

# IMAGINE

*A System Willing and Able to Protect Children and Support Families*



**An exploration of the effective use of intensive family support services  
to address child abuse and neglect**

**(United Kingdom, Denmark, United States of America, Canada)**

**The Winston Churchill Memorial Trust of Australia**

**Report by Chris Boyle**

**2012 Churchill Fellow**

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**Report by CHRIS BOYLE**

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Signed          Chris Boyle

Dated 20/02/2013

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## Introduction

As I prepare to submit this report, the people of Queensland are eagerly anticipating the recommendations from the *Child Protection Commission of Inquiry*<sup>1</sup>, the report card on the current child protection system and the map for the future. This Inquiry follows on from the 2004 Crime and Misconduct Commission (CMC) report, *Protecting children: an inquiry into abuse of children in foster care*, which acknowledged that despite the best efforts of committed staff, the child protection system continued to fail in meeting the needs of children who had suffered, or were at risk of suffering, abuse and neglect. The need for transformational change across the child protection system and broader government change was made clear.<sup>2</sup>

Unfortunately, the resulting changes from the CMC report has seen a tripling of the number of reports made to the Department<sup>3</sup> and a doubling of the number of children placed in out of home care, including 38% of these children being Aboriginal or Torres Strait Islander background. This is not the change the recommendations would have hoped for.

Nine years on and the need for transformational change even clearer, as is the understanding that the solution is not found in funding 'more of the same' or 'one-size fits all' approaches. A paradigm shift is required that re-conceptualises the child protection system into one that works with child, family and community as one. A non-stigmatising system that addresses the needs of children and families at every opportunity; a system that shares responsibilities - not shifts them; and ultimately, a quality system that we would all be satisfied in providing a service to our own children.

The *Child Protection Commission of Inquiry* provides Queensland a unique opportunity to achieve the much desired transformational change through implementing a conceptual model that protects children, supports families and strengthens communities. We do not need to invent new solutions nor spend more money; rather, we need to learn from our international colleagues about what works and what doesn't, then build upon their successes.

Queensland's children, families and communities deserve the best and *Imagine* what we can achieve if we all work together.

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<sup>1</sup> Queensland Child Protection Commission of Inquiry 2012-2013. <http://www.childprotectioninquiry.qld.gov.au>

<sup>2</sup> Crime and Misconduct Commission - Protecting Children. *An Inquiry into Abuse of Children in Foster Care*. January 2004, Page xii

<sup>3</sup> Statistics available at <http://www.communities.qld.gov.au/childsafety/about-us/our-performance>

# IMAGINE

## A System Willing and Able to Protect Children and Support Families

Feedback is an important process in which the effectiveness of services and products are often measured. As a young, novice social worker, I recall to this day, the words of a young man who was in care and was placed in residential care facility. Through the mist of his tears, pained by the continual rejection caused by his early life's experience of 'conditional care' and staring down the enormity of the challenges he faced in the future, he provided his feedback on the system which was responsible for meeting his care needs;

*"Why bother trying.....half the kids who end up in care will end up in prison by the time they are 18, and the other half will be dead".*

That powerful reflection and insight into the pain and trauma experienced by children who have been harmed and placed in out of home care has inspired me to achieve something better for them. For the past 15 years, that very moment has served to motivate me towards effecting systems change so that every child unfortunate enough to be exposed to the child protection system will have that feeling of hopelessness replaced by a sense of hope, love, care and belonging.

Over the years, I have witnessed that the harms children experience, the hardships that families endure and the challenges for the communities, people and services that work to address these issues are, not surprisingly, very similar. In Australia, numerous Inquiries into the child protection system identify the dire need for change, especially to address the growing number of children placed in out of home care and the significant over representation Aboriginal and Torres Strait Islander people.<sup>4</sup>

As a frontline worker, I understand the constant dilemma for today's child protection worker seems to be the choice between exposing a child to abuse or neglect through either their family or the 'system'. How can one practitioner, service or government end the "vicious cycle" of abuse and neglect that children are exposed to with each passing day? Despite the best efforts of committed staff and services, existing policies, systems and structures have proven ineffective in addressing the multiple and complex needs of our most vulnerable children and their families. Regrettably, it is the children and families who frequently bear the consequences of our risk averse system, to which the demand for intensive supports and out of home care placements has long surpassed the supply.

As I reflected, the thought lingered as to whether this challenge remains in the 'too hard basket'. Can a system be developed that is willing and able to meet the care needs of children? In 2012, the Winston Churchill Memorial Trust afforded me one of the most adventurous, challenging and rewarding experiences of my life by providing me the opportunity to go and find out the answer to my question.

This Fellowship report and recommendations are presented through years of personal practice reflections, shared learnings from valued colleagues (both at home and abroad) and are supported by research and evidence.

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<sup>4</sup> Australian Institute of Family Studies; Child Protection and Aboriginal and Torres Strait Islander Children, June 2012

During my travels, I have heard from some of the world's foremost experts on child protection who have shared their valuable time, experiences and knowledge with me. With their help, I have developed an insight that in order to achieve change, one must first seek to understand what maintains our existing rules. As Dr William Bell (President and CEO Casey Family Programs) states:

*“The pull of history is powerful! We need to recognise it, understand it and make conscious effort to change it. Historically, we have separated the child from the family and the child/family from the community. We need to re-think the paradigm to one of inclusiveness that sees the child/family and community as a whole - as the “client”.*

It is with this consideration that my recommendations into the effective use of intensive family support services to address child abuse and neglect are framed. Whilst a necessary addition to the Australian system, a simple transportation of services that are effective in preserving families is in itself, insufficient to address the concerns of growing rates of children in out of home care, especially for Aboriginal and Torres Strait Islander children. A philosophy of family preservation is also essential, along with a new way of conceptualising a system that protects children and supports families. A political and public will must be established in order to challenge the hearts and minds of the community to assert that our most vulnerable children and families are worthy of respect, care and support - whatever it takes.

You may say that I'm a dreamer to imagine that there were systems willing and able to meet the needs of our most vulnerable children and families, but I know I'm not the only one.<sup>5</sup>

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<sup>5</sup> John Lennon; Imagine, 1971



## **Acknowledgements**

I would like to commence my acknowledgements by thanking the dedicated people of the Churchill Trust for putting their faith in me by providing this once in a lifetime experience. It is a privilege to be in the esteemed company of those who have gone before and no doubt, those to follow. Without your commitment and passion, none of this would be possible. I am honoured to be a flag bearer of the Churchill Trust for life and hope to add to the proud legacy.

I wish to thank my mentors and referees who have offered me their guidance and support as I have undertaken this journey, in particular Robert Ryan (Churchill Fellow 2009), Susan Gill, Penelope Gordon (Churchill Fellow 1994), Dr Fotina Hardy and Lindsay Wegener. You have each inspired me over the years in many ways with your knowledge, enthusiasm and commitment to improve the lives of vulnerable children.

I would also like to pass on my gratitude for the time afforded to me by Professor Bob Lonne, Catherine Moynihan (Churchill Fellow 2009), Associate Professor Richard Roylance (Churchill Fellow 1995) and Professor Clare Tilbury. Your insights, contacts and travelling tips were greatly appreciated.

I also wish to acknowledge the support I have received from my valued colleagues across the child protection sector, especially those at the Mt Gravatt Child Safety Service Centre, who tirelessly perform the most challenging of tasks in the most difficult of circumstances. You do yourselves proud every day in striving for positive outcomes for children and families. I also acknowledge the dedicated staff across the Brisbane City Region and broader Department. I appreciate the encouragement you have offered me and time gifted to undertake this Fellowship.

I would like to thank the many people, service providers, academics, government officials I met throughout my travels who donated their precious time to help an unknown Australian on his quest of a lifetime. Without your generosity, none of this would have been possible. You have all inspired me with your passion and my only regret is that I could not spend more time with all of you. Your reflections and insights have captured my mind and forever shaped my practice.

I would like to pass on my sincere thanks and love to all my family and friends, for all your support, assistance and encouragement. In particular, my mother Michelle, who has been my life long mentor (and part-time dog sitter) and my parents-in-laws, Robert and Caroline Adams for all your help in the planning phases.

Most importantly, I would like to pass on my immense appreciation and endless love to my wife, Melissa and children, Jessica, Emily and Max. Your faith and support has provided me with the inspiration needed to overcome the challenges faced throughout the journey. Melissa, you were truly amazing in sorting out all the details of accommodation and transfers, not to mention all the time spent occupying our little 'darlings' that allowed me to concentrate on my Fellowship. Jessica, Emily and Max - you are brilliant little travellers and we couldn't be prouder of you! Well done! The adventure we shared has created a lifetime of memories that we shall never forget. The very thought of it all brings a smile to my face and a tear to the eye.

14 cities, 10 weeks, 6 countries, 3 children (1 toddler) - We did it!

## **EXECUTIVE SUMMARY**

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### **Project Description**

An exploration of the effective use of intensive family support services to address child abuse and neglect. (United Kingdom, Denmark, USA & Canada)

### **Highlights**

My greatest highlight of the trip was meeting the wide range of committed and passionate child protection workers and academics, who strive each day to make a difference in the lives of our community's most vulnerable and precious resource, the children. It was extremely humbling to dialogue with the very people whose books decorate one's bookshelf. They have all inspired me and forever changed my framework for practice.

On a personal note, my family and I loved the adventure of a lifetime provided to us by the Churchill Trust. Reacquainting ourselves with 'impulsivity' and seeing new places was a welcome change to the routine of life we can often get captured by. I am also indebted to Mr Phil Reed OBE, for the behind the scenes visit to the Churchill War Rooms, London.

### **Major Lessons Learnt**

- Whilst a necessary addition to the Australian system, a simple transportation of services that are effective in preserving families is in itself, insufficient to address the concerns of growing rates of children in out of home care, especially for Aboriginal and Torres Strait Islander children.
- A family preservation philosophy is essential to achieve positive transformational change
- Research-based, effective family preservation services must be established in an intensive targeted secondary system to reduce the growing gap between the voluntary universal/ secondary systems and the involuntary tertiary system.
- Child protection must be conceptualised as a system that protects children, supports families and strengthens communities, with the sharing, *not shifting*, of responsibilities across the universal, secondary, intensive targeted secondary and tertiary systems.
- A political and public will must be established in order to challenge the hearts and minds of the community to assert that our most vulnerable children and families are worthy of respect, care and support - whatever it takes.

### **Where to from here: Dissemination and Implementation**

- The dissemination of my learnings has commenced with the sharing of my report across the Australian Association of Social Work (AASW) and Peakcare Queensland.
- I have a meeting scheduled with the Minister, Assistant Minister and Director General, Department of Communities, Child Safety and Disability Service to discuss my report.
- I will submit my report to the Queensland Child Protection Commission of Inquiry.
- I will present my findings to colleagues, staff and services across government, non-government agencies, community partners, peak groups and universities.
- I will disseminate my report worldwide to those people I met throughout my travels.



## **PROGRAM ITINERARY**

### **LONDON - October 2012**

London School of Economics

*Eileen Munro*

National Society for the Prevention of Cruelty to Children – (NSPCC)

*Chris Cuthbert*

### **BRISTOL – October 2012**

Resolutions Child Protection Consultancy

*Colin Luger*

*John Gumbleton*

*Margaret Hiles*

Core Assets

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### **LANCASHIRE – October 2012**

Blackpool Springboard Project

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University of Central Lancashire

*Fiona Harbin*

*Andy Bilson*

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*Brenda Tully*

*Joseph Gleason*

**BOSTON – November 2012**

Multisystemic Therapy

*Cynthia Swenson*

**EDMONTON – November 2012**

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Boyle Street Community Service

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Pathways Community Services Association

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*Blair Thomas*

Awo Taan Family Wellness - Parent Link Centre

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Pastor Tommy L Brown*

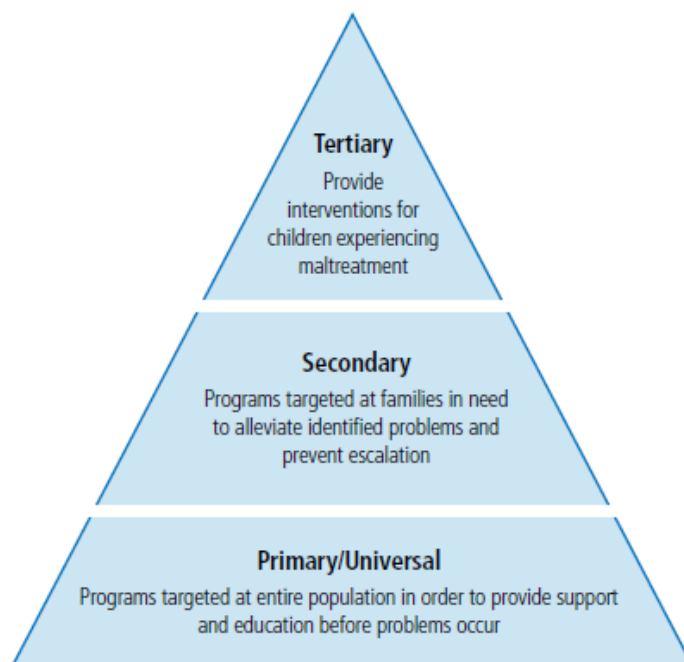
## **CONCEPTUAL MODEL**

Contemporary thinking about child protection systems no longer views the responses to families along a continuum, rather, as a 'whole system' that shares responsibilities to ensure children and families receive services and support in a seamless and timely manner.

Child abuse and neglect does not occur in isolation, rather in contexts. It cannot be easily separated from individual, family and community issues such as poverty, mental health, drug and alcohol dependency, domestic violence, homelessness, and social isolation. Most families would be able to identify someone close to them who may have experienced any number of these issues at one time or another. Indicators such as the significant increase in the rates of reporting to child protection authorities and the projected growth of children entering out of home care<sup>6</sup> (with an Aboriginal or Torres Strait Islander child being eight times more likely to be in out of home care than any other child in Australia) suggest that further work is urgently required to address these issues.

The initial challenge in addressing the issues is to understand how the current system responds to concerns regarding children and families. What are the rules that maintain the status quo? What would we like to see in a system that protects children? How do we get there and who are the key stakeholders we need to engage? And; how will we know when we are there?

As illustrated below, using a public health model, the key interventions to prevent the occurrence or recurrence of abuse can be broadly categorised as primary, secondary and tertiary interventions aimed at responding to the needs of children and families as they arise. All elements are critical in establishing an effective and responsive system that protects children.



Source: Adapted from Bromfield & Holzer, 2008.

Whilst recognising the important role that universal and secondary systems play in responding to children and families who voluntarily seek support in times of need; it is within the cohort of families that are resistant to help that the over reach of tertiary services exists.

