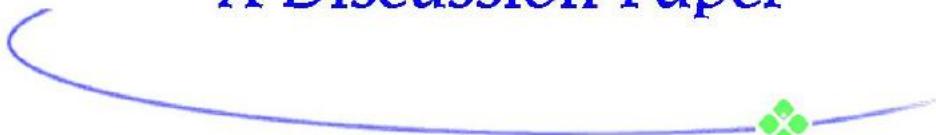




Strengthening Families to Protect Children



A Discussion Paper

PeakCare Queensland Inc.

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INTRODUCTION

Queensland's approach to the protection and care of children has been under the spotlight in recent years. The Commission of Inquiry into the Abuse of Children in Queensland Institutions (Forde Inquiry) and the implementation of contemporary child protection legislation have driven reform and highlighted the impact of historic underfunding of child protection. As a result, Government has increased funding to child protection in every budget since 1999.

At the same time, demand for child protection services has continued to increase with no sign of abating, the needs of children and families have become more complex and legal requirements on government and non-government services have increased. The combination of these factors has meant that much of the additional resources allocated by government have simply been absorbed in doing more of the same.

What has largely been overlooked in recent analysis of the reforms has been the minimal attention given to prevention, early intervention and ongoing intervention strategies, as a way of supporting families to promote the safety and well being of children and young people. Service delivery in Queensland remains skewed toward investigation and placement of children and young people.

The importance of supporting families to protect children, a central tenet of the new child protection legislation, is yet to be adequately addressed. Attempts thus far to align the delivery of child protection services to meet the requirements of the legislation have not been successful. The lack of development and direction in supporting families to protect children gives Queensland little chance of curtailing the growing demand for tertiary services.

Recent budget announcements by government have directed \$6.7m of an additional \$32m in 2002-2003 (increasing to \$42m in 2004-2005) to a program of prevention and early intervention trials indicate an acknowledgment of these issues. PeakCare, the peak body for non-government child and family welfare services in Queensland, has welcomed the recent funding injection, recognising this as a further opportunity to reform service delivery and improve the situation of vulnerable children and young people in this State. The focus on prevention and early intervention is particularly timely and, if supported by additional funding in subsequent budgets, provides a foundation for fundamental reform of child protection.

To advance the safety and well being of children and young people in this State, PeakCare is advocating for a paradigm shift that realises the spirit of the *Child Protection Act 1999*. Families *must* be supported to protect and care for their children and this requires a comprehensive response to need that integrates strategies to:

- prevent harm to children and young people from abuse and neglect
- intervene early when families experience difficulty in protecting and caring for their children
- assist families to protect and care for their children where harm from abuse and neglect has already occurred

This paper aims to capitalise on the current opportunities by stimulating debate about how family support can be applied to strengthen families and promote child safety and well being.

The paper needs to be considered within PeakCare's broader commitment to the comprehensive reform of child protection to promote the safety and well being of children and young people.

Part A of the paper establishes the need for family support by:

- examining what requirements for family support are set by Queensland's legislative and policy context
- analysing the alignment of the child protection service system with government policy
- discussing the implications for the safety and well being of children and young people

Part B considers how a contemporary approach to advancing safety and well being relies upon family support and then discusses how to build family support capacity across Queensland's service system. This includes:

- understanding what family support involves
- identifying key points for targeted family support
- examining the implications of a family support orientation for ongoing departmental intervention
- outlining the building blocks to enhance family support capacity
- identifying the core elements of service delivery
- identifying the implications for the existing service system



PART A: QUEENSLAND'S CURRENT APPROACH TO CHILD PROTECTION

Legislation and policy context for family support

The *Child Protection Act 1999* provides a contemporary policy and legislative framework for the protection and care of children. In considering child protection legislation, attention is often given to the statutory provisions or powers to intervene in the lives of children and their families. However, it is much more than that. Child protection legislation:

- is an expression of government policy about the way in which it intends to protect and care for children
- provides a context in which the statutory provisions of the Act are to be exercised in practice and to be interpreted by courts.

Part 2 of the *Child Protection Act 1999* details its purpose and the way in which it is to be administered. It includes the principles within which it is to be administered and the Chief Executive's functions for the proper and efficient administration of the Act.

In line with national and international trends, the legislative and policy framework for child protection practice in Queensland:

- acknowledges the primary role of families in ensuring the safety and well being of children and young people
- requires the involvement and support of families at all stages of the child protection process.

Without reference to the framework, the use of statutory powers under the Act would most likely have unintended consequences.

In addition, Part 2 S.7 'Chief Executive's functions' of the Act details a range of actions required to support its proper and efficient administration to achieve its purpose within the principles outlined. Those most relevant in giving effect to supporting families include providing, or helping to provide

- information for parents and other members of the community about the development of children and their safety needs
- preventative and support services to strengthen and support families and to reduce the incidence of harm to children
- services to families to protect their children if a risk of harm has been identified.

Clearly, without access to such services the purpose of the Act cannot be achieved and is likely to result in the inappropriate use of its statutory powers in the absence of alternatives to support families and address their needs.

The principles and chief executive functions reflect government policy in respect of child protection and provide a framework in which the statutory powers of the Act are exercised. *The extent to which government policy is reflected in practice is therefore largely dependent on the alignment of the service system to meet the policy outcomes.*

Alignment of the service system to support families

The need to align the child protection service system with the intent of the *Child Protection Act 1999* was acknowledged in the development of Queensland's Child Protection Strategic Plan 2000-2003. The three priority outcomes for reform of child protection services related to preventing harm, responding to harm and building the system.

Key trends in practice and service delivery clearly indicate that the service system is not aligned to achieve the government's policy outcomes.

Demand for child protection services

The sheer magnitude of the numbers of children being brought to the attention of the Department of Families due to suspected or likely harm presents major challenges for government in meeting their needs and ensuring their safety and well being.

In 2000-2001, the Department of Families recorded 22,069 child protection notifications in relation to children and young people aged 0-17. These notifications related to 16,314 children and young people. In only five years the number of notifications received has risen by 43.6% (15,362). Over the same period the number of initial assessments indicating that children were significantly harmed or likely to be significantly harmed increased by 79.4%, from 4,662 to 8,395.

