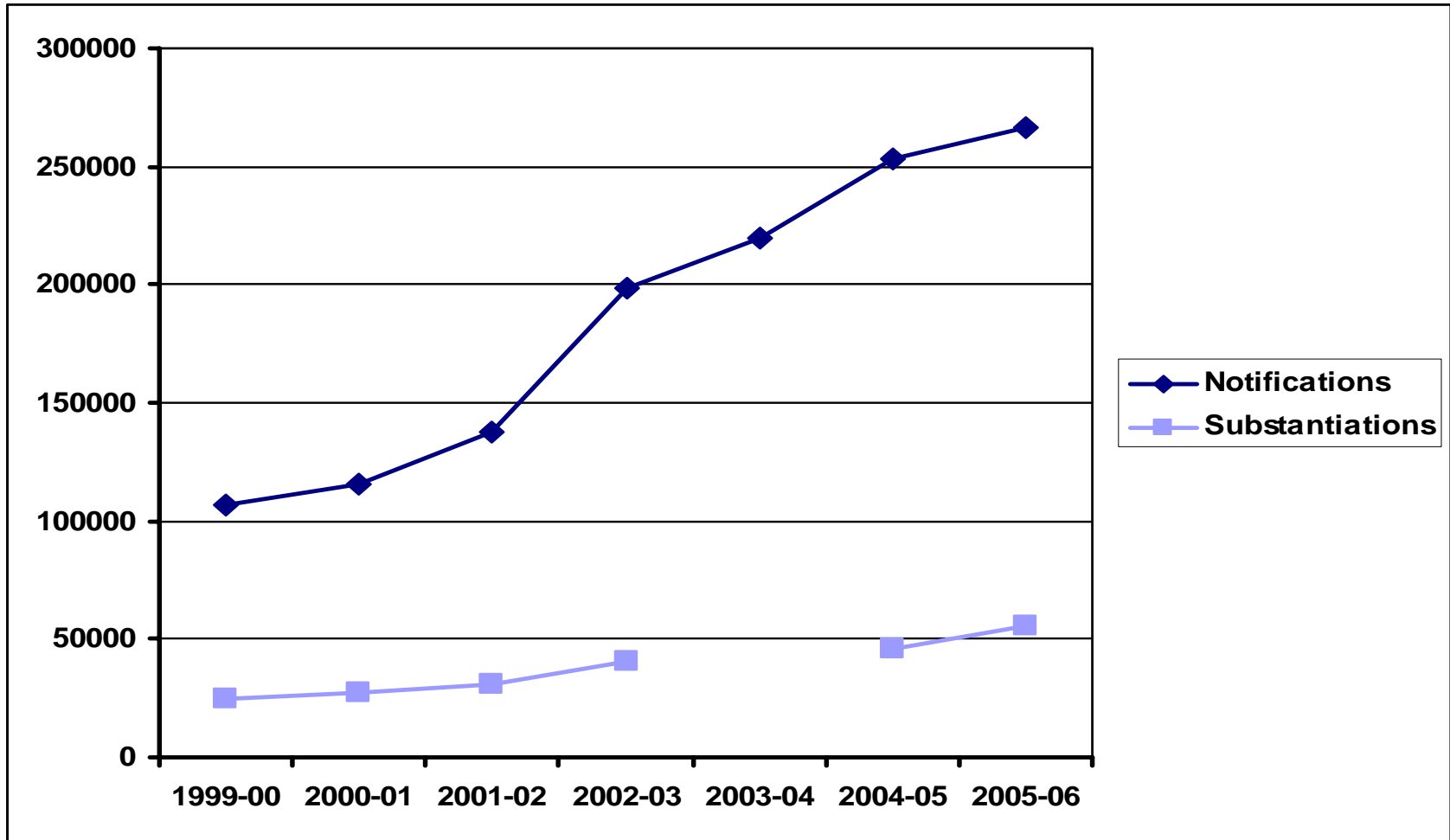




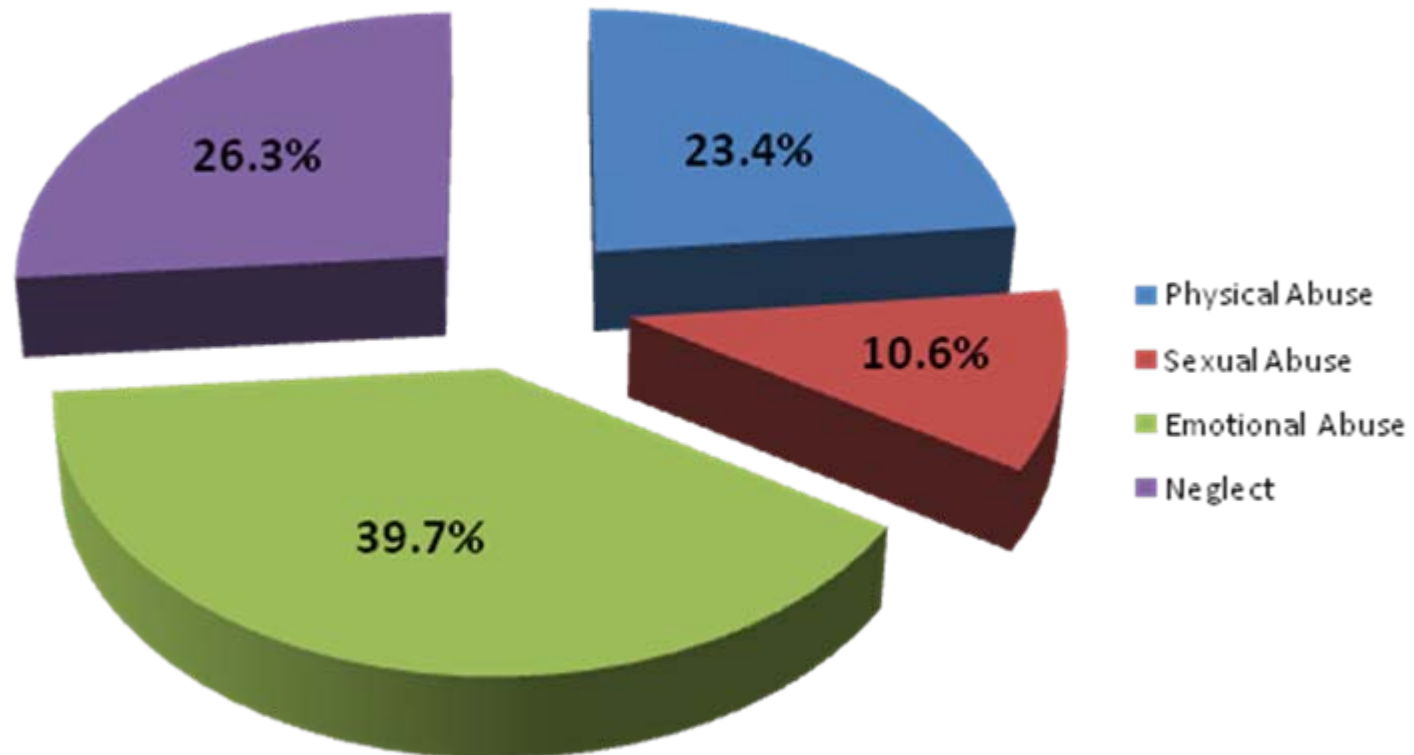
## Number of children aged 0-17 years in out-of-home care, nationally, 30 June 1997 to 2007



# Australian reports of child abuse



# Primary Maltreatment Type, Australian Substantiated Cases 2006/07



Australian Institute of  
Health and Welfare,  
2008



# Parental Characteristics

Department of Human Services (Vic) data  
2000-01, substantiated cases:

- Domestic violence 52%
- Substance Abuse 33%
- Alcohol abuse 31%
- Psychiatric Disability 19%

(sums to more than 100% due to some parents having more than one characteristic)



# Queensland

In over one third of child protection case files, 2 or more domestic violence incidents recorded in the past year.

In over one half of child protection case files parental alcohol abuse is recorded.