<sup>6</sup> Queensland Government State Budget 2012-13

When concerned about children that come to their attention, overstretched universal and secondary services report their concerns to the tertiary agency, legitimately citing the limitations of their role and their inability to engage with families that are involuntary. Even with the knowledge that child protection authorities are unlikely to respond, the report itself fulfils organisational obligations and shifts this risk of inaction to tertiary services. These families often accumulate a lengthy history of reports (each an indication that a child may be harmed and each a missed opportunity to intervene) prior to any intrusive tertiary intervention.

This pattern of cumulative harm is concerning, especially given the research regarding the impact of child maltreatment on the developing brain, in both the antenatal and post natal stages. The resultant psycho-biological (physical, cognitive, emotional and behavioural) consequences may be better described as an "environmentally-induced developmental disorder" (Chrousos & Gold, 1992; De Bellis, 2001, 2002).

According to Delima and Vimpani (AIFS, 2001), the impact of such 'disorders' are found across the individual, family and community levels:

*Individual Perspective* - the level of impact of maltreatment on a child's biological stress system is reflected in the child's subsequent cognitive and behavioural development, the extent of which is dependent upon the age of first exposure and the duration of the maltreatment suffered. Additionally, early modification of the child's environment to decrease the biological stress response may also assist the expression of the child's genetic make-up

*Familial Perspective* - the impact of child maltreatment within the family unit is dependent upon the functioning of that unit as well as the availability and accessibility of other supports.

Supports that assist the child regulate his or her emotions following a maltreatment event significantly affect the duration of the biological stress response in the child, as well as limiting the adverse impact of the child's behaviour upon the family unit. Poor family coping capacity is likely to influence adversely the parent-child relationship and the parents' ability to support the child through the biological stress event, with an increased likelihood of subsequent child mental health issues.

Poor individual functional capacity due to mental health issues and/or learning and executive functioning difficulties further limits the ability of the child to achieve adult-independent function, placing a further burden upon the families of maltreatment-affected children.

*Community Perspective* - Children from impoverished communities where levels of interpersonal and community violence and neglect are high, experience significantly increased rates of foster care, delinquency, adolescent sex offences, youth justice encounters, homelessness, unemployment, and adolescent substance misuse and dependence.

The effects of maltreatment on children extend further than the children and their respective families to affect the wider community. The learning and cognitive deficits observed in these children are then reflected in their poorer educational and life skills development, particularly their capacity for self-regulation. This in turn affects the community's ability to control violence and ensure an environment that promotes individual safety.

A number of studies have been conducted and models developed that have considered the type of treatments, support, and staff training required to provide services to families at the highest level of risks. In a study conducted by Crittenden (1992) of *child protective services in Florida* she identified and described 5 different levels of families. These are described below (with adaptations made to the definitions):

**Level 1: “Independent and adequate”** - Families who are able to meet the needs of their children by combining their own skills, help from friends and relatives, and services that they seek to use. They are competent in resolving problems and crises.

**Level 2: “Vulnerable to crisis”** - Families who need temporary help in resolving unusual problems; otherwise they function independently and adequately. Common precipitating crises include death of family members, natural disasters, loss of employment, caring for family members with disabilities.

**Level 3: “Restorable”** - Multi-problem families who need training in specific skills or therapy around specific issues. With therapy, education and support, new skills and knowledge will be developed and sustained over time. Interventions may last up to 2 years duration and may require active case management to organise the sequence of service delivery and to integrate the services. Following the intervention, it is expected that the family will function independently and adequately.

**Level 4: “Supportable”** - For these families no rehabilitative services can be expected to lead to independent and adequate functioning; but with specific and ongoing services, the family can meet the basic physical, intellectual, emotional, and economic needs of their children. Services will be required to scaffold the family's inabilities until all the children are grown. Examples of such families include those with chronic mental health issues, chronic history of alcohol or drug use; disabilities; or intellectual impairments.

**Level 5: “Inadequate”** - Families remain involuntary to supports or the provisions of services available are insufficient to enable these families to meet the basic needs of their children, now or in the future. Permanency through alternative care arrangements should be considered.

In spite of the needs of the children and families Crittenden (1992) found that many were only receiving a parenting group and no other adequately designed interventions were made available to the families. It was found that the children and parents were not making any gains at all and as the children got older more behavioural and emotional disorders were apparent.

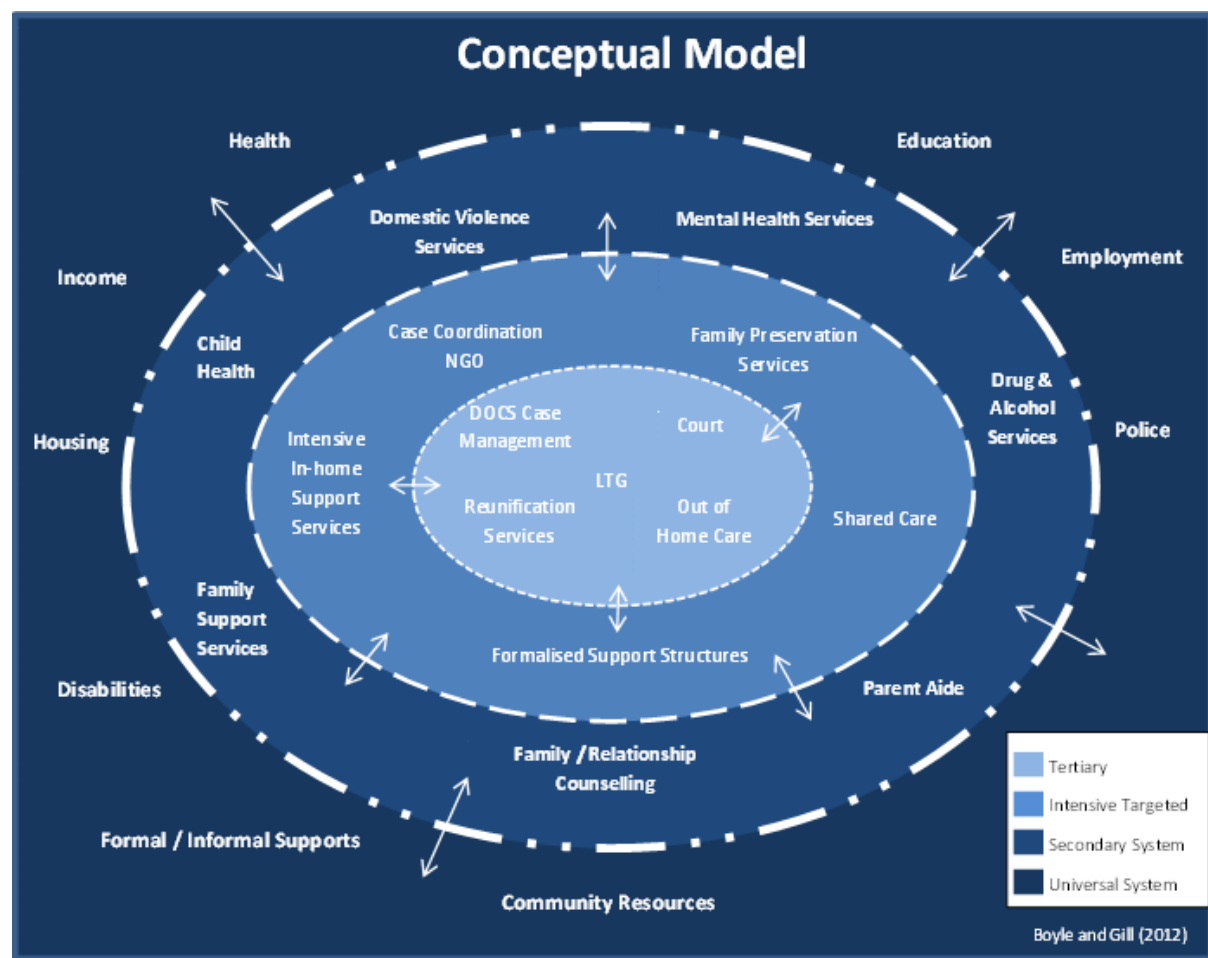
Clearly the children and families who often come to the attention of statutory services are at the three highest levels of risk of this model; “restorable”, “supportable” and “inadequate”, and, as pointed out by Crittenden (1992), require complex and intense services to address the needs.



## A Conceptual Model that Reflects a System that Protects Children

The designed Conceptual Model reflects an ecological systems approach, designed to establish a system that protects children. In accordance with the National Child Protection Framework, the model is designed to demonstrate the fluidity in which families can transfer between non-stigmatising systems, accessing the required services to address their needs in a responsive and timely manner. The filters between each level are symbolic of how each respective level will 'capture' families and prevent them from slipping through the gaps. The goal is to engage families within well-resourced universal and secondary systems, where they voluntarily access early intervention and prevention services.

The model reflects the work of McCroskey (1998) in that *“no service program can provide all that is needed to support and strengthen every family. A system of well-coordinated, accessible, family centred services must rest on a foundation of a healthy community that affords adequate basic services and opportunities for education, housing, and employment. Efforts to strengthen family-centred services will be insufficient unless the basic needs of families are met.”*



<sup>7</sup> Conceptual Model – designed by Chris Boyle & Susan Gill (2012)

Services within the **Universal System** are referred to as *prevention services*. Individuals and families, regardless of circumstances, are entitled to receive services within the Universal System. Families are able to voluntarily access these services as required.

Services within the **Secondary System** are referred to as *early intervention services*, aimed at targeting families who are “at risk” for child maltreatment, due to the presence of one or more risk factors associated to abuse or neglect. Secondary interventions generally involve early screening or voluntary-referral to identify children who are most at risk. If eligible, families may access a range of services and supports, including home visiting, parent education, relationship counseling and skills training to address the associated risk factors. However, as with preventative services, families must be voluntary in order to access early intervention services and supports.

The model acknowledges the current and apparent, growing gap that exists between those voluntary families who access supports willingly and independently and those families who are resistant, incapable or involuntary. These families represent the largest cohort of families referred to statutory authorities and sadly, over time, it is the children within these families with multiple and complex needs who represent the highest risk of entering the out of home care system.

To provide a practice insight, statutory authorities make decisions to open interventions to families based on an assessment of harm or risk of harm, and parental willingness and ability to meet the care needs of their child. The decision about whether the level of intervention required (in-home or out of home care) is often based on an assessment of safety. The decision to remove a child is usually made following an incident or preventing the likelihood of one, commonly made at a time of familial crisis, where primary carers and supports are unable to meet the conditions of safety required to ensure the child remains safe. Statutory authorities are therefore required to increase the level of intrusiveness to ensure the child’s needs are being addressed, frequently resulting in removal. Furthermore, common practices around returning children to their family home requires parents to address case plan goals to reduce the likelihood of future harm; not based on an assessment that the crisis has been resolved and the conditions of safety have been re-established. As we know, these issues of harm require many years to address, if indeed they are to be addressed at all. This process can become more complicated by the adversarial relationship that can exist between the statutory agency and the parents during lengthy and conflictual court processes.

The Conceptual Model proposes a system that provides a different response to children and families in times of crisis, especially when children are at imminent risk of removal. The Conceptual Model also highlights the importance for services across the Universal and Secondary Systems to provide ongoing access to services for children and families, rather than shifting responsibilities (and blame) to the Tertiary System. The Conceptual Model imagines the *what ifs?*

## **No IFSS and Buts**

To reduce the gap between the secondary and tertiary system, the conceptual model proposes the development of an **Intensive Targeted Secondary System**. This level of systems response is non-existent in the Queensland context and it is within this system, that Intensive Family Support Services (IFSS) and Family Preservation Services (FPS) can address the growing rate of children in out of home care, including the over representation of Aboriginal and Torres Strait Islander children.

Family preservation services first appeared in the US in the mid-1970s as an alternative to unnecessary placement of a child in out of home care. These services are now a regular feature of the child welfare system in places such as the US and UK. Although family support services and family preservation services share common philosophical frameworks such as strength based and family therapy, it is important to make a distinction between the two models.

*“Family support services are intended for families who are coping with the normal stresses of parenting, to provide reassurance, strengthen a family facing child-rearing problems, or prevent the occurrence of child maltreatment. By contrast, family preservation services are designed to help families at serious risk or in crisis, and are typically available only to families whose problems have been brought to the attention of child protective services.....A major goal of these services is to prevent foster care placements or help reunify families after a child has entered placement by improving parenting skills and providing follow up services” (McCroskey 1998)*

Child protection authorities often refer to family preservation services to deliver intense in-home supports at a time where there is an imminent risk of children being removed. Family preservation services have the ability to respond in times of crisis in order to address the immediate needs of the children and family and are generally categorised by:

- small caseloads for staff
- the high level of intensity with 24-hour availability to families
- family focus and high level participation
- family therapy
- a strengths based approach and
- access to concrete supports

Once the crisis has been resolved and a comprehensive safety plan has been developed between the family, extended support network and the FPS, interventions can then focus on addressing the ongoing harms experienced by the children through engaging with the family and building on their strengths and community supports.

Services within the Intensive Targeted Secondary System are only available to families that meet the high level of complexities and where children are either at imminent risk of removal, or are being reunified from an out of home care placement. Although families within this system may be involuntary and the interventions on offer may be negotiable, the involvement of the statutory authority is not negotiable. Intensive Targeted Secondary services would be coordinated and case managed through the non-government sector, with statutory oversight. As well as reducing the future risks for child maltreatment, increasing family strengths and developing sustainable community supports, Intensive Targeted Secondary System services are seeking to work with involuntary families to become voluntary. If this process can succeed, the family is able to access support services through a less intense (and voluntary) Secondary System.

If families are unable to provide safe households for children and parental/ family capacity is inadequate, then a **Tertiary System** response is required. This response should always be viewed as a last resort, and the Conceptual Model views out of home care as a non-stigmatising *intervention* rather than an *outcome*. The role of the Tertiary System service is an important one and should strive to engage with families who are involuntary to provide reasonable and practicable supports to address the identified risk factors.

Tertiary services are case managed through the statutory agency, with frontline workers' persistence and assistance overcoming the families' resistance; transforming involuntary into voluntary. The range and intensity of supports provided to children and families in the Tertiary System should reflect that of the level on offer to those in the Intensive Targeted Secondary System. This is vital to ensure that children do not drift in care and families can be quickly diverted to the less intense services, that they can readily access supports through their volition.

## **IFSS “We Build it, They WON’T come!”**

*“The concept of child protection automatically pits the child against the parent... this thinking leads to the adversarial practice that has dominated the field, but we are finally coming to recognise that*

***‘blood is thicker than child protection services’*”**

I.K. Berg (1999) from the foreword to *Signs of Safety*

In relation to outcomes for children, research has suggested that tertiary-level child protection services are not as successful as is often assumed. Twenty-one Australian research studies on the issue of outcomes for children and young people in care were completed between 1994 and 2006. All of the studies provided evidence that children and young people in care experienced relatively negative outcomes when compared to other children not in care. (Osborn & Bromfield, 2007) Furthermore, research states that the cost-effectiveness of early intervention programs has shown that \$1 spent early in life, can save \$17 by the time a child reaches mid-life (Blakester, 2006).