Notwithstanding the increase in resources allocated to the Department of Families over the last five years, the capacity of the Department and the non-government sector has been severely limited in:

- responding to the reports
- assessing needs
- providing timely and responsive services.

The effect of this is demonstrated through closer analysis of child protection data. In attempting to manage the volume of cases, children and families are filtered through the child protection process, with the primary focus on identifying harm and



determining the immediate response required to secure their protection.

Of the 16,314 children and young people notified in 2000-2001, 6,395 were found to have been significantly harmed or likely to be significantly harmed. Of these 6,395 children and young people, 1,317 were having ongoing contact with the Department of Families and 910 were admitted to child protection orders.

What happened to the other 14,087 children? What were their needs and what services have been provided to meet those needs?

The fact that these children and young people were reported to the Department indicates that they and their families were likely to be in need of some sort of assistance. The nature of that assistance is unclear as the process is geared to filtering children out rather than identifying needs. It is unclear whether:

- the needs of these families were identified
- referrals were made to services if available
- families took up referral and received a service.

The extent of re-notification, re-substantiation and re-admission of children and young people to child protection orders adds further weight to this view. In 2000-2001:

- 5,755 of the 22,069 notifications related to children or young people who were notified more than once in that year
- 225 children or young people who had significant harm substantiated had an unsubstantiated outcome of an investigation in the preceding 12 months
- 1,247 children or young people who had significant harm substantiated in the previous year were again the subject of substantiated harm

The extent to which children and their families are re-entering the child protection process indicates, in part, that their needs are not being adequately assessed and addressed in the first place. This is compounding the effects of increasing demand as the service system becomes more and more strained.

The extent of the impact is further illustrated by the fact that in 2000-01 there were 2,757 cases requiring initial assessment that were 'not commenced or completed' because departmental officers were not available to do the work.

Existing family support service capacity

The key funding area of 'Child Protection and Family Support' is used by the Department of Families to fund prevention and early intervention services to support families.

Analysis of resource allocations to child protection indicates that whilst there has been some increase in the amount of funds allocated to family support, there has been a decrease in the proportion of expenditure for this purpose:

- 1998-99, 7.2m was spent on family support representing 8.6% of total child protection expenditure
- 2000-01, 7.82m was spent on family support representing 5.8% of total child protection expenditure.

There are approximately 110 family support services across Queensland who received funding under the Department of Families, Child Protection and Family Support priority area in 2000-2001 (Grants Report, Department of Families, 2000-2001). In addition, there are 10 agencies that received small grants under \$10,000 for child abuse prevention activities. Of the 110 family support services:

- 11 are funded below \$20,000
- 46 are funded between \$21,000 - \$50,000
- 41 are funded between \$51,000 – \$100,000
- 6 are funded between \$101,000 - \$150,000
- 6 are funded at above \$151,000.

This indicates that the vast majority of family support services are small in size and have limited capacity. In many instances the funding provides for small-scale prevention activities or lone family support workers within larger organisations.

In recent years the Department of Families has 'bundled' 50 funding programs into 8 priority areas, one of which is 'Child Protection and Family Support. This priority area seeks to '.... promote the safety and well being of children and young people by preventing and responding to harm and risk of harm.

However, since the establishment of this priority area there has been little work done with agencies whose funding now comes under this priority area in terms of:

- purpose and targeting
- training of staff
- service development



Implications for the safety and well being of children and young people

The *Child Protection Act 1999* clearly identifies that the preferred means of protecting children is by supporting families and that the use of statutory powers must be exercised in this context. However, analysis of demand for child protection services, responses to that demand and resources allocated to support families indicate that the current service system is not aligned to meeting the policy outcomes.

The safety and well being of children, young people and families is being compromised by the:

- focus on notification and investigation
- limited capacity of the child protection service system to effectively identify and respond to needs
- failure to provide the right service at the right time to meet needs and prevent harm or further harm.

In some instances, children and families are being unnecessarily notified, whilst for others an investigative response is not necessarily the best means of meeting their needs. The focus on notification and investigation in combination with the lack of services available to support families at an earlier stage is contributing to, and compounding the effect of, increasing demand on the child protection system. Children, young people and their families are unnecessarily being drawn into the child protection process and further along that process.

Notification is not, and nor should it be, the gateway to services. Failure to develop a comprehensive range of services that strengthen families' capacity to protect and care for children has, and will continue to, contribute to the ever-diminishing capacity of the statutory service system to respond to those children and families who require such a response.

The individual, social and economic costs of not providing the right service at the right time matched to needs is now well established (Gauntlett et al. 2000, Caldwell 1992 cited in Queensland Government 2002).

PART B: SUPPORTING FAMILIES - A CONTEMPORARY APPROACH TO PROTECTING CHILDREN

Having established the need to commit to family support as a means of strengthening families, this part of the paper considers the ways in which this relates to enhancing the safety and well being of children and young people.

Traditional understandings of prevention, early intervention and ongoing intervention in child protection and the role of family support are explored and challenged. An understanding of the role and place of family support as an early intervention strategy within child protection is developed, which in turn, informs a discussion about its application at critical points to reduce the risk of significant harm to children and young people. The idea this engenders of the need for a family support philosophy or orientation to the whole of the child protection process is then put forward for consideration.

Understanding family support

The term 'family support' is typically used very loosely to refer to a wide range of family-centred services across the child and family welfare sector. These range from parent education groups and other centre-based activities to individual or family counselling and therapy to provision of practical supports (Pecora et al. 2000).

Whilst the range of services associated with family support differ in many ways, they commonly share an ultimate aim – supporting families to achieve better outcomes for vulnerable children (Daro and Donnelly 2002; Layzer et al. 2001; Pecora et al. 2000; Penn and Gough 2002; Tomison and Poole 2000). The argument that family support assists in child safety is now supported by a strong evidence base (Gauntlett et al. 2000; Layzer et al. 2001).