(Dept of Child Safety, Qld, 2008)



# Parental Alcohol and Drug Abuse

- 13% of Australian children live in households where an adult is regularly drunk (Dawe et al, 2008)
- Parental alcohol and/or drug abuse is present in the cases of half to two thirds of children in State care



# Some key 'adult focussed' sectors in relation to vulnerable children

- Adult mental health
- Drug and alcohol
- Corrections
- Homelessness
- Disability
- Family violence
- Refugee resettlement services
- Aboriginal Health Services
- Income security



# Systems under siege ...

- In NSW in 2007 one in fifteen children was notified to Dept of Community Services
- In SA one in five children has been notified to Families SA by age 16
- In Cleveland Ohio, 1 in 5 white children and 1 in 2 African-American children are the subject of a notification by age 18.



## **We need to ...**

- 1. Strengthen inter-agency and inter-sectoral collaboration**
- 2. Broaden universal child-focussed services so that they are family centred**
- 3. Broaden adult-focussed services so they are family centred**



# Analysis of Inter-agency interaction

- Inter-organisational
- Intra-organisational
- Inter-professional
- Inter-personal
- Intra-personal



# Inter-organisational

**Obstacle:** Single input services based on categorical funding

**Opportunity:** Flexible funding models or service integration



# Intra-organisational

**Obstacle:** Internal divisions managed by needing a “common enemy”

**Opportunity:** Inter-group consultant, staff exchange, new leadership



# Inter-professional

**Obstacle:** Different perspectives and modes of decision making and communication

**Opportunity:** Acknowledgement of differences and agreement on process



# Inter-personal

**Obstacle:** conflict between individuals

**Opportunity:** Mediation by individuals or third party



# Intra-personal

**Obstacle:** unconscious process due to high anxiety

**Opportunity:** individual or group clinical supervision



# UK 'Think Family' Initiative

- **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)
- **Provide support tailored to need** (not one size fits all)