Legislatively, child protection statutes around the world define that the primary responsibility for a child's wellbeing rests with the family. Regardless of the level of intrusiveness, if the statutory authority decides to intervene, then it remains legally obliged to ensure that the family receives a level of support considered to be reasonable and practicable to meet the child's needs. The disparity that exists between resources and supports available to families with children in-home and to those supports provided to out of home care providers is significant. Recent reports in Queensland indicate that it costs over \$1000 per day to place some children in an out of home care residential. To those on the outside of the system, this is shocking. To those within the system, this is the reality of an overwhelmed, risk averse child protection system created by the policies and practices of the past.

Whilst the temptation is to propose quick-fixes to reduce spiralling costs, such as containment models and secure care facilities, caution should be taken and lessons learnt from other jurisdictions who have been faced with similar challenges, as the likelihood is that, **“if we build it, they will come!”**

As outlined in the *Comprehensive Multi-Agency Juvenile Justice Plan* (Los Angeles County Juvenile Justice Coordinating Council, 2001);

The strained resources and costs for out-of-home placement beds, whether in juvenile detention, camp or suitable placement remains significant. At the same time, there has been a lack of resources to address specialised needs particularly aimed at family based services, mental health needs, and gender specific services.

Recommendations from the Council concluded that the solution to such matters was not found in the building of more containment facilities that are disguised as child protection models, but rather through an economically viable and nurturing family, reinforced by a supportive community. Successful initiatives rely on the community's own resources and strengths as the foundation for designing change initiatives. Interventions should be comprehensive to reduce fragmentation in service delivery and to provide a full continuum of service options, recommending models such as Multisystemic Therapy. Efforts must be collaborative and involve individuals, groups and/or agencies working together for the benefit of the child and family in a teamwork approach, where that approach is a united one and is decided upon jointly by the team.

Unless we seek to understand and address the cause of families increasingly coming to the attention of child protection authorities, then more children will be harmed and more costs will be incurred by the community and tax payer. The question needs to be asked; What if these children did not have to come into care?

The answer is found in the philosophy of family preservation and through the provision of intensive family support services. Imagine if we could bring families, community and government together under one symbolic roof to ensure families receive the right support at the right time; for *if we build this system, they won't come!*

## **What IFSS?**

Since its inception, one of the major issues that has plagued Intensive Family Support Services / Family Preservation Services has been the methodology challenges and limitations, resulting in a lack of credible research into effective program models and evidence based outcomes. This, coupled with a child protection system that is uncertain in the extent of its responsibilities to provide tangible supports to birth parents, has resulted in many IFSS/FSP programs trialled by governments in the past, suffering a quick demise in favour of residential care placements placement and/or less expensive (but often, ineffective) Family Support Programs.

Unlike Family Support Programs, IFSS/FSP services provide a combination of intensive therapeutic case management along with the provision of concrete supports. Although some services are specifically designed to work with families at their time of crisis and when there is an imminent risk of children being removed (HOMEBUILDERS®), others are designed to work with families over a longer period of time to overcome more chronic issues (Multi-Systemic Therapy). These types of models of are proven to be equally effective when working with families from diverse cultural backgrounds, including Aboriginal, African American and American Indian.

Whilst these designs and interventions may differ, the common elements of an IFSS/FPS are:

- Small caseload sizes per worker (2-4 families each); with a small support team for back-up
- The service is intensive (10+ hours / week)
- 24 hour availability in-home
- The provision of concrete supports (e.g.- food, rent, bills, clothes, transportation) along with clinical services (e.g. - child development, parenting, conflict resolution, problem solving)
- A family-centred, strengths-based approach

Just as there is not a 'one type' of family, nor is there a 'one type of service' that can address all of the families' needs. Family preservation services have a significant role to fulfil in a system designed to protect children and support families. Throughout my travels, I have developed an understanding that family preservation is also a philosophy, with the potential to provide community-based interventions for families with a much broader range of issues and problems.

On my Churchill Fellowship, I was fortunate enough to meet inspiring people and visit a wide range of committed services that provide IFSS/FPS to support families and connect them with communities across the world. (All are detailed in the next section of my Report). I would frequently find myself imagining *what IFSS* I would bring back to Australia?



Homebuilders® provides intensive, in-home crisis intervention, counselling, and life-skills education for families who have children at imminent risk of placement in state-funded care or who need intensive services to safely return home. . It is the oldest and best-documented Intensive Family Preservation Services (IFPS) program in the United States. The goal of the program is to prevent the unnecessary out-of-home placement of children through intensive, on-site intervention, and to teach families new problem-solving skills to prevent future crises.

Drawing on a Ten Year Review of Family Preservation Research: Building the Evidence Base (Casey Family Programs, 2009), studies found that Family Preservation programs that are delivered with fidelity to the HOMEBUILDERS® model are most effective. This evidence is also supported by the US Surgeon General and other government bodies across the United States.

Programs classified as adhering closely to the HOMEBUILDERS® Model, had to include most of the criteria from a list of 16 essential components. These components are also legislated requirements for family preservation services in the state of Washington, USA.

### **The 16 components essential to the HOMEBUILDERS® Model**

**1. Imminent risk of placement****2. 24 hours a day, seven days a week availability for intake****3. Immediate response to referral**

Services are available to the family within 24 hours of referral unless an exception is noted in the file.

**4. Service in a natural environment**

Service providers deliver the service in the family's home, and other environments of the family, such as their neighbourhoods or schools.

**5. Intensity of service**

Therapists typically see 18 families a year, serving two to three families at a time.

**6. Brevity of service**

Duration of service is limited to a maximum of six weeks, with an option for service extension.

**7. 24 hours a day, seven days a week availability for clients****8. Two to three families per therapist****9. Single therapist with a back-up team**

The services to the family are provided by a single service provider. Therapists must operate in teams of four to six with a supervisor.

**10. Organisational support (flexible time and training)**

Therapists have received at least 40 hours of training from recognised intensive in-home service experts.

**11. 24-hour consultation**

Therapists have 24 hours a day, 7 days a week access to their supervisor.

**12. Accountability (outcomes tracked)**

Engagement and goal attainment outcomes are tracked during the case and in follow-up interviews/questionnaires with the family to ascertain placement prevention outcomes.

**13. Flexibility and responsiveness of services**

There is flexibility in session lengths and appointment times, including weekends and evenings. The actual services are tailored to the family's needs and goals.

**14. Interactive assessment and goal setting****15. Services involve a teaching/skills-based approach****16. Provision of concrete and advocacy services.**



## **Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)**

<http://mstservices.com/>; [www.mstcan.com](http://www.mstcan.com)

Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) is an evidence-based program to treat families with serious clinical needs who:

- Have come to the attention of Child Protective Services due to physical abuse and/or neglect
- Have a target child in the age range of 6 to 17
- Have had a new report of abuse or neglect in the past 180 days

MST-CAN works with families to keep children at home with increased safety. The focus is providing treatment to the whole family with special attention given to parents to overcome some of the challenges they face to parenting. It is very common for parents in MST-CAN programs to have experienced a traumatic event and treatment is provided to help overcome the impact of trauma. In MST-CAN programs a great deal of safety planning is included in addition to treatment for anger management difficulties, parental or youth substance abuse and family communication problems.

The MST-CAN team delivers treatment in the family's home at flexible times, with a 24/7 on call service to help the family manage crises after hours. Treatment lasts for 6 to 9 months.

Because of the complexity of the issues families face, in addition to master's degreed therapists, a full-time crisis caseworker and a part-time psychiatrist with capacity to treat adults and children are added to the team.

### **MST-CAN Outcomes**

Through a randomized effectiveness trial funded by the U.S. National Institute of Mental Health, MST-CAN was compared to Enhanced Outpatient Therapy. The benefits of MST-CAN are:

#### *Youth:*

- Reductions in internalizing problems including anxiety, dissociation, and PTSD symptoms
- Fewer out-of-home placements
- Fewer changes in placements for those who had to be placed.

#### *Adults:*

- Greater reductions in psychological distress
- Greater increases in natural social supports
- Greater treatment satisfaction

#### *Parenting:*

- Greater reductions in
  - Neglectful parenting
  - Minor and severe assault of the child
  - Psychological aggression
- More likely to use non-violent discipline

MST-CAN is rated as an evidence-based practice on the California Evidence-Based Clearinghouse for Child Welfare which reviews and rates child welfare related programs. MST-CAN is rated as a promising program by the Office of Justice Programs that uses rigorous research to determine what works in criminal justice, juvenile justice, and crime victim services.

MST-BSF (Building Stronger Families) is a similar program that developed from the MST-CAN model that is currently being implemented in Connecticut. MST-BSF is a comprehensive treatment program where 100% of families are experiencing co-occurring parental substance abuse and child maltreatment and are involved in the child protective service system. MST-BSF utilizes a specialized version of the MST-CAN treatment model that includes a weekly Social Club component to provide reinforcement for sobriety and social support and an enhanced focus on substance abuse issues.

A five-year pilot was conducted comparing MST-BSF to comprehensive community services (CCT). Ninety three percent (93%) of families completed MST-BSF treatment. Pre and post treatment measures indicated that MST-BSF parents showed:

- Significant reductions in alcohol use, drug use, and depressive symptoms, with effect sizes in the medium to large range
- Significant decreases in psychological aggression, with a large effect size.

MST-BSF youth participants showed:

- A significant decrease in anxiety symptoms with a medium effect size.

Twenty four months post-referral:

- Parents who received CCT had significantly more substantiated and unsubstantiated maltreatment reports (2.6 times more likely to have another substantiated report) than MST-BSF parents.
- Youth who received CCT experienced significantly more re-abuse incidents than did MST-BSF youth (2 times more likely to experience an incident of re-abuse).
- Approximately twice as many youth who received CCT were placed out of their homes than MST-BSF youth and they spent more days in out-of-home placement but these differences were not statistically significant.

The strong pilot outcomes led to funding by the U.S. National Institute on Drug Abuse to conduct a 5 year randomized controlled trial, which is currently in its third year.

MST-CAN provides an evidenced based, 'one-stop shop' intervention that matches the intensity of support for families to the level of need required. The MST-CAN model acknowledges and addresses the interplay between child abuse and neglect within the family and broader community and government systems. Without addressing the spectrum of complexities that families endure, it is unlikely that interventions will be effective or sustainable.

### **Edge of Care – CORE ASSETS** <http://www.coreassets.com>

This family intervention model is targeted towards the unique needs of each family and is delivered to the intensity required to ensure safety for the children and outcomes for the family. The program is delivered in-home, responsive 24 hours a day/ 7 days a week and has a strength based and solutions focus. The program generally runs for 12 weeks, however, this is negotiable on an assessment of the needs of the family and may be extended at the request of the local authority. Direct in-home contact can also be up to 52 hours/ week.

The Edge of Care program is delivered through a multi-disciplinary team, comprised of social workers, support workers, therapists and teachers. Core Assets recognises that the relationship established between the worker and 'client' is a vital element in achieving positive outcomes.

Our Edge of Care services is evidenced-based and utilises a developed approach of Team Parenting®, Triple P® and Solution Focused Brief Therapy models to enable families and children to stay together in a safe and happy home. This unique way of working and an ability to combine these three models allows staff to work more efficiently and effectively towards positive outcomes for children, young people and their families.



### **Outcome Based Service Delivery (OBSD) Models – Alberta, Canada**

OBSD was initially designed as a funding model for child protection services. The intention of moving to outcome based approach across child protection services was to see the families within a broader context and improve the effectiveness of services that children receive across the system.

Traditional contracting measures allowed little flexibility in funding, with a strong focus on inputs and activities (effort). This method often had unintended financial disincentives for services to move children through their program. The OBSD contracting model focuses on outputs and outcomes (achievement), allows greater flexibility for services to redirect funding and provides clear financial incentives to move children through to less structured services.

Outcome Based Services have :

- More Focused on the purpose of the work;
- Less emphasis on the how; and
- Are concerned about what happens (outcomes)

OBSD models all share a consistency in practice frameworks, which are:

- Solutions focused
- Engagement based on relationships
- Strength-based
- Evidence-based
- Community-based

Early results indicate a positive shift in practice for OBSD sites in Alberta, including.

- More children are receiving services in their home VS out of home (OBSD sites 70% at home / 30% OOHC – opposite in non OBSD sites)
- More children are placed with their immediate or extended family if in OOHC
- Fewer children are coming into care, and when they do, they spend shorter periods of time before reunification or permanency is achieved (34% shorter)
- Statutory authorities are closing interventions sooner, with lower rates of recurrence
- Practice, collaboration and relationships are improving, especially across Aboriginal communities and other cultural groups

OBSD provides an opportunity to deliver fundamental change in how child protection services are delivered in order to provide quality outcomes to children and families. OBSD provides a framework for working with families and viewing them in a broader context of a system that is capable of meeting the needs of their children through building on strengths and developing community supports. This framework is culturally aligned and relevant for services who are working with Aboriginal and Torres Strait Islander families, as it seeks to de-individualise the 'blame' and promotes shared responsibilities and understanding. The implementation of OBSD requires collaboration across government and the non-government sector and requires a great amount of time and resources to achieve a shift in systemic practices and culture.

### **Prevention Initiative Demonstration Project (PIDP)**

In February 2008, the Los Angeles County Board of Supervisors approved the Prevention Initiative Demonstration Project (PIDP) as a \$5-million one-year child abuse and neglect prevention project. The network design was intended to facilitate the creation of a comprehensive, strengths-based, locally relevant child abuse and neglect prevention system extending beyond County government and beyond the jurisdiction of any one County department.

PIDP networks were asked to devote certain percentages of their resources across primary, secondary and tertiary services and programs to supporting families and strengthening social networks so that child abuse/neglect would not occur. Each of the PIDP networks focus on achieving outcomes associated with the prevention of child abuse; decreased social isolation, decreased poverty and lack of resources, increased protective factors, and more effective collaboration between the County's public child welfare system and community-based organizations. The framework for interventions across all systems focus on increasing families strengths, developing capacity, establishing community networks and providing flexibility in achieving desired outcomes.