Contemporary thinking in the field of prevention reinforces and clarifies this position. The traditional conceptualisation of prevention activity into primary, secondary and tertiary levels has been criticised for the tendency to reduce prevention to the idea of 'preventing a service' rather than a need (Little 1999 p. 307). Pecora and others (2000) have proposed that this framework be replaced by broader concepts, originating from the mental health field:

- *Universal preventive interventions* – those interventions targeted to the general public or a whole population group where individual risk is not an issue. The intervention is desirable for everyone in that group
- *Selective prevention interventions* – interventions targeted to individuals or a subgroup of the population whose risk of developing particular problems is significantly higher than average. The risk may be imminent or be a lifetime risk
- *Indicated preventive interventions* – interventions targeted to high-risk individuals who are identified as already showing signs of 'problems'

(Mrazek and Haggerty 1994 cited in Pecora et al. 2000 p. 230-231).



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Under this framework family support has potential as both a selective and indicated preventive intervention strategy to strengthen families and thereby reduce the risk of a child or young person being harmed in the future. Use of family support as an indicated strategy is consistent with the idea of *early intervention*, which has been defined as

"programs and practices that intervene with individuals, families or communities at an early stage in the occurrence of a problem or issue in such a way that there is a high probability that the intervention will resolve the problem or issue and stop it from becoming worse" (Gauntlett et al. 2000 p. 3).

The links here between prevention and early intervention, and the use of family support as a strategy to promote the safety and well being of children and young people, and prevent entry to the child protection system are generally well recognised. It is commonly agreed that family support as an early response to an identified risk or need, affecting the safety and well being of a child or young person, may prevent the situation progressing to the point where *harm is identified and reported – notification*.

An assumption is then often made that with entry to the "child protection system", the point of notification marks the end of the family support response – what is now required is 'child protection'. This assumption defines the task for early intervention as one of preventing contact with the *Department of Families and notification*. It is this assumption that is challenged here.

In Queensland, area offices of the Department of Families receive a range of calls about the welfare of children and families. These calls are considered at 'intake' as to the nature of the concern and the response required to meet the needs identified. This may result in the provision of information and advice, brief counselling or support service, or notification. Notification refers to a reasonable belief that a child has been harmed or is likely to be harmed. Establishing whether in fact a child has been harmed or is likely to be harmed involves:

- firstly, determining whether the level of alleged harm warrants the provision of advice (*protective advice*) or an assessment involving face to face contact with the child and family
- secondly, conducting an *initial assessment* where required to make a determination about the level of harm or likely harm

As was outlined previously in this paper, there are large numbers of children and families who are responded to through advice or assessment that has not identified significant harm or likelihood of significant harm. In some situations a notification

may be substantiated but the ongoing risk is such that it can be managed by community supports. These children and families do not require ongoing departmental intervention, but many are likely to have needs that require a support response.

The threshold for initiation of ongoing departmental intervention (involving either the opening of a child protection follow-up case by the Department or use of an order obtained through the court) is significant harm or likely significant harm that cannot be adequately addressed by the sole use of community supports. In this context, it is contended that early intervention must be interpreted as encompassing all interventions aimed at reducing the possibility of *significant harm that requires ongoing departmental intervention*.

This fits with the approach taken by the Victorian family support initiative *Strengthening Families* (SPICE Consulting 2001) and is absolutely consistent with the definition of early intervention cited earlier. Here the 'problem' for early intervention is defined as preventing or reducing the risk of significant harm, *not* the making of a notification. Any intervention up to the point where ongoing departmental intervention must occur is by definition 'early intervention'. This comprises those situations where:

- no harm is yet identified but there is evidence of family difficulties which may affect the child's well being
- harm has occurred or is likely but is not considered significant
- significant harm has occurred but it is assessed that likely future harm is not significant or does not require ongoing departmental intervention

This understanding of early intervention positions family support as a targeted strategy to protect children by helping to prevent the problem of significant harm and the difficulties this creates for individuals, families and communities. Family support is provided to prevent family needs remaining unmet and leading to significant harm.

It is important that a targeted family support response to protect children and young people is not viewed in isolation from other endeavours. Positioning this against a backdrop of universal prevention services, other early intervention strategies, and broader based measures to address poverty is essential to optimise potential benefits. Lack of access to adequate income support, employment, housing, education and health are major contributing factors to poverty. The link between poverty, social isolation and the safety and well being of children are now well established.

Such initiatives need to be driven by a cross-government alliance in partnership with the community sector. This would institute a more



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holistic and comprehensive approach to strengthening families at a local community level, and result in more gains to child safety and well being.

Key points for targeted family support

Conceptualising family support as an early intervention strategy in this way opens up where it can be applied for maximum effect. This encompasses a timely response, targeted to meet need and reduce risk at key points *across the child protection process*. The full import of this must be realised to enable a comprehensive and effective approach to strengthening families to protect children.

Queensland's child protection system is legally mandated to respond to those children and young people who have experienced harm or who are likely to do so. Harm or likely harm is the threshold for entry to the system. Our earlier analysis of the increasing pressures upon the system clearly demonstrates that capacity has been reduced to the point where it is often only the *most urgent* situations of *significant harm* that receive a response.

This means that the protective needs identified for many children remain unmet. These children and their families often do not receive an adequate service until their situation deteriorates to so serious a state, that an urgent response followed by ongoing intervention is required to secure their safety. Allowing this situation to continue obviously limits the extent to which the safety and well being of children and young people in this State can be ensured.

An effective approach to ensuring safety and well being demands that all children with protective needs are assisted – not just those with the most urgent of these needs. What this interpretation of early intervention and analysis of the system has clarified are the opportunities for a more extensive yet targeted use of family support to meet existing protective needs and prevent significant harm. A flow chart of the child protection process is appended. This illustrates the critical points where family support would prove useful in strengthening families to prevent harm or significant harm to a child.

This is not an argument for family support to be used *instead* of ongoing departmental intervention where families are compliant, leaving intervention as the option for 'bad' or 'non-compliant' parents. Both family support and ongoing departmental intervention must occur when required.