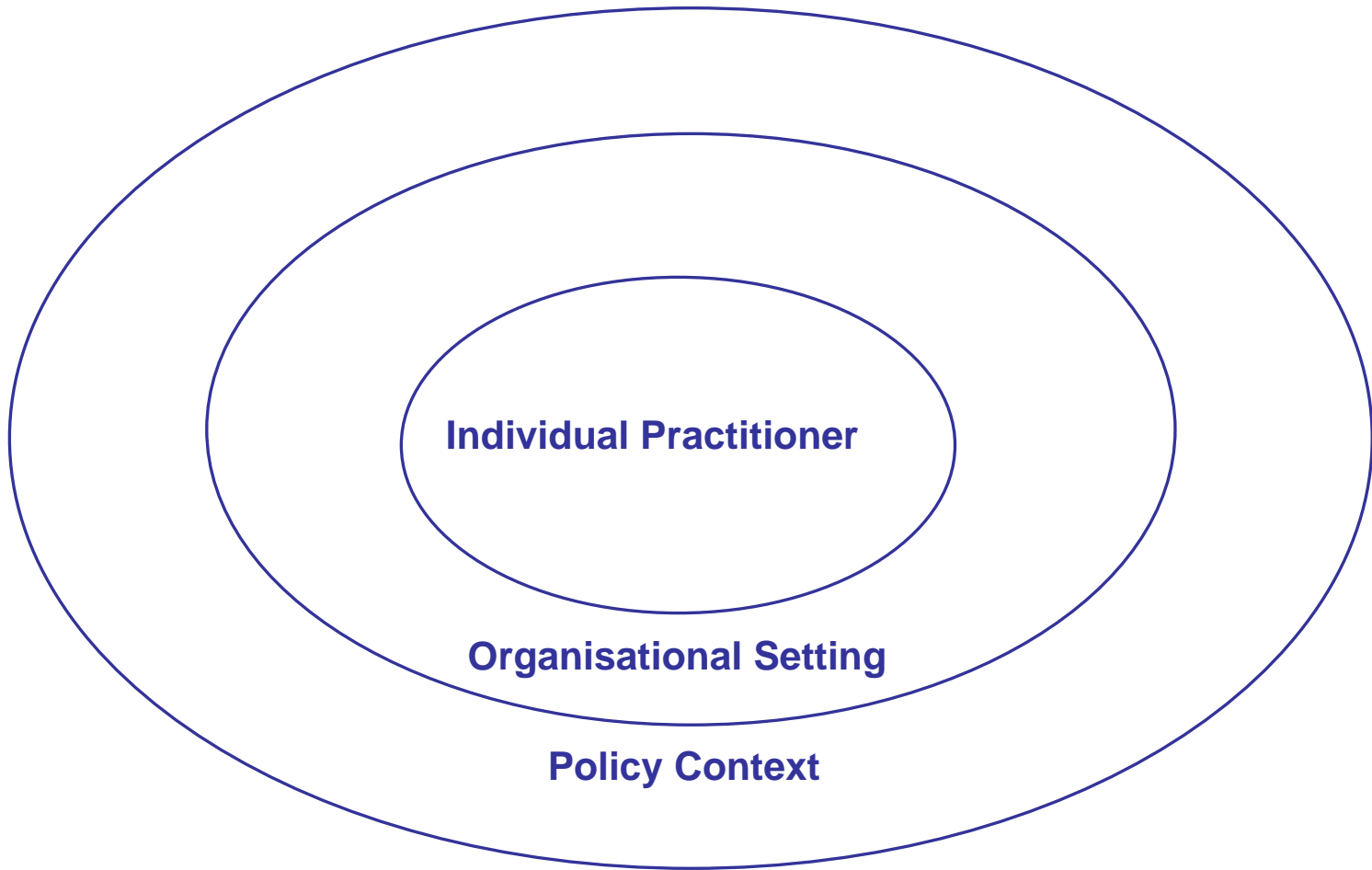


# Reflections on two examples of shifting to 'thinking child and parent'

- **From child to parent and child:** shift in focus from paediatric surveillance (measure and monitor child health and development) to maternal *and* child health and well-being, in the then Victorian 'infant welfare service' (now 'maternal and child health service'), early 1980s
- **From adult to parent and child:** shift from focus on 'maternal mental state' to 'mother-infant dyad' in Queen Victoria Medical Centre Department of Family Psychiatry, mid 1970s



# Factors to Consider



# Practitioner Role Definition

1. 'core role only' ('it's not my concern')
2. 'core role plus assessment of 'other needs', leading to referral' ('it's a concern but someone else's job – refer on')
3. 'other needs incidental but unavoidable' ('not my core role but I have to do it')
4. 'other needs' intrinsic part of core role ('it's part and parcel of my job')



# Organisational Setting

- Size of caseload – throughput pressure
- Agency philosophy/ideology
- Narrow/broad performance indicators
- Degree of defensiveness in practice
- Level of professional autonomy
- Supervisory style
- Organisational culture and climate



# Policy Context

- Legal constraints and ethical challenges
- Single input services based on categorical funding
- Goodness of fit between portfolio priorities
- Output or outcome funding focus
- Level of competition for scarce resources
- Strength of centralised reform drivers
- Lack of good cost-effectiveness data



# Measuring 'family focus'

- **Intake** (are children known, are immediate parenting needs considered?)
- **Assessment** (are parenting roles and children's needs central in assessment?)
- **Intervention** (is intervention individually tailored to family needs; does it strengthen parent-child relationship; are children 'seen and heard'?)
- **Outcomes** – do service outcomes relate to parental roles and well-being of children?
- **Inter-agency networks**– are there good links with child and family services?



# To scale up or not to scale up : that is the question

- Is it effective and if so, how?
- Is it cost-effective, and if so, in the short term and/or long term?
- Is it transferable across contexts?
- Is it sustainable?



# To scale up programs or principles: that is another question

It may not be possible to replicate or 'adopt' programs in their 'pure' form across different contexts, but it may be possible, and sometimes preferable, to transplant the *principles* of successful or promising programs or practices to other contexts, with careful assessment of the effect of adapting any original elements.





# References

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