Clinical staff may provide a range of services, including assisting with Department of Children and Family Service's assessment of the family home and offer immediate assistance or long-term programs to help keep families together. High-risk families could also receive intensive case management, home visits and other services to reduce the risk of abuse and out-of-home placements

The work operates upon the assertion that outcomes for families cannot be separated from community conditions, since the capacity of neighborhoods to provide safe, stable, resource-filled environments is key to family success. Thus, the program also serves as a catalyst for community organization and enrichment, positively enhancing the capacity of residents to advocate for themselves and their children

## **Blackpool Springboard Project - <http://www.blackpool.gov.uk>**

Unlike other family preservation services, the Springboard project team operates through the commitment, coordination and collaboration of government agencies under the case management of the local child protection authority. Staff contracts were renegotiated in order to provide families with intensive support from 8am in the morning until 9pm at night, 365 days of the year.

The benefits of a multi-disciplinary response for families in a true collaborative sense cannot be underestimated. The co-location of the team is essential in developing a strong culture and the lessons learnt regarding the shifting of traditional boundaries are important to consider, especially if a conceptual model of child protection is to be achieved. This multi-disciplinary family preservation service would address the growing rate of children entering out of home care. If the government was seeking a true whole of government response to vulnerable children and families with complex needs, then this model of service would provide an effective framework for intervention.

It is evident from the evaluation that this initiative has had a significant impact on the quality of the lives of families and a systemic change in the way services are delivered. The levels of chaos experienced within each of the families were significantly reduced and there were significant improvements across all domains. As a result of its success, the Springboard approach is now being mainstreamed and rolled out to address lower levels of need.

## **FAMILY PRESERVATION / FAMILY-CENTRED APPROACHES**



### **Signs of Safety <http://www.signsofsafety.net>**

The Signs of Safety is an innovative strengths-based, safety-organised approach to child protection casework, created in Western Australia by Andrew Turnell and Steve Edwards working with over 150 front-line statutory practitioners. The Signs of Safety model is an approach created by practitioners, based on what they know works with difficult cases. This approach focuses on the question, “How can the worker actually build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?”

This is a partnership and collaboration grounded, strengths-based, safety-organised approach to child protection work, expanding the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilise and strengthen the child’s and family’s situation. A format for undertaking comprehensive risk assessment — assessing for both danger and strengths/safety — is incorporated within the one-page Signs of Safety assessment protocol (this one page form is the only formal protocol used in the model). The approach is designed to be used from commencement through to case closure and to assist professionals at all stages of the child protection process, whether they be in statutory, hospital, residential or treatment settings.

The Signs of Safety approach represents a shift in practice and culture from a risk averse child protection orientated model, to a collaborative, appreciative inquiry model, which is inclusive of families and allows them to build on their strengths to meet the needs of children. The Signs of Safety approach has positive benefits to children and families if used across the universal and secondary systems as an early intervention and prevention strategy, and not simply a tertiary system approach.



## **Resolutions Approach - <http://www.resolutions-cpc.co.uk>**

The Resolutions Approach differentiates itself from other approaches by engaging those families that may be seen as “untreatable” by working directly with care providers who deny responsibility for abuse to their children or the existence of any risk to their own or other children. Their denial is often equated to “hopelessness” which in turn is assessed as “untreatable”. Often this denial results in child protection services removing children due to the risk associated with the care providers’ lacking insight into the concerns. As a result, reunification processes are not often progressed until the care provider concedes and accepts the views of the statutory authority regarding the risk.

Central to the Resolutions assessment is the identification, where possible, of a safer carer, sometimes more than one. The assessment looks to identify family strengths and involves carers, other family members and professionals in the co-construction of a support network around the child and the primary carer. The approach attempts to involve as many other helpful and safe adults as possible. The willingness of the primary carer and the support network to respond to the change in context by changing the way they care and monitor the child is essential to progress.

Whilst not an appropriate referral for all forms of abuse and neglect, RA has been effective in reunifying hundreds of children to their families over the years who have been exposed to significant physical or sexual abuse, or unacceptable risk of harm. A Resolutions Approach would not be utilised in cases where there are chronic issues of drugs, alcohol, mental health or neglect; or where children’s safety may be compromised.

In a study completed by John Gumbleton in 1997, the Resolutions Approach has demonstrated effectiveness in reducing the rate of abuse re-substantiations (3-7%) in comparison to standard treatments (25-33%). Qualitative feedback from parents also reported improved communication and relationships between family, community services and statutory agencies.



## **Functional Family Therapy – <http://www.fftinc.com>**

Functional Family Therapy is an evidence based model of family therapy. The intervention is delivered in-home and focuses on issues such as parenting skills, communication and conflict management. Functional Family Therapy can also be provided in a variety of contexts, including, child welfare, corrective services, mental health and as an alternative to incarceration or out-of-home placement. Families referred often have limited resources, histories of failure to engage, a range of diagnoses and exposure to multiple systems.

Functional Family Therapy effectiveness derives from fidelity to the model. The model uses a systematic approach to improve family’s functioning. Functional Family Therapy is delivered through phases, with each step building upon each other. The three intervention phases target specific goals of engagement and motivation, behaviour change, and generalization so that the entire family can utilise community resources to maintain these changes.

The results of more than 30 years of clinical research suggest that FFT can reduce recidivism and/or prevent the onset of delinquency. These results can be accomplished with treatment costs well below those of traditional services and other interventions. The phases of FFT provide therapists with specific goals for each family interaction. Although systematic, each phase is guided by core principles that help the therapist adjust and adapt the goals of

the phase to the unique characteristics of the family. In this way, FFT ensures treatment fidelity while remaining respectful of individual families and cultures and unique community needs.

### **Parents Under Pressure (PuP) - <http://www.pupprogram.net.au>**

The Parents Under Pressure (PUP) program works with parents receiving drug or alcohol treatment who have a child under 2 in their full time care. Originally developed in Brisbane, Australia, the program has been successful in reducing the risks of child abuse among methadone maintained parents of children aged 2–8. The overarching aim of the PuP program is to help parents facing adversity develop positive and secure relationships with their children. Within this strength-based approach, the family environment becomes more nurturing and less conflictual and child behaviour problems can be managed in a calm non punitive manner.

PuP is a twenty week program delivered in the home. It is underpinned by an ecological model of child development and targets multiple dimensions of family functioning. PuP Therapists work with mothers and fathers to help them develop parenting skills and safe, caring relationships with their babies. They also report any signs of child abuse or neglect to children's services.

The PuP program combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model. The program is home-based and designed for families and has an ecological approach to identify and address issues that impact on family functioning. Such problems may include depression and anxiety, substance misuse, family conflict and severe financial stress. The program is highly individualised to suit each family.

A study from the National Society for the Prevention of Cruelty to Children (NSPCC) compared PuP with brief parenting intervention and standard care. These findings indicated that PuP effected positive change in parenting and a reduction in child abuse potential. The NSPCC is providing this program to families in 10 locations across the UK. A robust independent evaluation study will measure the efficacy of the program and its fit with UK delivery systems.

## **IFSS we could 'Indigenize the System'**

*"Whatever affects one directly, affects all indirectly. I can never be what I ought to be until you are what you ought to be. This is the interrelated structure of reality."*

Dr Martin Luther King (1965)

In order to address the issue of over representation, there must first be recognition of the factors which have contributed to this and then, the political and public will to do something about it. Many argue that the problems encountered by Aboriginal and Torres Strait Islander families and communities are as a direct result of colonisation. These communities face significant and multiple challenges including the impacts of past policies of forced removal, loss of culture, social exclusion and racism. These issues contribute to the high levels of poverty, unemployment, violence, and substance abuse seen in many Indigenous communities. These issues have a negative impact on children who demonstrate poor health, educational, and social outcomes when compared to non-Indigenous children.

The evidence is very clear ever since data on the rates of Aboriginal and Torres Strait Islander children in child protection was first collated in 1990. Between 2010/11, Aboriginal and Torres Strait Islander children were 7.5 times more likely than non-Indigenous children to be the subject of substantiated reports of harm/risk of harm than non-Indigenous children. (AIHW, 2012) As it stands today, 38% of children in Queensland's child protection system are from Aboriginal or Torres Strait Islander families and this significant over representation is also reflected across the youth justice and criminal systems. This high rate of over representation is also reflected across international jurisdiction with a child protection orientated approach.

Although the factors contributing to the over representation have been well known for many years, the most recent campaigns to deliver improved outcomes for Indigenous children, families and communities has included the Council of Australian Governments' (COAG) National Framework for Protecting Australia's Children 2009–20 and Indigenous reform agenda (2010), referred to as "Closing the Gap". The defined goal is to build the capacity of families and communities to take part in reducing the over-representation of Indigenous children in Australian child protection systems, through increased access to services, the promotion of safe and strong communities and the delivery of culturally appropriate services and care.

Research shows that the characteristics of successful family preservation services are equally applicable to families from Indigenous or Culturally and Linguistically Diverse (CALD) backgrounds. The elements of effective programs reflect values inherent to Indigenous culture, including family participation in developing plans, the delivery of service in a natural environment and a focus on building community linkages.

Whilst the merits of family preservation services to address the needs of Aboriginal and Torres Strait Islander families can be championed (and rightly so), the chronic issues faced by these families and communities are so ingrained into the fabric of Australia, both our past and present, that a philosophy of family preservation is also required.

A family preservation philosophy recognises the interconnectedness between capacity building of families and communities, or in other words, *Children must be served in the context of families; and families must be served in the context of communities.* (Casey Family Programs) The need for this philosophy to reach its potential to provide effective community-based interventions to address child maltreatment is never more critical than for Aboriginal and Torres Strait Islander families.

Key findings into research on building safe and supportive families and communities for Indigenous children in Australia (Lohar, 2012) outline important factors that contribute to the success of programs include the following:

- Longer time-frames than those currently provided are required for programs and services to:
  - build trusting relationships with Indigenous families and community partners;
  - identify client needs and to plan and implement appropriate responses;
  - devise and deliver effective engagement strategies;
  - foster Indigenous cultural understandings for service staff and for the broader community;
  - develop evaluation strategies that identify longer-term outcomes for Indigenous families.
- Indigenous participation in the planning, delivery and measurement of programs is critical in fostering greater trust and connectivity and enhancing community awareness.
- Engagement strategies work best when Indigenous families are consulted about their needs, and services respond using holistic approaches that are delivered in a culturally sensitive manner.
- A collaborative approach to service delivery has resulted in a reduction of service duplication, more efficient use of resources and the promotion of shared goals.
- Raising the levels of cultural competence among program staff through additional training, while simultaneously promoting community-wide understandings of Indigenous culture and diversity through celebratory events;
- For Indigenous families and communities, further knowledge is required to understand how information is received, processed and shared among Indigenous groups in order to facilitate targeted ,community-wide, social education and marketing initiatives; and
- Identify which institutions and locations within communities continue to maintain negative social attitudes. This would enable specific targeting of social marketing strategies.

Solutions to the over representation of Aboriginal and Torres Strait Islander children cannot be found in the historic methods of child protection orientated systems, which separate the child from the parents; the parents from the family; and the family from the community. An approach that supports the concept of children, families and communities being seen as the 'client' is required and services that are designed to support families should be non-stigmatising, culturally appropriate, responsive and accessible.

### **IFSS We can't beat them, join them!**

Before moving into my conclusions and recommendations, the following section provides a further insight into the inspiring people, service providers, academics and government agencies across the world that were kind enough to share their precious time, knowledge and insights. The consensus is that intensive family support services /family preservation services and a philosophy of family preservation are essential elements to an effective system that protects children, supports families and strengthens communities. The paradigm shift has already commenced around the world and *IFSS we can't beat them, let's join them!*

# Munro Review of child protection

Better front-line services to protect children



Professor Eileen Munro

## Profile

Professor Munro of LSE's Department of Social Policy, is an internationally-renowned expert in the fields of child protection and social work practice.

In 2010 she was commissioned by the Government to conduct a review of official child protection policy and practice and most of the recommendations in her report, published in July 2011. Professor Munro concluded that child protection has become too focused on compliance and procedures and has lost its focus on the needs and experience of individual children. The report outlined how an entirely new approach, focusing on the whole system of child protection rather than on its individual components, could help prevent serious injuries and deaths for at risk youngsters. The Government agreed with Professor Munro's analysis and the recommendations of the report are now being implemented.

## Insights

Professor Munro shared her views about the importance of the profession that engages with families. Professor Munro states that child protection is a multi-professional system in which relevant professional qualifications and skills are essential to accurately assess needs and strengths of children and families, as well as develop relationships to effectively intervene. The most important factor for engagement with families is not statutory authority, rather, 'personal authority'. This authority is generally found in more experienced workers and the retention of staff to gain experience is crucial. Senior staff in both government and non-government agencies must support child protection workers and provide strong leadership. They must understand that risk assessments are not infallible and bad things may happen regardless of good practice.

Risk averse practice, policies and procedures need to be understood in the context of a risk to whom or what? Workers are exposed to personal and professional blame if things were to go wrong; governments are exposed to risks of scandals, whilst non-government organisations risk their funding arrangements and reputations. As more governments around the world stand back from the range of roles and responsibilities associated with child protection, non-government agencies need to step up. In her response to recent changes made by the UK government to **radically reduce** statutory guidance on child protection, Professor Munro commented that whilst it was correct that the government sets out what roles and responsibilities people and services have in relation to protecting children, particularly how they should work together to protect children, autonomy should be provided for local services and professional bodies to decide how to carry out those duties.

A major concern shared amongst most child protection jurisdictions is the limited data and evidence to understand the effectiveness of services provided to families. Professor Munro states that compliance with procedures as the mark of good practice only leads to poor information about how effectively we are helping children and families. The new inspection process introduced in the UK will place less weight on records but also seek feedback from families, staff and observe practice as a further sense of measuring the quality of practice. Drawing on all these sources of evidence will provide greater insights into how well services are helping children and families.

In relation to interventions and practice, Professor Munro states that there is not a 'one-type' of family or outcome. Each family that is exposed to a child protection system is entitled to a thorough assessment and engagement, exploring and addressing both the "nice and nasty bits" of their lives. Furthermore, interventions should not wait for assessment outcomes to be finalised, rather, they may need to commence immediately.

Interventions that address concerns should view the family as a system, in which factors such as socio-economic issues, post-traumatic stress and basic education for parenting are provided. Family therapy along with counselling and cognitive behavioural therapy are examples of effective interventions when addressing the trauma and complexities faced by families in the child protection system.

Professor Munro acknowledges the difficult economic climate for governments and in particular, child protection services. These times of austerity increase the pressure to ensure limited funds are invested where it is most needed, including a skilled and capable workforce. The relationships that child protection workers develop with families are crucial in assisting families resolve issues that impact on children and to ensure a safe and nurturing home environment.

## **Considerations**

Over the past few years, Professor Munro has been invited by the Queensland Government to share her extensive experience and knowledge gained through the review of the UK child protection system. Professor Munro is extremely familiar with the Queensland context and her learnings in implementing system reforms would prove invaluable.