Targeted availability across the child protection process (as shown in flow chart), clarifies that family support can be used in Queensland, as is the case elsewhere in Australia and overseas (SPICE Consulting 2001; Penn and Gough 2002; Tomison and Poole 2000) to:

- meet needs
- prevent harm
- respond to harm

Espousing that family support be targeted in this way has clarified that family support focuses on the idea of providing the *right* service at the *right* time to strengthen a family, matched to their *need*. Family support should not be defined as a particular service type or as being targeted to a single point in the child protection process. This conception is consistent with calls for a less narrowly constructed understanding of family support (Penn and Gough 2002).

An orientation to family support – implications for 'ongoing departmental intervention'

There is some speculation in the literature that family support "reflects a set of values rather than a clearly defined program strategy" (Whittaker 1997 p. 127 cited in Pecora et al. 2000 p. 236). These values or principles centre on a strengths-based approach, which emphasises partnership, empowerment, flexibility and accessibility, in meeting the needs of the child and family (SPICE Consulting 2001; Manolo and Meezan 2000; Pecora et al. 2000).

However contemporary views contend that these principles are just as relevant to 'best practice' in the delivery of ongoing departmental intervention. This suggests that an orientation to supporting families is central to *any* action or intervention designed to protect children. A family's need for supportive responses that are constructed with a view to respect, empowerment and participation do not suddenly disappear at the point where 'ongoing departmental intervention' is required. In fact, research shows that action according to these principles is critical to achieving positive outcomes for children in out-of-home care (Aldgate and Statham 2001; Dartington Social Research Unit 1995).

Accepting the arguments that:

- supporting families protects children
- family support is about providing the right service at the right time to meet need
- principles intrinsic to family support apply to any action designed to protect children

opens up questions about our understanding of what is known as "ongoing departmental intervention".

A key implication is that effective 'ongoing departmental intervention' is nested in support to families. This may seem confusing as ongoing



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departmental intervention can involve coercive elements. It is sometimes argued that at the point where significant harm has been identified and ongoing departmental intervention is required, *whether or not the family agrees*, that the focus must switch from support to 'protection'. This analysis is faulty; it confuses 'protection' with 'coercion'.

Consider the situation where a range of agencies have been involved for some time in working to support a young, single mother to protect and care for her school-aged child. If use of some element of coercion becomes necessary to secure this child's safety and well being, this does not mean that the agencies involved are suddenly focused on protecting the child as opposed to supporting her mother. Protecting the child has been central all along to supporting her family. It does not mean that the child or mother's need for support disappears or is now to be ignored. It simply means that some level of coercion must now be introduced to the support provided to ensure the child's safety at this point. Supporting families to protect and care for their child, providing them with the right service according to the needs evident, does not always equate with "being nice" or maintaining consensus – it requires honesty, respect and openness and an emphasis on safety of the child.

Tomison and Wise (1999 p. 9) capture this concept by stating, "there is a need therefore to maintain services that are able to provide more intense support for families in need who are at risk of maltreating (secondary prevention) or who are maltreating their child (tertiary prevention)". Ongoing departmental intervention is required because the harm or likely harm of the child is at a certain threshold. The fact that direct action by the Department is required does not negate the need for a family support orientation to the action. '...intensive efforts for those families facing the greatest challenges need to be nested within a more broadly defined network of support services' (Daro and Donnelly 2002 p. 440).

Families with vulnerable children at different points prior to and across the child protection process are likely to need the same *range of service types* to meet their support needs. What has been shown to vary at different points across the process is the level, intensity or frequency of support required or the range of needs at any one time – not necessarily the range of *service types* that are required.

It is largely an arbitrary and false distinction to denote certain services as 'early intervention services' and others as 'child protection intervention services'. The purpose of both early and ongoing intervention is to protect children. The same services are usually relevant at these different points in the process to achieve this purpose.

For example, respite care may be useful in supporting a family where no harm has yet been notified. Implementing a functional respite care arrangement may be the sole response useful in meeting needs and building capacity, preventing harm, and preventing being notified in the future. A family where harm has been identified may require similar respite care arrangements, in addition to other types of support, to maintain care of their child and prevent harm from becoming significant. A family whose child has returned to their care after expiry of a short-term custody order may need similar respite care arrangements in an ongoing way to support them in caring for their child long-term. This remains a continuing support need – other support needs have been satisfactorily addressed in the process of regaining care of their child.

Early intervention and ongoing intervention responses can and should be constructed from the same service system to prevent duplication, resource wastage and fragmentation of service delivery.

In addition to the family support services outlined earlier in this paper, the Department also funds non-government intervention services (practical assistance, counselling and support). These services are generally targeted to children and families where significant harm has occurred and there is ongoing departmental intervention.

Building a strategy to enhance the capacity for family support

Family support is fundamental to protecting children and must be available at key points across the child protection process. Making this possible requires a comprehensive strategy focussed on providing the right service at the right time for families. Designed to meet needs, this would in turn reduce entry or re-entry to the child protection system. Services would be provided to children and families who would otherwise remain without or be propelled further into the system in search of assistance. Development and implementation of such a strategy would enhance Queensland's capacity to:

- prevent harm from occurring
- provide a more comprehensive and effective response to *harm and likely harm*
- reduce the overall incidence and likelihood of *significant harm*
- better promote the *safety and well being of children*

In doing this Queensland would accrue the broader social and economic benefits recently confirmed by an Australian meta-analysis of evaluation reports (Gauntlett et al. 2000).



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A number of 'building blocks' are essential to planning and developing a successful strategy. These are derived from a review of the literature and include:

- purpose and outcomes
- a targeted response
- principles
- core elements of service delivery

Purpose and outcomes

'[Family support]...is the essential foundation stone of any system designed to protect children in the widest sense. Family support is not an optional extra, but a fundamental requirement' (Tunstill 1995 p. 663).

To enhance the capacity of family support, there must be a shared understanding across government and community that family support is integral to child protection. Family support helps meet existing needs and improves family functioning, with the aim of reducing risks or resolving issues concerning child safety and well being. In other words, family support protects children.

It is the emphasis on need and the shared outcomes of child safety and well being that integrates family support and child protection (Tunstill 1995).

A targeted response

Two issues are central to targeting the family support strategy in Queensland. These are consideration of the:

- entry points to services to meet support needs
- types of families for whom family support is indicated

Making the links explicit between family support and the level of harm and risk signifies that maximum benefit will be achieved locally, by targeting services to families at critical points before and after being reported to the Department and notified. Services would be directed to families with dependent children where harm is possible in the future or may have already occurred - but is not yet at the level where ongoing departmental intervention is warranted.

Family support will not always be provided before a child is brought to the attention of the Department and notified, as is often assumed to be the case. If targeted as suggested there will be situations where departmental responses are initially made that assist in identifying the need for family support. This indicates that a range of responses will be

useful in meeting support needs, from short-term, lower-intensity services to higher-level interventions after a family crisis (SPICE Consulting 2001).

The point of entry to family support needs to be clearly defined in respect of its purpose and the needs of families. Within this framework, referrals could be self-referral (from the family itself), another community agency or the Department.

Linking the referral to before or after contact with the Department would lead to;

- some families missing out on a needed service response, or
- unnecessary reporting of some families to the Department.

It is acknowledged that effective targeting is required to ensure those families at risk of harming, or further harming, their children receive support. However, rather than arbitrarily using the source of referral to control point of entry, it is suggested that point of entry be linked to purpose and need, and that protocols be established between the non-government agencies and the local area offices to support effective targeting.

This approach would also require area offices and non-government agencies to consider the full range of factors that would likely impact on an effective service response including:

- shared understanding of the purpose and needs of the target group
- clear statements of roles and responsibilities
- approach to promoting access to family support
- consistency in frameworks for intervention and managing risk
- management of referrals from the Department to the non-government agency
- approach to case management
- management of reports of harm or likely harm from the non-government agency to the Department
- communication and liaison

Such protocols would provide the basis for developing effective working relationships between the Department and non-government agencies. These need to be supported by broader based collaborative planning, service development and coordination at the local level.

Targeting family support to those most in need is endorsed by the literature (Tomison and Wise



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1999), with some studies showing family support is most effective when targeted to specific types of families or vulnerable populations (Audit Commission 1994; Gauntlett et al. 2000; Layzer et al. 2001). A growing knowledge base suggests that many of these families will be:

- poor (Blank 2000; Carr-Hill, Rice and Smith 1999; Penn and Gough 2002)
- headed by a younger, single parent (Carr-Hill, Rice and Smith 1999; Daro and Donnelly 2002; SPICE Consulting 2001; Layzer et al. 2001)
- socially isolated (Gauntlett et al. 2000; Tomison 1999; Tomison and Wise 1999)
- confronted with problems of domestic violence, substance abuse, mental illness and unemployment (Blank 2000; Daro and Donnelly 2002; Gauntlett et al. 2000; Tomison and Wise 1999)

The children and young people in these families are more likely to:

- have a disability or special needs - with studies showing that support of these families has direct long-term effects upon child well being (Layzer et al. 2001)
- display difficult or anti-social behaviours with evidence of parent – child conflict (SPICE Consulting 2001; Layzer et al 2001)

Principles

The principles relevant to the provision of family support are central to all child protection responses, reinforcing the need for a support orientation to all service delivery in child protection. The key principles include:

- the child or young person's safety and well being is paramount
- a strengths-based approach which incorporates building resilience and reducing risk
- cultural inclusiveness reflecting the demographics of local areas
- empowerment of children, young people and families in making effective decisions that promote safety and well being
- partnership between children, young people and families in identifying needs and developing responses to meet those needs
- accessibility of services in terms of geographical spread and engaging families

- community participation and responsiveness which recognises the unique features of localities

(Anglicare Victoria 1997 cited in SPICE Consulting 2001; Gauntlett et al. 2000; Tomison and Wise 1999)

Constructing a service delivery strategy that adheres to these principles creates some significant challenges. Chief among these are:

Partnership

Much of the expertise concerning children's problems rests with children and families themselves. Effective intervention begins with professionals asking how children and families cope with specific problems (Little 1999). This requires a partnership between children, their families and the professionals involved.

There have been great difficulties in 'giving legs' to this principle (Ryburn 2000). In a recent study of family support in the United Kingdom, Penn and Gough found 'little evidence that services were constructed on the basis of a partnership with children and families or in partnership with local communities' (2002 p.29). However this principle remains essential if family support is to encourage change, with some examples proving it can be achieved. In an evaluation of the Annie E. Casey Foundation's *Center for Family Life*, Blank (2000) found that developing working partnerships with families was possible and valuable.

If Queensland can take real steps towards making this happen in practice then this will be a major advance in itself that will reap significant benefits.

Accessibility

Three factors are critical here:

- spread of services
- identification and engagement of families
- cultural appropriateness

The spread of services is an obvious issue for Queensland in view of its geography and diversity of communities. Whilst isolation and the size of some communities present particular challenges they also present opportunities for the development and delivery of services. These issues are discussed below when looking at *service system issues*.

A further challenge is developing ways of engaging families in need once they have been identified by self-referral or agency referral. Some families in need may not recognise their needs for support or welcome the offer, because of potential stigma or other issues (Colton, Drury and Williams 1995).



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Yet, it is these families who may most need timely support to prevent their level of need from increasing and resulting in harm to their children. Insistence on self-referral as the means of families accessing a service is inappropriate. It is likely to exclude many families who could otherwise benefit. It seems there have been few resources developed to address these issues (Daro and Donnelly 2002). Approaches identified in the literature are discussed below when looking at *core elements of service delivery*.

It is important that services understand and reflect the demographics of their local area. They must be accessible to Indigenous peoples and those from non-English speaking backgrounds.

Community participation and responsiveness

Communities can prevent maltreatment by supporting parents under stress (Tomison and Wise 1999). For this to happen community involvement and participation in family support is needed. The development and delivery of family support services must be responsive to the unique features of particular communities. Brokering networks and partnerships between people, institutions and agencies will provide families with the services they need. The literature suggests that collaboration across the government, non-government and business sectors in local areas will achieve this. This area remains relatively untried in Queensland.