## **Profile - National Society for the Prevention of Cruelty to Children – (NSPCC)**

The NSPCC is inspired by a belief that they can make a difference for all children and their aim is to end cruelty to children in the UK. It is understood that much can be achieved for children by having this inspirational vision.

### **The way we work**

The NSPCC needs to deliver the biggest impact it can, but its limited resources are only a fraction of the government and voluntary sector's budget for children.

So all services, advice, support, campaigning and education activities are driven by these four principles:

- focus on areas in which they can make the biggest difference
- prioritise the children who are most at risk
- learn what works best for them
- create leverage for change.

When they have an idea they think will reduce harm to children, they test it. It is measured carefully to ensure that it works. If it does work, then others are advised in order to make sure that these new ideas and services are taken up ensure all children receive help.

### **Our priorities**

The NSPCC's local services concentrate on seven important issues and groups of children most at risk:

- those who experience neglect
- physical abuse in high-risk families (those families with violent adults, alcohol and drug abuse and mental health issues)
- those who experience sexual abuse
- children under the age of one
- disabled children
- children from certain black and minority ethnic (BME) communities
- looked after children.

### **Putting it into practice**

To help end cruelty to children in the UK, the NSPCC:

- create and deliver the services that are most effective at protecting children
- provide advice and support for adults and professionals worried about a child

- work with organisations to ensure they effectively protect children – and challenge those who do not
- campaign for changes to legislation, policy and practice in order to keep children safe.



### **Insights – Chris Cuthbert - NSPCC Head of Strategy and Development for Under-Ones**

Chris Cuthbert discussed the significant and expansive role of the NSPCC in addressing child abuse and neglect throughout the UK. Within communities and across the UK, the NSPCC are introducing services to prevent abuse and neglect, protect the most vulnerable children and repair damaged childhoods. As well as providing universal and local services, the NSPCC is active in identifying gaps in practice and service delivery. With this understanding, programs are designed and implemented with data measurables collated to ascertain an evidence base for effectiveness. User feedback forms an important aspect of this data collation.

The NSPCC is currently pioneering 26 new programs of work within their identified priority areas. The programs are generally run for two or three years and then the learnings are shared to improve child protection everywhere. These learnings are useful in raising public awareness about child protection and challenges attitudes and behaviours of the community. They are also used to bridge the gap between government policies and practice and influence funding for child protection services.

As evidence continues to emerge about the importance of pregnancy and infancy for healthy brain and child development, so too does the need for effective programs aimed at achieving optimum outcomes for children. The 4 specific programs discussed were:

**Ante natal education-** Parents are often looking for help and support during pregnancy and the weeks immediately after the birth of a baby. Local NSPCC teams work with midwives and other local services to identify parents who might benefit from the service. The children's services practitioners, health visitors and midwives work in pairs to deliver the program to groups of parents. Parents attend eight group sessions, six during pregnancy and two after the baby is born. Sessions cover infant development, how parenting can affect their relationships, health and wellbeing, how to care for a baby and where they can get support.

### **Parent education – Preventing non accidental head injuries in babies**

Studies show that as many as one in nine mothers may have shaken their baby, and two in nine may have felt like doing so. When a baby is shaken it can lead to head injury, disability and even death.

The NSPCC has made a DVD about non-accidental head injuries to inform parents about practical coping strategies for the pressures of parenthood, covering:

- the dangers of shaking a baby;
- how to soothe their baby, and
- how to cope with feeling stressed and tired.

Given its universal usage, there is no stigma involved in having to watch this DVD and answer a questionnaire. Midwives and maternity staff show this film to parents of new babies in hospitals, or at home, soon after their child is born.

After the film, they discuss and answer questions, provide a leaflet with further information and ask parents to sign a statement that they've seen the DVD. Early indications are positive, especially amongst fathers. It is hoped that the program will achieve similar, if not better results than a similar program used in Buffalo, USA, which led to a 47% drop in non-accidental head injuries to babies.

**'Minding the Baby' Program** - is offered to young, first-time mums who are struggling with problems such as depression, homelessness, poverty or violent relationships. These mums may also have suffered abuse or neglect in their own childhood. As well as providing practical support like feeding tips, help with housing or financial advice, the workers will help mums who are struggling emotionally. The main focus of the service is to develop secure attachment relationships between mum and baby, and increase a parent's ability to reflect on their child's needs and development.

NSPCC social workers and health practitioners work in pairs to visit new, first-time mums aged 14 to 25, and develop long term therapeutic alliances with high risk families. The program comprises of weekly home visits, commencing in the seventh month of pregnancy and continuing to when the child is one year of age, then reducing to fortnightly visits until the child is two years old.

**Parents under Pressure (PuP)** - is an intensive 20-week home visiting program which aims to help primary carers who are in drug and alcohol treatment improve their parenting skills and bond with their baby. The aim is to address and reduce the harm caused when parents misuse alcohol or take drugs - as early as possible in children's lives. Whilst it is acknowledged that not all parents who drink alcohol or take drugs harm their children, however, substance misuse features in the lives of one in four children protected by local authorities.

Using this model developed in Australia, NSPCC practitioners visit parents who have a child under two-and-a-half in their homes on a weekly basis. They work with mothers and fathers to help them build parenting skills and develop safe, caring relationships with their babies. Parents can also phone us for emergency support outside the home visits.

PUP teams work alongside other agencies involved with the family, including:

- drug and alcohol teams
- local children's services
- GPs, specialist midwives and other local health services

## Considerations

One of the challenges for the child protection sector, particularly in the Australian context, is the availability of reliable data to measure the effectiveness of programs that establishes an evidence base for practice. This evidence is particularly scarce in the area of family preservation services and intensive family support services. The NSPCC fulfils an important role in the development of evidence based practice to raise public and political awareness and support research to fill the gaps in service delivery.

Given its origins in Brisbane, Queensland, it is worthwhile to consider the PuP Program in the Australian context. For over 10 years, Professor Sharon Dawe (Griffith University) and Dr Paul Harnett (University of Queensland) have worked closely with researchers to develop the PuP model.

The overarching aim of the PuP program is to help parents facing adversity develop positive and secure relationships with their children. Within this strength-based approach, the family

environment becomes more nurturing and less conflictual and child behaviour problems can be managed in a calm non punitive manner.

The PuP program combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model. The program is home-based and designed for families and has an ecological approach to identify and address issues that impact on family functioning. Such problems may include depression and anxiety, substance misuse, family conflict and severe financial stress. The program is highly individualised to suit each family.

A study from the NSPCC compared PuP with brief parenting intervention and standard care. These findings indicated that PuP effected positive change in parenting and a reduction in child abuse potential. In a further trial, NSPCC is providing this program to families in 10 locations across the UK. A robust independent evaluation study will measure the efficacy of the program and its fit with UK delivery systems.

### **Recommendations**

PuP should be piloted in across Queensland and Australia to allow research into the effectiveness of the program be developed in a local context. Other NSPCC initiatives and research, such as the Preventing non-accidental head injuries to babies DVD, should also be considered for transportation and implementation across Queensland hospitals and health settings.

### **Profile -The Resolutions Approach (RA)**

The Resolutions Approach is a therapeutic approach for working with child protection cases where a child has been injured or where there is a risk of sexual abuse and where parental denial is an issue. The RA is a hybrid approach, using a systemic perspective in work that has a collaborative and solution-focused methodology.

The Resolutions Child Protection Consultancy and Child and Family Solutions are child protection consultancy services based in Bristol, UK. Both services provide a resolutions approach to safety planning in child protection cases, particularly where abuse is denied.

Their practice builds upon extensive practical and clinical experience in Child Protection work, informed by a Family and Systemic Psychotherapy perspective.

The RA originated within the NSPCC in the South West of England during the 1990's by Susie Essex and colleagues Colin Luger, John Gumbleton and Andy Lusk. Susie Essex's creativity, commitment and enthusiasm was crucial in the development of the approach and was developed in response to older children who had come forward wanting their abuse to end, but who didn't want to lose their family. Techniques were developed there for assessing sustained denial cases and producing improved reliability in risk reduction in such families. These techniques have since been refined and developed over time through practice.

John Gumbleton and Colin Luger are consultants with the Child Protection Consultancy service, whilst Margaret Hiles and Susie Essex are consultants to Child and Family Solutions.

The Resolutions approach has been found particularly appropriate to cases where there exist serious concerns about the safety of a child, but carers are unwilling and/or unable to accept culpability for injuries or abuse and perpetrator identity is unknown or uncertain. Resolutions uses a collaborative family therapy approach and places emphasis on professionals, parents and the wider family system working in partnership to construct additional safety around children. During the work the child protection concerns are addressed via a technique called the "similar but different family".

A Resolutions assessment does not depend for its effectiveness on admission or clear and demonstrable culpability. However, it does require close co-operation from the carers and their family network. There must be an agreement on the aims of the program and willingness to engage.

The evidence from research and practice is that, utilising the Resolutions approach, it is possible to deliver positive outcomes from so-called denial cases without benefit of an admission and to reduce substantially (though sadly not eliminate) the risk of future harm.

The primary focus of the Resolutions approach can be described as ***not changing the individual, but changing the context.***"

### **The Resolutions approach in summary**

In a traditional view of child protection, denial of culpability for abuse means that it is deemed unsafe for children to remain at home with potential abusers. The Resolutions approach

considers denial as an important risk factor, but its focus is primarily on present and future safety rather than continuing to try to attribute blame for past events. The Resolutions assessment examines whether the context around the child is capable of change so as to create sufficient safety for families in order to provide appropriate care for their children.

Central to the Resolutions assessment is the identification, where possible, of a safer carer, sometimes more than one. The assessment looks to identify family strengths and involves carers, other family members and professionals in the co-construction of a support network around the child and the primary carer. The approach attempts to involve as many other helpful and safe adults as possible. The willingness of the primary carer and the support network to respond to the change in context by changing the way they care and monitor the child is essential to progress.

### **Insights**



Colin Luger, Margaret Hiles, John Gumbleton

As developers of the Resolution Approach, Colin Luger, John Gumbleton and Susie Essex are pioneers of family therapy. Rather than just a program, the RA provides a model of practice, to which many other programs have developed inspiration, including the Signs of Safety. The RA is built on relationships and engagement with the family system. Typically, the intervention takes place over a period of approximately five months, with the children usually returning home after three and a half months, providing all goes well. The program continues for six to eight weeks after the children's return to help monitor progress and consolidate the changes made.

Whilst not an appropriate referral for all forms of abuse and neglect, RA has been effective in reunifying hundreds of children to their families over the years who have been exposed to significant physical or sexual abuse, or unacceptable risk of harm. RA would not be utilised in case where there are chronic issues of drugs, alcohol, mental health or neglect; or where children's safety may be compromised.

RA differentiates itself from other approaches by engaging those families that may be seen as "untreatable" by working directly with care providers who deny responsibility for abuse to their children or the existence of any risk to their own or other children. Their denial is often equated to "hopelessness" which in turn is assessed as "untreatable". Often this denial results in child protection services removing children due to the risk associated with the care providers' lacking insight into the concerns. As a result, reunification processes are not often progressed until the care provider concedes and accepts the views of the statutory authority regarding the risk.

RA receives referrals under the instruction of the Children's Court and/or child protection services, to provide expert advice, interventions and assessments. There is a clear understanding of the systems that operate under these jurisdictions and RA practitioners maintain a strong working relationship.

RA removes the focus from the past abuse and shifts it to building a working partnership that promotes family strengths and enhance support networks. In order to be effective, the RA requires experienced and skilled practitioners to optimise outcomes with targeted families to achieve 'safe uncertainty'. RA has strong elements of reflective processes and practices for both families throughout their intervention as well as practitioners in their professional development.

Practitioners are solution focussed and use their skills in narrative family therapy to navigate families through the phases of the RA and construct plans to reduce the risk of future harm or allegations. Extensive work is done across the family system to develop partnerships whereby children and families receive support. The RA is equally applicable to families from all cultural backgrounds as it seeks to understand and respect all family traditions and compositions.

### **Considerations**

In a study completed by John Gumbleton in 1997, RA has demonstrated effectiveness in reducing the rate of abuse re-substantiations (3-7%) in comparison to standard treatments (25-33%). Qualitative feedback from parents also reported improved communication and relationships between family, community services and statutory agencies.

A RA service would be of significant benefit to the Queensland and Australian child protection system. This program would be easily transferable and would require training for practitioners in the RA with possible ongoing fidelity measures.

Whilst acknowledging its limitations to address certain complexities faced by families in the child protection system, evidence suggests that the families referred to a RA service achieve positive outcomes with safe and timely reunification wherever possible and sustainable benefits.

Given its adaptability to all cultural backgrounds, this approach would be applicable when working with Aboriginal and Torres Strait Islander people, as well as families from culturally and linguistically diverse (CALD) backgrounds.



<http://www.coreassets.com/>

### **Program - EDGE OF CARE - Building safer, stronger families.**

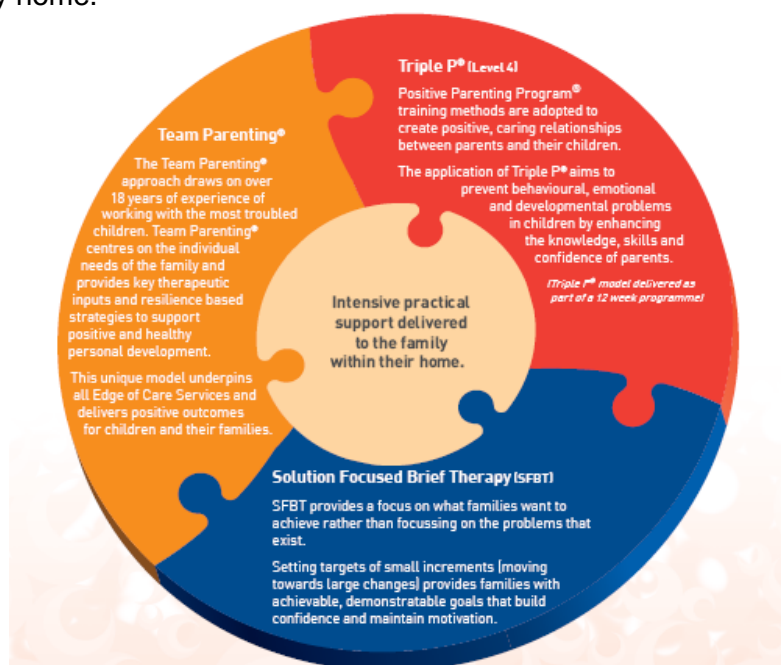
- **Keeping families together**
- **Returning children home**
- **Reducing Local Authority**

The Targeted Intervention programs are designed to overcome the challenges faced by families with complex needs. Edge of Care's individually tailored interventions start from six weeks and include:

- Detailed family assessments
- Individual action plans driven by identified outcomes
- Intensive parenting skills development
- Specialist education and therapeutic inputs
- Comprehensive risk management strategies
- Developing support networks and services around the family

To meet the short and long term needs of each family, the Targeted Intervention programs draw upon the expertise of dedicated support workers, social workers, therapists and teachers.