Core elements of service delivery

The analysis of this paper argues that a variety of services will be useful in supporting families to promote the safety and well being of children. There is no one approach to, or model for the, delivery of these services that is effective (Layzer et al. 2001). However the literature provides evidence in support of particular elements in service delivery. Attention to these elements will be critical to building an effective family support strategy in Queensland. These include developing the capacity for:

Length of support

It is critical that the length of support is determined by need, not program constraints. Frontline workers will attest to the need for ongoing support for families, with the flexibility to respond to changing needs. Many families experience social isolation and exclusion that present major barriers in accessing, and engaging with, services. It can often take considerable time to form relationships with these families that enable them to actively use the support and resources available. Yet service delivery is often limited by an emphasis upon shorter time frames. Whilst this may meet the needs of some families, there is now some evidence to indicate that longer-term support of families needs to be available. A recent evaluation of the Victorian *Strengthening Families* initiative

(SPICE Consulting 2001), established a correlation between increased time spent with families and increases in the outcomes of goal attainment of the family, worker and family satisfaction and successful engagement of families with referral to other services. Other studies suggest that support services provided over 2 years produce initial gains relevant to safety and well being that are strengthened over time (Daro and Donnelly 2002). *The Center for Family Life* in the United States (Blank 2000), a successful family support service, makes the capacity for ongoing support according to need a service feature.

Support needs to be of adequate length and intensity to meet the needs of the full range of families and to ensure change is sustained, particularly in respect of high risk families. This does not necessarily mean that one particular organisation needs to be involved on a long-term basis. The key is updating the assessment of need and responding to it.

Provision of practical supports

Evaluations of family preservation services in the United States have established that concrete supports make a difference for families (Lewis, Walton and Fraser 1995). Closer to home, the *Strengthening Families* initiative in Victoria has achieved positive outcomes for families by supplying concrete and practical responses (such as in home help and financial assistance) in combination with direct service provision of counselling and casework (SPICE Consulting 2001). This is similar to the approach taken by *The Center for Family Life* (Blank 2000).

It is suggested that these measures may be useful because they are picking up on the close association between poverty and child safety and well being. Penn and Gough's study found that 'poverty is overwhelming for those who experience it yet it is often not addressed by family support measures' (2002 p.30). The findings of these studies reinforces Dartington's evidence-based observation:

Effective prevention and early intervention strategies may depend on a sophisticated understanding of causal mechanisms, but they are likely to take the form of simple practical help for the practical problems experienced by children and their families (Little 1999 p. 311)

Providing practical assistance may be useful in engaging families once they are identified. This involves starting with clarifying what the family believes their needs are and then providing very practical assistance that resolves some issues for them relatively quickly – building trust and credibility and making a difference.



Flexible modes of delivery

As is consistent with a needs-led approach, 'one size won't fit all'. Engaging families prior to and across the child protection process will require the use of various service delivery modes: home visiting, group work, centre based activities, school based activities, open access and outreach activities.

Parent education is a core component of family support in both the United States and Australia (Layzer et al. 2001; Tomison and Poole 2000). Yet a meta-analysis of family support studies in the United States indicated that reasonable effects from this intervention were more likely when professional staff delivered education in group meetings (Layzer et al. 2001). However other findings from the same study serve to reinforce the need for flexibility and variety in service delivery. For younger mothers peer-based group interventions proved successful when combined with active case management.

Recent research has produced some findings that are at odds with the approach of self-determination, rather than dependence upon professionals, traditionally associated with family support (Manolo and Meezan 2000). This emphasises the need for assertive outreach to actively engage families in the referral process. The *Strengthening Families* initiative in Victoria, employed an 'aggressive outreach' technique to engage 'hard-to-reach families' (SPICE Consulting 2001), a move seemingly at odds with the emphasis in family support on self-determination. Predicated on persistence, patience, honesty, respect and choice this technique was evaluated as being effective in engaging families who were in need of support but may never have sustained reaching out for this themselves. The Center for Family Life in the United States has found that making their service really 'belong' to the community has contributed to relatively large numbers of self-referrals (Blank 2000). Other studies document some success in reaching high-risk populations by delivering parent education and other support services from schools or other community based organisations (Daro and Donnelly 2002).

Evaluation

It is critical that the development and delivery of family support services be underpinned by evaluation that provides an evidence base for ongoing service development and continuous improvement.

Little (1999 p.311) quoting Dartington's principles for prevention and early intervention, drawn from a review of evidence on prevention and early intervention, argues that:

- a proportion of all expenditure of services for children in need should be devoted to evaluating the effectiveness of those services

- new initiatives should incorporate evaluation designed to explain the nature of the problems being addressed as well as the effectiveness of individual responses
- evaluations have to allow for the measurement of delayed effects that may not become apparent for some time (need for longitudinal studies to assess effects over time)
- a consistent and systematic response to new initiatives would ensure effective sharing of results

Scott (2000) emphasises that we need to know not only if strategies work but how and why they work ie formative, process and outcomes evaluations. She also suggests agency-university collaboration for external evaluation

Recent collaboration between PeakCare and the University of Queensland has resulted in a number of evidence based workshops in respect of early intervention.

Service system issues

Being able to provide the right service at the right time for children and families is a major challenge for any service system. For Queensland, dealing with the legacy of decades of chronic under-funding, this may take a considerable amount of time to achieve. The analysis of this paper highlights certain issues for the service system that must begin to be addressed to improve the safety and well being of children.

The most pressing issue for the service system is the need to enhance capacity. To adequately support families, Queensland must build a service system that offers a greater range and mix of services than is currently available. This must encompass:

- a wide spectrum of services from practical assistance to counselling and therapy to out-of-home care options
- diverse and flexible modes of service delivery including a mix of in-home, group-work, individual and family casework, centre-based and outreach approaches

As the one system would be used to resource both early intervention and intervention responses, there must be the ability to vary the intensity and combination of services in accordance with family need. This requires flexibility in funding that enables resources to be effectively matched to need.