Their unique approach combines an accredited Team Parenting® model, Triple P® (level 4) and Solution Focused Brief Therapy (SFBT) within a package of intensive practical support delivered within the family home.



*Edge of Care Evidence Based Family Intervention Model*

Edge of Care programs promote lasting change and offer a cost effective and viable alternative to foster care.



**Insights** - Ruth MARRIOT - Area Manager, Western & South West

Core Assets has been operating in the UK for over 18 years. In 2011, the government announced their Troubled Families program as an initiative to ensure that children in these families have the chance of a better life, and at the same time bring down the cost to the taxpayer.

The Edge of Care program builds on the extensive work done by Core Assets in the child protection system and places an alternative response to children being placed in out of home care.

Edge of Care seeks to work closely with the local authorities to identify families early in their crisis to provide a supportive response to ensure safe, sufficient and sustainable parenting. As the program title suggests, the local authorities would often refer to the Edge of Care program if the risk of children being removed is imminent. By providing supports and interventions in a timely manner, the less likely the intensity of the response required. The provisions of concrete supports are usually a priority when developing a plan to alleviate the immediate stressors the family may be experiencing. Families and their support network are involved in the development of plans to address the short and long term goals.

The Family Intervention Model is targeted towards the unique needs of each family and is delivered to the intensity required to ensure safety for the children and outcomes for the family. The program is delivered in-home, responsive 24 hours a day/ 7 days a week and has a strength based and solutions focus. The program generally runs for 12 weeks, however, this is negotiable on an assessment of the needs of the family and may be extended at the request of the local authority. Direct in-home contact can also be up to 52 hours/ week.

The Edge of Care program is delivered through a multi-disciplinary team, comprising of social workers, support workers, therapists and teachers. Core Assets recognises that the relationship established between the worker and 'client' is a vital element in achieving positive outcomes. Core Assets has a Group Learning and Development Team which runs training courses for staff and carers and social workers to meet their needs and to promote a culture of research, innovative learning and evidence-based practice. In 2011 there were 1225 courses run as well as 18,411 days of carer and staff training.

Ruth identifies a good balance between clinical autonomy and organisational policies as an essential ingredient in the success of the program. Core Assets has a positive culture and strong leadership which supports shared decision making and management of risk, not risk adversity.

## **Considerations**

Core Assets presented as a professional organisation that understands the complexities in the child protection systems and embraces the challenge of improving the lives of children and families.

The Edge of Care program is a targeted family preservation model that matches the level of need to the intensity required. The ability to respond to issues in real time is essential for the model to be effective and reduce the likelihood for children being removed. Its investment in research evidenced based practice and staff learning and development is commendable and reflective of an organisation committed to its vision of building safer, stronger families.

## **Recommendations**

The Core Assets Group of Companies provides an international portfolio of social care services, offering innovative and effective business solutions to the care sector. Core Assets is operating in Queensland as Key Assets, with Robert Ryan (Churchill Fellow 2009) as State Director. Although predominantly a fostering service, given Rob's extensive experience in the Department of the of Communities, Child Safety and Disability Services, Key Assets are acutely aware of the challenges faced by the Queensland child protection system.

The Edge of Care program is an effective family preservation service and would greatly benefit Queensland's child protection system.

## **Program - Blackpool Springboard Project** <http://www.blackpool.gov.uk>

Blackpool's Springboard Project is a multi-agency partnership, based in Children's Services. It is comprised of a partnership between multi-disciplinary professionals across children and adult services, including; social workers, police, mental health nurses, corrective services, substance misuse specialists, employment officers, housing providers and support workers. In addition, a budget was made available to buy in additional and, in some cases specialist, support where necessary.

The project aimed to offer an intensive service to 60 families at a high threshold of need. The team itself was constructed by the local strategic partnership to work over a two year period with a group of 60 families which were of particular concern to the Council and its partners as being "chaotic" or difficult to support effectively. The referral criteria for families under the Springboard project were that they were 'complex enough' and:

- Had contact with a range of services
- Resided in Blackpool for more than 12months
- Had capacity to change

It was recognised that establishing another layer of intervention was not the answer. These families often have several agencies working with them and access to services is not the problem. What appeared to be missing was a holistic approach to families that involved good sharing of information, joint strategies and continued support after the 'crisis' has been managed. This was a determined attempt to break the cycle of dependency and the pattern of intervention, closure, and reopening of cases.

As noted by the Blackpool Council Children and Young People's Department, an innovative feature of Springboard was the renegotiation of staff contracts in order to provide families with intensive support from 8am in the morning until 9pm at night 365 days of the year. The benefit of the multi-disciplinary team allowed staff the opportunity to step beyond possible constraints whilst receiving support from relevant professionals within the team. The interventions are only to cease once as assessment of needs are completed and not prescribed by policies. The success of the project to date has been captured by the external evaluation undertaken by Salford University over two years (Evaluation of the Blackpool Springboard Project Salford University, 2008). It identified the huge culture change that had taken place across services;

*"...A mindset has been established of sharing information and problems, then sharing solutions."*

It is evident from the evaluation that this initiative has had a significant impact on the quality of the lives of families and a systemic change in the way services are delivered. The levels of chaos experienced within each of the families were significantly reduced and there were significant improvements across all domains. As a result of its success, the Springboard approach is now being mainstreamed and rolled out across the town to address lower levels of need.

## **Insights - Moya Foster – Team Manager, Children’s Services**

The Springboard project developed in 2006 under the banner of the “Think Family” initiatives. The need for systemic change was identified and the development of a new way in working with vulnerable families which focused on holistic assessments and integrated interventions to address the needs of families with multiple and complex needs.

The initial challenges experienced by the Springboard team were those associated with the change in working with key stakeholders across 'traditional boundaries'. Whilst organisations often espouse to collaboration, the resistance to change needs to be acknowledged and addressed. Professional ‘snobbery’ and organisational 'turf wars' were resolved as the multi-disciplinary team formed and committed to a common vision for the children and families referred to the project.

Moya recognised that a key success for the project has been the 'right people' for the job. The skill set of workers to engage with involuntary families and develop working relationships is essential and just as critical, if not more, as other components of the model, such as holistic assessments, low case loads, concrete supports and out of hours responses.

Acknowledging the enormity of challenges experienced by Blackpool's most vulnerable families, the Springboard team spends a considerable amount of time developing community relationships and facilitating the entry of families into these services. The work is about helping families, who are often socially excluded, through community engagement. This support is a critical factor towards achieving positive outcomes for families and the team undertake considerable work in getting the community to embrace their responsibilities to address the issues, rather than further isolate and exclude these families.

Moya also spoke of the initial internal and external challenges in establishing the team, however, over time, a positive culture was developed within the team through strong leadership. The team’s mutual respect and 'can-do' attitude overcomes the resistance of families referred to the project. Team members share learnings across their respective fields of expertise and share decision making.

## **Considerations**

Unlike other family preservation services, the Springboard project team operates through the commitment, coordination and collaboration of government agencies under the case management of the local child protection authority.

The benefits of a multi-disciplinary response for families in a true collaborative sense cannot be underestimated. The co-location of the team is essential in developing a strong culture and the lessons learnt regarding the shifting of traditional boundaries are important to consider, especially if a conceptual model of child protection is to be achieved.

This multi-disciplinary family preservation service would address the growing rate of children entering out of home care. If the government was seeking a true whole of government response to vulnerable children and families with complex needs, then this model of service would provide an effective framework for intervention.

## **Recommendations**

The multi-disciplinary response can be an effective model if the ‘right people’ are employed and making decisions. The Springboard model of family preservation should be trialled across Queensland with a full commitment across government to promote its success.



**Fiona Harbin** - [Fharbin@uclan.ac.uk](mailto:Fharbin@uclan.ac.uk)

Fiona has 21 years of experience working in Children's Services as a practitioner, staff trainer and manager. She has researched and written on issues relating to parental substances misuse, assessment and children's perceptions of living with parental substance misuse.

From 2008 to 2009 she managed Think Family Team in Bolton, which brought together staff from diverse social care and health backgrounds to provide a whole family approach to practice. The team worked with families with complex and multiple needs.

### **Insights**

Think Family was a government initiative under the Every Child Matters umbrella. The approaches used help provide responses to the most vulnerable families and reduce inter-generational cycles of abuse and neglect. It ensured that the families were at the centre of services making sure that the support they receive was integrated, co-ordinated across agencies and problem focused, working with the family as a whole rather than its individual members.

Fiona recalled the fundamental shifts in practice under the Think Family banner from an out of home care/ risk averse response to a developing partnerships and keeping families together focus. As with Blackpool's Springboard Project, Fiona managed a multi-disciplinary team of specialist with both a child and adult services background. All families were referred to the program by the local statutory authority and met the criteria of highly complex and at children at imminent risk of removal. Each key worker had an allocated maximum of 10 families to case manage throughout the two year period of the project. Families were allowed the time to 'tell their stories' and the low caseloads allowed staff to reflect on practice and base their intervention on established relationships and evidence based research.

The team utilised a range of interventions, including problem solving, task centred approaches, family therapy with a strengths based focus. The solution focused therapy allowed the process to shift from the past problems and assisted families to look ahead to the future and build a vision for what can be achieved by developing resources and utilising strengths. The team had access to flexible funds to provide concrete supports and were available for in-home responses from 7.00am – 10.00pm, 7 days/week. The linkages to the community were seen as crucial for the success of the program, as most of the families referred were socially excluded.

One of the challenges experienced for the team was the reportable measures designed to validate success of the program. Indicators such as rate of teenage pregnancies and school attendance did not capture the relational aspects of the interventions such as community integration or positive feedback from families.

Regardless of whether services are universal, targeted and specialist; statutory, voluntary, child focused or adult, all types of services come into contact with families at risk of poor outcomes. To be effective, Think Family initiatives relied on the provision and availability of these services and practitioners to 'assess' and then 'decide' on the most appropriate set of interventions to support and achieve better outcomes for each child's needs. Whenever possible, this would occur through supporting the child's parents and other adult family members. However, focusing on the full range of needs within a family did not detract from the over-riding duty to safeguard and promote the welfare of the children involved.

## **Considerations and Recommendations**

The Think Family project reflects many of the attributes that the Blackpool Springboard project continues to deliver. It was only through a change of government in Bolton that this program is no longer delivered. As with Springboard, this model would provide a good framework for government to consider in a whole of government response to address the needs of vulnerable families with complex needs.

It must be noted however, that unless essential services are made available and prioritised to the most complex and vulnerable families, the initiative is unlikely to succeed.<sup>8</sup>

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<sup>8</sup> Further information on the Think Family approaches can be found at:

<http://www.aifs.gov.au/institute/pubs/fm2011/fm87/fm87e.html>





**Professor Andy Bilson** - [abilson@uclan.ac.uk](mailto:abilson@uclan.ac.uk)

### **Profile**

Andy has been in social work for over 40 years. He has carried out research across a range of areas of Health and Social Work both in the United Kingdom and in many countries internationally, including Australia. Andy is an experienced and qualified social worker and has worked in a wide range of academic and management posts in children's services. A key area of his work concerns management of change in organisations.

Andy's wide range of interests includes child rights, particularly gate keeping entry to care and standards for children's services, infant feeding and management and leadership. He has an international reputation in developing alternatives to institutional care, services for young offenders and on service standards.

### **Insights**

Andy points to the 1995 Department of Health's Messages from Research paper which identified:

*"The research studies suggest that too much of the work undertaken [in child and family social work] comes under the banner of child protection". This official overview claimed that are balanced "...approach to children in need would help rebut the criticism that many investigations are undertaken, many families are visited and case conferences called but that in the end, little support is offered to the family. In such situations, it is unsurprising that participants become angry, alienated and bewildered. Furthermore, the children are not helped and a chunk of valuable child care resource has been consumed with little apparent benefit".*

Child protection authority's preoccupation with risk assessment tools creates a tendency to focus on familial dysfunctions, rather than strengths and ignores structural factors such as poverty and social exclusion. It also hides the high levels of intervention – in SA more than 1 in 5 children are reported before the age of 16 and in WA, with the lowest intervention in Australia, 1 in 8 children were reported before their 18<sup>th</sup> birthday and 1 in 8 investigated and these children are from certain communities and excluded groups where rates will be significantly higher. However, the harms that are detected are mainly very small and in 38% of substantiated cases in an unpublished study in WA, workers said there was no physical or emotional harm detected. The continual search for the 'fail-safe' formula to prevent children from harm encourages risk averse practice and policies through the child protection system and doesn't address the pressures in local communities that reduce families' ability to provide good enough care for children.

There are a number of explanations for the significant increase of referrals to child protection authorities around the world, including problems of thresholds and definition; greater public awareness and professional sensitivity; and the introduction of rigid procedures for communicating between agencies. In 1998, Andy and his colleague, Dr David Thorpe, wrote a research paper based on ideas developed whilst working in Western Australia; *From Protection To Concern: Child Protection Careers without Apologies*. This identifies the difficulty with current child protection practice leading to expressions of concern or reports being made about children being classified as 'child protection' matters. As seen in his study and many similar studies they have undertaken in the UK since, this leads to families being investigated rather than being offered help.

Andy discussed how many families referred to child protection services, regardless of the outcomes or supports provided, will be accelerated through to an out of home care response once a threshold for investigation has been reached.

Andy agrees with the strengths based approaches, such as Signs of Safety, in working with families, however, in order to address the growing rate of reports being made to the statutory services, this approach should be embedded within the community sector. This is of particular importance when considering the over representation of Aboriginal and Torres Strait Islander children referred to and within the child protection system. Considerable amounts of work will need to be done to ensure the sector is capable of responding to the needs of vulnerable families, including those who may also be resistant to change. Families and communities need to become proactive, especially in regards to the health and education of children and responding to poverty. The longer the issues go unaddressed for families, the more complex and harmful they become, the greater the intensity of response required and the higher the cost to the community and tax payer.

### **Considerations and Recommendations**

While it is important to capture data across a range of functions in the child protection system, it is more important to understand why we are collating it and how we can use it for future planning and resource allocation.

Andy has considerable Australian and international experience in undertaking research and using jurisdiction's own data to highlight areas for organisational change. Andy utilises this data to create a mind shift and culture shift within how all government agencies fulfil their responsibilities to deliver services to vulnerable families, rather than simply reporting these concerns to statutory agencies where the likelihood of support is low.