Obviously, because the current infrastructure remains limited, in some instances existing services will need to be enhanced, whilst in others new services will need to be developed to achieve increased capacity. The significant gaps in both



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the type of services available and in coverage across the State make this imperative.

In determining what services should be enhanced and what new services must be created, the first step is a comprehensive service-mapping exercise to be conducted in partnership by Government and the community sector in Queensland. This will inform moves toward service enhancement and creation and should focus on:

- existing services – resources, functions and location
- service gaps – type of service and geographical gaps
- existing knowledge and skills
- knowledge and skill development needs

This will help confirm known strengths and identify and target weaknesses (Little 1999). The mapping exercise should be broad based to include unfunded and funded prevention, early intervention and intervention services. Funded services should include those funded through:

- Child Protection and Family Support priority area
- other Department of Families funding priority areas including those relating to Youth Justice, Domestic Violence, Child Care, and Youth
- other State government departments including Disability, Health and Education and initiatives such as community renewal
- Commonwealth Government funding programs including Youth (Reconnect) and Strengthening Families and Communities Strategy

Service enhancement and creation is not the only factor critical to enhancing capacity. To optimise the effectiveness of existing infrastructure and that of any new developments a cultural shift is vital, centred on two key movements:

- a move from a service-based approach to a needs-led approach
- a move from 'stand-alone' services to collaboration between agencies and across sectors to achieve integrated services

A needs-led approach

Services offering support to families must respond to an *assessment of family needs*. Family support must be predicated on an individualised and flexible response to need, rather than being governed by what agencies provide. This requires:

- asking children and families about the issues they face, how they manage those issues and what resources and services would be effective in meeting their needs
- access to flexible funding that can be applied to match need and the resources and services required
- active case management in terms of setting goals, planning interventions and reviewing outcomes

This opens up new and more flexible ways of thinking about service provision.

A needs-led approach means that an at-risk family may require access to a range of services including out-of-home care, therapy or practical assistance at any one time or over an extended and continuing period of time. Another family may need different services at different points in time. The same service may be supporting an at-risk family not yet harmed, at the same time as supporting a family working to regain care of their child.

This challenges traditional perspectives on service structure and categorisation, for example:

- out-of-home care, traditionally classified as an 'intervention' service may be needed to address the needs of at-risk families, where no notification has been made
- a parent education and support group, traditionally classified as a 'support' service, will assist in meeting the support needs of a parent working to regain care of their child who is currently under a short-term custody order

The ability to adhere to a needs-led approach will be facilitated by use of collaboration to achieve integrated services.

Collaboration and integrated services

It is now widely recognised that flexible and coordinated services can better meet the changing needs of children and families and make the most effective use of limited resources (Brown and Hill 1996). To facilitate this there has been a shift from 'stand-alone' services toward collaborative relationships or networks amongst service providers (Clark 1999; Gauntlett et al. 2000).

While there are currently some examples of innovations in this area across Queensland, the system as a whole still needs to 'lose the expectation that one service can provide all the support a family needs' (Little 1999 p306). Once it is recognised that few children and families have needs that can be fully met by a single agency the arguments for collaborative relationships and networks amongst service providers are clear.



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Key issues for Queensland include:

- which services are to be provided directly by government and community within the child protection sector
- flexibility and capacity can be created by the development of collaborative networks of service providers *in a local area*, involving agencies from within the child protection sector and those outside of it
- alliances need to be built with other sectors eg health and education *in local areas* to provide families with access to other needed supports
- opportunities exist for the development of partnerships with universities, community groups and businesses

To assist in determining these questions the service mapping exercise proposed earlier could involve another step, researching the potential for collaboration:

- within the child protection sector
- across social issues eg family violence, juvenile justice
- across government departments eg health, education
- across levels of government eg local, state and Commonwealth
- across community groups, universities, and business.

Coordination of services is notoriously difficult to accomplish. The literature recommends explicit and continuous planning (Daro and Donnelly 2002) with local networks based on trust and mutual respect seen as the key to successful attempts (Hall 1999). These findings, along with those showing family support is most effective when responding to local conditions (Gauntlett et al. 2000) suggest that the way forward in Queensland lies in developing in-depth knowledge of the needs, structures, resources, networks, relationships and demographics of local areas around the State.

A collaborative, comprehensive planning exercise conducted in local areas around the State is required to determine how best to build capacity in those areas. Agency arrangements for delivery of services could vary from location to location and therefore how integration is achieved would also vary.

CONCLUSION

This paper argues that enhancing family support is fundamental to promoting the safety and well being of Queensland's children and young people.

Analysis of government policy and the existing service system indicates that the current capacity to support families is extremely limited. There is little capacity to achieve the policy outcomes detailed in the *Child Protection Act 1999*. This analysis is reinforced by the sheer magnitude of the numbers of children, young people and their families presenting and re-presenting to the attention of the Department of Families. They are filtered through the child protection process to identify harm, with only a relative handful receiving a response of any type. The increasing demand for child protection services, which shows no sign of abating, simply compounds these issues.

Collectively, these issues conspire to compromise the safety and well being of children and young people, with significant numbers exiting the child protection process without having their needs assessed or met and, in some instances re-entering the system as a result. Other children and young people are being unnecessarily drawn into the child protection process.

In exploring the relationship between family support and child protection, traditional notions of prevention, early intervention and statutory intervention have been challenged. Whilst the different ways in which these words are used might be seen as a matter of semantics, this can reflect critical differences in the positioning of family support and its relationship to child protection. It is important that a shared understanding of how they are used is developed.

The paper has proposed that *family support protects children*. In the first instance, family support has been identified as relevant to a range of situations or points in the child protection process including where:

- no harm is yet identified but there is evidence of family difficulties, which may affect a child's safety and well being
- harm has occurred or is likely, but is not considered significant
- significant harm has occurred, but is assessed that likely future harm is not significant or does not require ongoing departmental intervention.

It has been shown that the needs of these children and families and the services required to meet those needs are similar across the child protection process. In recognition of this, family support has been defined as providing the right service at the right time to strengthen families.

This positions family support as a strategy to be used at different points across the child protection process, rather than as a particular service type, and/or targeted at a single point during the child protection process. Further, it acknowledges that the safety and well being of children and young people and their protection from harm are a



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community responsibility. The protection of children and young people cannot and should not be defined as the sole responsibility of government. Nor should it be defined as something that starts with contact with the Department of Families.

The notion of family support as a particular orientation or philosophy has been explored with a view to the implications for ongoing departmental intervention. This acknowledges that the idea of family support as a strengths based approach, which emphasises partnership, empowerment, flexibility and accessibility in meeting needs is consistent with contemporary views on child protection 'best practice'. The aims of strengthening families and protecting children are not mutually exclusive and are in fact inter-dependent. Again, it is stressed that the needs and services required by children and families who are working toward reunification or whose child protection orders have expired but who still have support needs are similar.

In this view, family support and ongoing intervention are fully integrated, where a family centred approach is the overarching philosophy in protecting children and promoting their safety and well being. The services and resources used to support children and families are matched to need. The means of intervention on a voluntary basis or the active use of statutory powers denotes the most effective means of engaging families to secure protection. It does not require a different service response in respect of meeting their needs.

The recent announcement that government has directed \$6.7m to prevention and early intervention represents a major challenge and opportunity to both the government and non-government sectors to:

- develop a shared understanding of family support for the purpose of promoting the safety and well being of children and young people
- build a strategy to enhance family support capacity that includes agreement about:
 - purpose and the outcomes sought
 - targeting of the response
 - principles
 - core elements of service delivery
- consider the implications of this strategy for the existing service system and the most appropriate means of building the overall capacity for supporting families.

In the longer term, the opportunity now exists in Queensland to align the service system to meet policy outcomes. This requires the development and resourcing of a complementary combination of prevention, early intervention and intervention

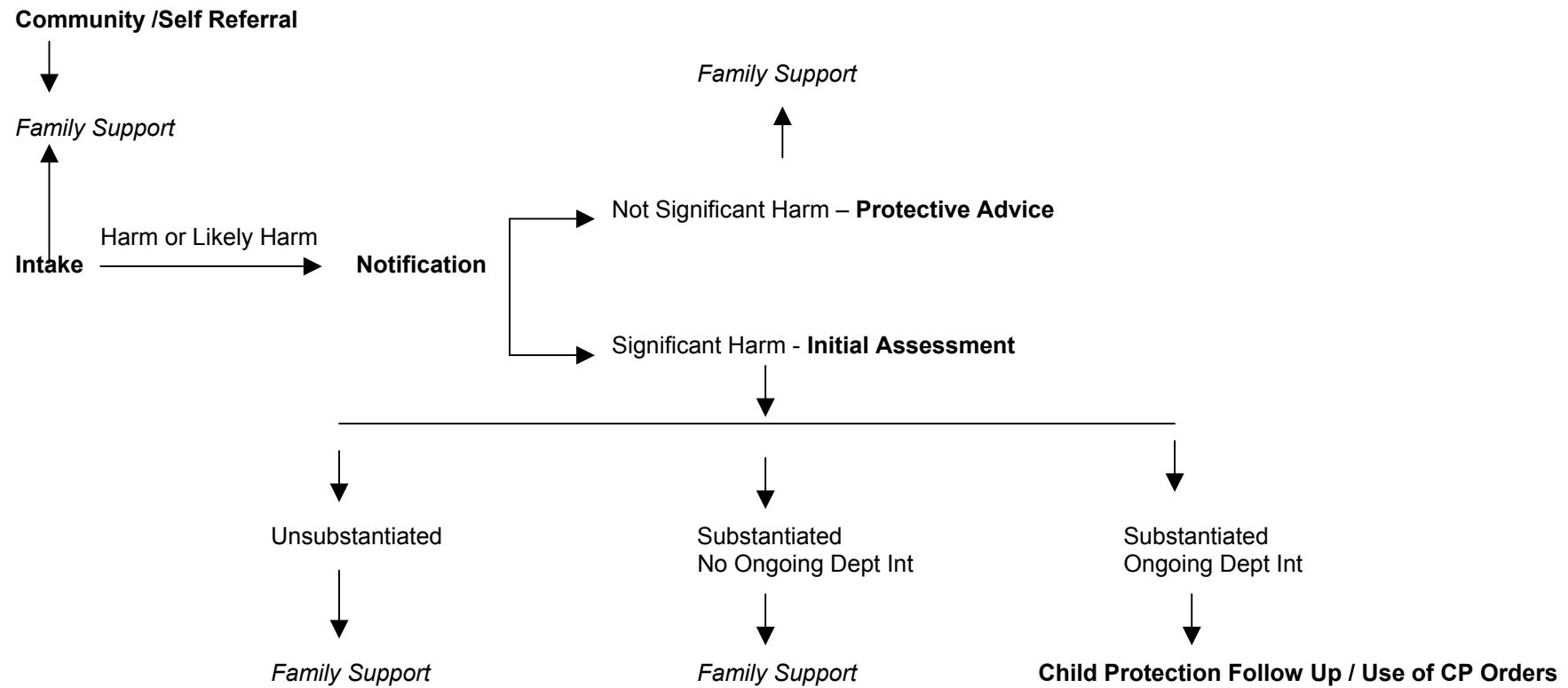
services – a holistic response, which offers the best chance of a truly effective 'solution'. For this opportunity to be realised the:

- initial injection of funds in this area in 2002-2003 must be supported with continuing increases in subsequent years
- development of a targeted family support strategy must be clearly located within broader based community development and policy initiatives that address the structural issues impacting on the capacity of families to appropriately care for their children

Even where proven prevention strategies are adequately resourced and implemented there will continue to be a proportion of children and families who require ongoing departmental intervention (Little 1999; Tomison and Wise 1999; Waldfogel 1998). Maintaining a focus on intervention, with little attention to prevention or early intervention, as has been the case in Queensland (albeit for reasons of demand and a focus on investigation) offers no way of stemming future need. *"Prevention is no more an alternative to early intervention than early intervention is to treatment....it is the combination of these activities that can make a difference to children's lives"* (Little 1999 p. 314).



Appendix: Family support across the child protection process



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