Andy's experience in this field and insights would greatly benefit the Australian context.

## **The Department for Child Protection – Aarhus, Denmark (Signs of Safety)**



<http://www.signsofsafety.net>

### **Program – Signs of Safety - A Constantly Evolving Approach**

The Signs of Safety is an innovative strengths-based, safety-organised approach to child protection casework, created in Western Australia by Andrew Turnell and Steve Edwards working with over 150 front-line statutory practitioners. The Signs of Safety model is an approach created by practitioners, based on what they know works with difficult cases. Andrew and Steve's development of the Signs of Safety approach during the 1990's was very influenced by the Resolutions approach to working with 'denied' child abuse of Susie Essex, John Gumbleton and Colin Luger from Bristol. From the Resolutions model the Signs of Safety approach drew inspiration and rigour in detailed safety planning and ideas for involving and informing children using Essex's 'Words and Pictures' process.

This approach focuses on the question, "How can the worker actually build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?"

This is a partnership and collaboration grounded, strengths-based, safety-organised approach to child protection work, expanding the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilise and strengthen the child's and family's situation. A format for undertaking comprehensive risk assessment — assessing for both danger and strengths/safety — is incorporated within the one-page Signs of Safety assessment protocol (this one page form is the only formal protocol used in the model). The approach is designed to be used from commencement through to case closure and to assist professionals at all stages of the child protection process, whether they be in statutory, hospital, residential or treatment settings.

The heart of the Signs of Safety process revolves around a risk assessment and case planning format that is meaningful for all the professionals and the parents and children. The Signs of Safety risk assessment process integrates professional knowledge alongside local family and cultural knowledge and balances a rigorous exploration of danger/harm alongside indicators of strengths and safety. The Signs of Safety format offers a simple yet rigorous assessment format that the practitioner can use to elicit, in common language, the professional and family members' views regarding concerns or dangers, existing strengths and safety and envisioned safety. The Signs of Safety framework integrates risk assessment with case planning and risk management by incorporating a future focus within the assessment.

Andrew Turnell states that there is no one prescribed right way to apply the approach. Each time a child protection worker uses the Signs of Safety model in the field and then describes their endeavours, the approach continues to evolve.



### **Insights – Mr Steen Bach Hansen (Signs of Safety Consultant)**

Unlike other jurisdictions visited on my Churchill Fellowship, the Danish child protection system operates under a family services orientation, whereby there are multiple points and partnerships are developed between the local authority and families to access therapeutic services. Once concerns are received, the child protection authority intervenes with the family and assesses the level of support required to divert the family from a more intense level of intervention. The authority itself develops and delivers a range of programs and services designed to educate and support families.

Mr Steen Bach Hansen is a social worker for the Family Office West Reception, Aarhus and is also a trained Signs of Safety Consultant. Steen stated that the implementation of Signs of Safety was the result of extensive research into what was occurring in other jurisdictions to respond to child protection matters. The Signs of Safety approach is used in over 12 countries and 50 jurisdictions worldwide.

As a trained consultant, Steen is responsible for ensuring training for staff to utilise the Signs of Safety framework in every aspect of the work. Steen describes the 'wild problems' experienced by families challenges the practitioners to understand what works for *this* family in order to find solutions and 'tame the problems'. As opposed to a new service, Signs of Safety is a new way of working that allows interventions to commence immediately. Given its approach, the Signs of Safety is effective with families from any cultural background.

Steen also works directly across various cases to ensure the Signs of Safety approach is utilised in processes such as the development of safety plans and the facilitation of meetings with families and stakeholders. Signs of Safety is also utilised to enhance our problem solving capabilities as well as making the work with the families more efficient. The higher level of efficiency provides greater capacity to address issues at an early intervention or prevention phases. This in turn, results in less impact of harm on children and the reduced need for expensive models of intervention.

Steen commented that the local authorities have a high degree of autonomy when implementing programs and services; therefore, there are often considerable differences between municipalities, however, the Danish system adopts a framework that supports “prevention rather than healing”. Steen commented how unlike other countries, Denmark employs Signs of Safety as an early intervention strategy to address family’s needs at the earliest possible opportunity. This not only results in better outcomes for children, families and communities, but is also more cost effective for government.

## **Considerations**

After researching the data from other jurisdictions who have implemented Signs of Safety, the West Australian Department for Child Protection adopted Signs of Safety as its child protection practice framework in mid-2008 with a five year commitment to embed the approach across the child protection system. As Andrew Turnell notes in his 2010 Briefing Paper<sup>9</sup>; “the Signs of Safety approach to child protection casework is now recognised internationally as the leading progressive approach to child protection work currently available”.

The Signs of Safety approach represents a shift in practice and culture from a risk averse child protection orientated model, to a collaborative, appreciative inquiry model, which is inclusive of families and allows them to build on their strengths to meet the needs of children. As noted by the Danish system, and highlighted by Professor Andy Bilson, the Signs of Safety approach has positive benefits to children and families if used across the universal and secondary systems as an early intervention and prevention strategy, and not simply a tertiary approach.

## **Recommendations**

The Signs of Safety approach to child protection practice would be of great benefit to all aspects of the Queensland child protection system, not just the tertiary setting. The shift to embrace the principles of Signs of Safety is required from all levels of government to support the front line practitioners who engage with children, families and the community.

Signs of Safety should be implemented in Queensland.

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<sup>9</sup> Turnell, A. The Signs of Safety, A Comprehensive Briefing Paper, December 2010.



**Program - The New York Society for the Prevention of Cruelty to Children (NYSPCC)**  
<http://www.nyspcc.org>

Founded in 1875, it was a true honour to visit the very first child protective agency in the world, the New York Society for the Prevention of Cruelty to Children (NYSPCC). Throughout its 138 year history, the NYSPCC has sought, through the development of new and innovative programs, to meet the urgent needs of New York City's most vulnerable children. It is with this same spirit of innovation, concern and compassion that the NYSPCC responds to the complex needs of abused and neglected children, and those involved in their care, by providing best practice counseling, legal and educational services.

Through research, communications and training initiatives, the NYSPCC works to expand these programs to prevent abuse and help more children heal.

**Insights**

Stephen Forrester  
Brenda Tully  
Joseph Gleason

As an independent non profit organisation, the NYSPCC has the autonomy and flexibility to respond to the ever changing needs of children and families, and has done so since 1875. Whilst continuing to run a number of programs, the NYSPCC's vision has shifted over recent years to establishing itself as a training institution, developing research in evidence based practice and providing training and support services to children, families, communities and government agencies in matters concerning child protection.

The range of programs designed to address and prevent child abuse and neglect include:

**Mental Health Services**

- Provide court-ordered supervised visitation services to children and their families in a safe and supportive setting – this service is provided 7 days/week, across extended hours.
- Counsel children who have endured the trauma of child abuse or neglect.
- Provide sexual abuse prevention workshops to children in New York City schools.
- Provide crisis debriefing services to child welfare agencies to help staff during times of stress, grief and loss.

**Legal Services**

- Advocate for legislative and judicial action that protects children and strengthens families.
- Provide training programs for parents as an alternative to criminal conviction and/or incarceration for leaving their children alone and unattended.

**Education**

- Promote healthy parenting through counseling and education.
- Educate professionals about child abuse and neglect identification and reporting.
- Train professionals on The NYSPCC's best practice models.

The team spoke of the need to ensure a skilled workforce to understand and overcome the complexities in addressing child abuse and neglect within families and the community. Staff have access to ongoing professional development and work within a supportive organisation, where the Board of Directors provide strong leadership and management.

In relation to the provision of intensive family supports to address child abuse and neglect, research supports programs such as multi systemic therapy (MST) and Functional Family Therapy (FFT) models as effective family preservation interventions. The team commented on the importance of early intervention and preventative services to provide necessary supports to children and families in a non stigmatising environment.





**Program - Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)**

<http://mstservices.com> ; [www.mstcan.com](http://www.mstcan.com)

MST-CAN is an evidence-based program specifically designed to treat youth ages 6 to 17 and their families who have come to the attention of child protection due to physical abuse and/or neglect. Standard MST, on which MST-CAN is based is delivered in 34 states across the USA and in 11 countries worldwide. MST-CAN is grounded in evidence-based best practice and is currently available in multiple countries around the globe.

MST-CAN clinicians are part of a team of 3-4 workers, a family support worker, and a full-time supervisor. The team is available via an on call rota 24/7 to help families manage after hour crises and to provide intensive work and support. To provide intensive treatments, workers maintain a caseload of 3-4 families. MST-CAN is administered to families in the home and at times convenient to the family. It is an intensive treatment involving a minimum of 3 sessions per week. All members of the family are involved in the treatment. Common treatment strategies include safety planning, Cognitive Behavioural Therapies for managing anger and addressing the impact of trauma, Reinforcement-Based Therapy for adult substance misuse, family therapy focused on communication and problem solving, and sessions to support the parent in taking responsibility for the events that brought the family to child protection. Clinicians also meet with other key participants in the ecology of the youth (e.g. school, community agencies) to facilitate a coordinated plan, build on the strengths of the youth/family, and decrease behaviours that are negative or will interfere with sustaining positive changes.

MST-CAN therapy lasts six to nine months to address the specific problems that brought the family to child protective services plus important risk factors. The major goals of MST-CAN are to keep families together, assure that children are safe, prevent abuse and neglect, reduce mental health difficulties experienced by adults and children, and increase natural social supports.

To assure that MST-CAN is delivered similarly to the way it was conducted in the research trials (i.e., model fidelity) a strong quality assurance system is a standard part of the model and includes:

- Five days of training in Standard MST
- Four days of training in MST-CAN clinical adaptations
- Four days of training on trauma treatment for adults and children
- Quarterly on-site training on key clinical topics specific to the team's needs
- Weekly team supervision
- Weekly team case consultation with an MST-CAN expert, reviewing progress in all cases
- Fully articulated treatment manual
- Monthly independent interviews with the family to assess therapist adherence to the model
- Measures of supervisor and consultant adherence to the model

Importantly, given that MST-CAN is being implemented in several countries in Europe (England, Switzerland, Netherlands) and that an MST-CAN pilot project was implemented in Queensland in 2007, the program is very experienced in respect for cultural considerations with CALD families.

### **Insights – Dr Cynthia Swenson**

Backed by over 25 years of research, MST offers an evidenced based intervention model for intensive family and community based treatment. Child maltreatment does not occur in isolation, rather, in a context. MST-CAN views individuals as nested within a complex network of interconnected systems that encompass individual, family, and extra familial (peer, school, neighbourhood) factors. These systemic factors often serve to maintain problems experienced by children and families and therefore, interventions may be necessary in any one or a combination of these systems. The use of multiple service providers to address these issues commonly results in families experiencing difficulties in meeting numerous appointments, often resulting in 'overload' and disengagement. MST-CAN provides a single service to achieve goals to mobilise informal child, family, and community resources that support the long-term treatment gains.

Local child protection authorities are the single point of referral to MST-CAN, with the exclusion of sexual abuse concerns and cases where active partner violence is present, although once the issues of personal safety have been resolved; these cases would be eligible for intervention. MST-CAN is often provided as a last resort to removal in order to address child maltreatment and assist families to function better. The statutory case manager and MST-CAN clinician work closely with each other to ensure families receive common messages of support and engagement.

MST-CAN model for intervention is adaptable and responsive to families from all cultural backgrounds, demonstrated through its effective work with Aboriginal and Torres Strait Islander families whilst undertaking a pilot project in Queensland in 2007.

MST-CAN has a number of advantages over other commonly used therapeutic approaches, including a comprehensive assessment of all key ecological drivers of child maltreatment with targeted interventions to address these drivers (including access to a psychiatric consultant); the level of intensity provided matches the level of need; and the development of relationships, knowledge and skills across the ecological system allow for sustainable outcomes and increased capacity to manage future crises.

### **Considerations**

Dr Swenson is familiar with the Queensland child protection system as she was involved in the 2007 pilot project. Evaluations from that project<sup>10</sup> (Stallman, Bor et al) validate the feasibility, acceptability and preliminary clinical outcomes of MST-CAN in the Australian context, consistent with the international research.

MST-CAN provides an evidenced based, 'one-stop shop' intervention that matches the intensity of support for families to the level of need required. The MST-CAN model acknowledges and addresses the interplay between child abuse and neglect within the family and broader community and government systems. Without addressing the spectrum of complexities that families endure, it is unlikely that interventions will be effective or sustainable.

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<sup>10</sup> This evaluation report is yet to be published but can be provided with consent of the authors

As experienced in the 2007 pilot project, the MST-CAN program had achieved positive outcomes for children and families from Aboriginal and Torres Strait Islander backgrounds. This included a dramatic reduction in alcohol and substance misuse, enhancement in family functioning and parenting skills, improved capacity in parents to ensure the safety and protection of their children and developing families coping mechanisms.

### **Recommendations**

MST–CAN is grounded in many years of research and this model of intervention is a proven effective family preservation service that would greatly benefit Queensland’s child protection system.

MST-CAN should be trialled in Queensland.

## **Alberta Association of Services for Children and Families (AASCF)** **Outcome Based Service Delivery (OBSD)**

### **Insights – Sandra Maygard -Alberta Association of Services for Children and Families (AASCF)**

OBSD was initially designed as a funding model for child protection services. The intention of moving to outcome based approach across child protection services was to see the families within a broader context and improve the effectiveness of services that children receive across the system.

Traditional contracting measures allowed little flexibility in funding, with a strong focus on inputs and activities (effort). This method often had unintended financial disincentives for services to move children through their program. The OBSD contracting model focuses on outputs and outcomes (achievement), allows greater flexibility for services to redirect funding and provides clear financial incentives to move children through to less structured services.

Outcome Based Services have:

- More Focused on the purpose of the work;
- Less emphasis on the how; and
- Are concerned about what happens (outcomes)

OBSD models all share a consistency in practice frameworks, which are:

- Solutions focused
- Engagement based on relationships
- Strength-based
- Evidence-based
- Community-based

Although OBSD means different things to different people, the common goals are;

- To improve the effectiveness of services that children and families receive and experience as they move in and out of the child intervention system
- To provide agencies, communities and caregivers with more flexibility to respond to the unique needs of children and families while focusing on intended outcomes and better supporting innovative practice
- To use outcomes data to align the work between the formal child intervention system, community agencies and caregivers
- To develop a community quality improvement and learning process that will continue to guide joint practice and identify opportunities for improvement using evidence to guide practice
- To develop a service delivery system that has the capacity to measure and focus on achievement of agreed upon client centred outcomes as the central driver for both casework and resource allocation decisions and
- To establish joint accountability for outcomes for vulnerable children, youth and families, using a single collaborative family plan (We all want the same thing)

Although the idea of people working together to achieve outcomes for families is far from controversial or complex, the reality in implementing such an idea can be. Collaboration takes time and the establishment of roles and responsibilities in shifting processes can result in conflict and resistance to change. However, if managed well, the natural tensions that exist between staff from government and non government agencies can result in positive outcomes for families.

Early results indicate a positive shift in practice for OBSD sites in Alberta.

- More children are receiving services in their home VS out of home (OBSD sites 70% at home / 30% OOHC – opposite in non OBSD sites)
- More children are placed with their immediate or extended family if in OOHC
- Fewer children are coming into care, and when they do, they spend shorter periods of time before reunification or permanency is achieved (34% shorter)
- Statutory authorities are closing interventions sooner, with lower rates of recurrence
- Practice, collaboration and relationships are improving, especially across Aboriginal communities and other cultural groups
- There is improved collaborative decision-making between Regional staff and service providers – work together as a team
- Lead agencies engage with families earlier in the process and help to build on areas of strength in the development of their service plans.
- As a result, families take greater ownership of their service plan and goals
- There has been a shift to working with the whole family rather than just the child in need
- Stronger, richer relationships with families are developed – staff are more accessible
- Schools have become the strongest community partner – natural meeting place
- There are collaborative provincial working groups (ministry, regional and agency staff) leading the discussions - data collection, outcome measurement, funding approaches and practice implications

OBSD agencies have expressed satisfaction in having a greater voice and autonomy in planning and delivering interventions. The evidence suggests that OBSD has moved from its proposed model for funding, to a paradigm shift in practice. This shift has resulted in an increased focus on supporting families to build capacity, meaningful consultations with Aboriginal communities and improved collaboration across the system to achieve positive outcomes for children, families and the community.

### **Considerations**

OBSD provides an opportunity to deliver fundamental change in how child protection services are delivered in order to provide quality outcomes to children and families. OBSD provides a framework for working with families and viewing them in a broader context of a system that is capable of meeting the needs of their children through building on strengths and developing community supports. This framework is culturally aligned and relevant for services who are working with Aboriginal and Torres Strait Islander families, as it seeks to de-individualise the 'blame' and promotes shared responsibilities and understanding.

The implementation of OBSD requires collaboration across government and the non-government sector and requires a great amount of time and resources to achieve a shift in systemic practices and culture.

## **Recommendations**

A focus on outcomes for children and families as a measure of performance would provide greater flexibility and autonomy in practice for non-government agencies, as well as ensuring resources are shifted to what works for children and families.

OBSD sites should be trialed within a Queensland context.

***(The following services are engaged in the Outcomes Based Service Delivery models or are in the process of applying. Their inclusion is not indicative of the funding outcome)***

### **Child and Family Service Association (CSFA)** **Community Partnerships Services and Supports**

#### **Insights - Wendy Yewman and Roxanne Tomkinson**

As with any statutory child protection agency, the CSFA is seeking innovative ways in which to ensure its limited resources are as effective as possible in order to fulfil its obligations to ensure children are protected and families are supported. With research highlighting the importance of issues such as child brain development, infant mental health and the cumulative effects of harm, the stakes have never been higher to get things 'right'.

The strategy to achieve a change across the entire system required intense work within the CFSA to overcome traditional boundaries as well as strong collaboration with community partners. Whilst this process has commenced through the roll out of OSBD sites, there is still a huge amount of work to be done and challenges to overcome. This challenge is particularly relevant when considering the need to address the significant over representation of Aboriginal children and families in the child protection system across Alberta and Canada.

#### **Outcomes Based Service Delivery models**



<http://bentarrow.ca/programs-and-services/family-wellness/kahkiyaw/>  
<http://www.boylestreet.org/>

#### **Kahkiyaw (OBSD Aboriginal site)**

Kahkiyaw is a major step forward in the evolution of children's services in Alberta. **Bent Arrow Traditional Healing Society** (Bent Arrow), **Boyle Street Community Services** (Boyle Street), and the Edmonton & Area Child & Family Services Authority (CFSA) have partnered to create and implement **Kahkiyaw**, a comprehensive Outcomes Based Service Delivery (OBSD) model described as a "shared responsibility" for service delivery. Although a similar trailblazing model for non-Aboriginal children, youth, and families has been operational since 2009, Kahkiyaw is the first for urban Aboriginal children, youth, and families in Alberta.

Stakeholders in children's services have been working together for years to ensure that urban Aboriginal children, youth, and families receive culturally appropriate and quality services. The relationships that formed led to many success stories for Aboriginal children, youth, and families involved with CFSA or "in care" in Edmonton. Kahkiyaw takes these relationships to the next level in a unique tripartite partnership that seeks to reduce the number of Aboriginal children and youth in care in Alberta. All decision-making is shared by the three parties.

Prior to Kahkiyaw, good work was being done in a 'piecemeal' manner. Kahkiyaw brings these approaches together to be more efficient and effective in service delivery. It enhances methods already being used in children's services that are evidence based, community supported, culturally driven, and family centred. Kahkiyaw also includes new approaches that fill gaps and are changing the nature of service delivery. OBSD, for instance, allows for creativity and flexibility in how funding is used. As a phase-in model, Kahkiyaw is also monitored closely to adjust it if needed.

Under Kahkiyaw, children, youth, and families requiring support and empowerment are not passive recipients of services. Instead, they are active members of a Family Wellness Team consisting of their community – kin, Elders, role models neighbours, schools, professionals, and community agencies. The team uses a continuum of innovative western and traditional cultural approaches in efforts to achieve the individual, family, and community balance needed for family reunification and/or safe, healthy, permanent care. These approaches are called Family Wellness Services.

## **Insights**

*Cheryl Whiskeyjack & Murray Knutson - Bent Arrow & Linda Windjack - Boyle Street Community Service*

OBSD has provided a shift in practice and culture, not only within Kahkiyaw program, but also within the respective organisations. Kahkiyaw accepts the challenge of reducing the significant over representation of Aboriginal children in the child protection system through addressing families disconnect and focusing on their strengths. Kahkiyaw works closely with the local community and CSFA to respond to families by offering a range of services and supports.

Kahkiyaw facilitates family group conferences to allow family members to talk about what can be done to make sure their child or young person is safe. The family is asked to be involved in making plans for the child and to consider the issues raised by the CSFA. This model of conferencing is highly desirable for Aboriginal families and respectful of traditions and culture.

## **Recommendations**

Australia and Canada share many similarities with history, culture, demographics and unfortunately, overrepresentation of Aboriginal children in out of home care.

Aboriginal and Torres Strait Islander agencies would benefit from this culturally appropriate model of intervention and adapt it to the local context, across urban, rural and remote communities.





## **Children's Cottage Society**

<http://www.childrenscottage.ab.ca>

### **Insights - Janet Hettler**

The Children's Cottage Society (CSS) offers a wide range of programs for parents and children in Calgary, Alberta strengthening families by demonstrating leadership through a network of Crisis, Respite, and Support Services.

The Children's Cottage Society believes asking for help is a sign of strength and works closely with other agencies to connect families to appropriate resources that can meet their needs to achieve the vision of *Safe Children in Healthy Families*.

The lack of relief service for families unable to cope with crisis and emergencies is a pivotal factor in child abuse and the need to provide support to families during these times was critical. Since its inception in 1986, the Children's Cottage Society has been providing short-term care for children during times of family crisis. More than 50,000 children have been helped through their family support programs.

Due to overwhelming need, the Children's Cottage Society has grown, and now provides multi services, including four unique programs. The two Crisis Nurseries are 24-hour, 365 day emergency care shelters for children facing family crises. The Nurseries offer 18 beds to children up to 8 years of age. Community Respite offers a break and crisis child care to families with children up to 12 years of age, including in-home infant support. The Healthy Families program provides regular in-home visits to parents of newborns, and teaches new parents critical lessons about their children's needs and monitoring growth and development of infants. Brenda's House is a transitional shelter and re-housing program in the south west community of Killarney (Calgary) that provides shelter to 14 families using a housing- first philosophy.

Despite the range of services, the need for Children's Cottage Society's help has continued to grow, reflecting families and communities who in desperate need for assistance. In 2012, the Children's Cottage Society's Nurseries were full every day of the year and had to turn away 1567 children who required their help. The average stay for children in the Nurseries grew from 2.2 days in 2011 to 4 days in 2012, with 93% of families reporting they were better prepared to care for their children after the program. This short term stay prevented many children from entering foster care, with an average cost of \$1583 to help each child in 2012, compared to \$16488 if they were placed in foster care.



North of McKnight  
Community Resource Centre

### **North of McKnight Community Resource Centre**

<http://www.northofmcknightcrc.ca>

#### **Insights - Sue Holt**

The North of McKnight Community Resource Centre (NMCRC) offers services and supports to residents living, working, or attending school in the local community. The North of McKnight Community Resource Centre has developed strong partnerships within the community to ensure an accessible and responsive service to families in need.

Programs and services available include:

- Basic Needs
- Outreach Counsellor
- Support for Parents
- CHR Well Baby Clinic
- Informal Support
- Youth Drop-In Program
- Various Youth and Adult Programs
- Good Food Box
- We offer individual counselling in partnership with Catholic Family Services
- In-Home Parenting support in partnership with Hull Family Initiatives
- Youth Leadership/Mentor in partnership with YWCA

The NMCRC seeks to support and connect our culturally diverse communities with resources, activities and services that will strengthen the wellbeing of the individuals & families in our communities. The NMCRC also provides access to an Aboriginal Family Outreach Worker and an Immigrant Family Outreach Worker specifically available to support to families and individuals impacted by family violence.

Residents who are interested in accessing services and or support are provided a case management service, which includes the necessary referrals and follow-up required to ensure community residents' needs are being addressed.



**PATHWAYS CSA**

**Pathways Community Services Association** - <http://www.pathwayscsa.org>

#### **Insights - Trish McAllister and Blair Thomas**

Pathways Community Services Association has been serving children, youth and families in Calgary and area for nearly 30 years. The agency promotes a vision of a more effective continuum of community based programs for children and families, a culturally sensitive practice that includes a strong Aboriginal component, and a strength or asset-based philosophy of practice.

As people of Aboriginal descent with formal educational backgrounds in the human services field, Pathways has an understanding of the traditions and customs of First Nations people and of the professional approaches needed to help youth gain independence, strength and health. In addition, they are passionate and dedicated to assisting people and families to bridge the gap that exists within our communities between the Aboriginal and non-Aboriginal families of origin.

Drawing on the strengths and guidance of Aboriginal traditions and teachings, Pathways:

- Engages children, youth and families through a delivery of a continuum of resources, supports and services;
- Strengthens Aboriginal cultural integrity and identity;
- Creates and celebrates community unity, dignity and wellness.

Believing in the inherent dignity and strength of every individual and family, Pathways approaches their work from a harm reduction and strength-based perspective and strives to support children, youth, and families in growing into their own unique potential. While Pathways services must be responsive to the needs of each client, they also believe that services should not replace, nor interfere with the responsibility and initiative of individuals, families, and communities to meet their own needs.

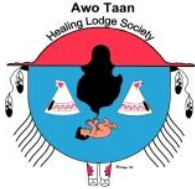
Pathways provide a range of family based and youth programs that are delivered under the guidance and direction of Community Elders, including:

- **Aboriginal Mentoring Homes Program** - The program is designed to move Aboriginal youth who have experienced multiple out of home placements and often prolonged periods of instability towards permanency within a culturally competent and supportive home environment.
- **Aboriginal In Home Support** - provides supports and community and cultural resources for Aboriginal families facing challenges maintaining or reuniting their family unit. Families are provided with support and resources in addressing issues related to parenting, addictions, mental health, domestic violence, poverty and homelessness, parent-child conflict, and cultural grounding.
- **Healthy Families** - part of a city-wide collaborative that provides home-based services for families with newborns by supporting parents in adjusting to their changing roles and family dynamics, promoting healthy parent-child relationships. The program is voluntary in nature and families can remain in the program for up to five years if necessary.
- **Connect Access** - provides supervised visitation for families where there is court ordered access and supervision required for one or more non-custodial family members. The services may be accessed directly by the family or their lawyer and are not contracted to Alberta Children's Services.

Pathways seeks to adopt approaches for prevention as identified in "A Circle of Healing: Family Wellness in Aboriginal Communities" (Connors; 2001), including;

- Building strong communities and families through cultural recovery
- Culture-based healing and prevention which is reflected in service theory, practices, helping roles and relationships, material resources and staff training
- Adopting the family unit as the main focus in understanding matters of child maltreatment and wellness, and placing emphasis on social network, community and public policy influences

- Focusing on creating strengths and building resourcefulness in addition to healing and protection; and
- Mobilising informal support systems, extended family, friends and neighbours to help support families to deal with crisis.



**Awo Taan Healing Lodge Society – Parent Link Centre** <http://www.awotaan.org/>

### **Insights - Samantha Green**

Awo Taan's mandate is to provide programs that nurture family wellness, positive parent-child relationships and to build on parenting knowledge and skills. They are committed to building a safe and healthy community and the nurturing of families to live in peace.

Awo Taan Healing Lodge Society – Parent Link strives to assist all families develop healthy lifestyles including their, physical, mental, emotional and spiritual growth.

Guided by Native cultural values and traditional teachings, Awo Taan Healing Lodge – Parent Link Centre provides high-quality, comprehensive, accessible, community based programs that comply with province wide standards of excellence and respond to the changing needs of parents and families. They share a belief that all people can live in a world that nurtures physical, mental, emotional and spiritual wellness.

The Parent Link Centre offers a range of services and individualised programs for families, including *Grandmother Turtle* – where children and parents interact through play, dance, songs, and drumming and *Triple P – Positive Parent Program*. Awo Taan Healing Lodge Society – Parent Link also acknowledges the important roles that fathers play in the raising of their children. All fathers are encouraged to take advantage of the programs and services on offer; including the Aboriginal based teachings, values and Talking Circles.

Samantha spoke of the importance of understanding that the 'one size fits all' model for intervention is ineffective. Programs and services should conform to the needs of families rather than the other way around.

## **Institute for Family Development - developers of the HOMEBUILDERS® Program**

<http://www.institutefamily.org/>

Founded in 1982, the Institute's mission is to develop, deliver and disseminate evidence based child welfare programs to keep children safe, strengthen families, and reduce the need for placing children into state-funded care. The Institute's Intensive Family Preservation Services and Intensive Family Reunification Service (HOMEBUILDERS®) is internationally renowned. The U.S. Surgeon General has recognized HOMEBUILDERS® as a model family strengthening program, the Office of Juvenile Justice Delinquency Prevention (OJJDP) Centre for Substance Abuse Prevention (CSAP) has designated HOMEBUILDERS® as a model program for preventing juvenile delinquency, the California Clearinghouse Evidenced Based Clearinghouse for Child Welfare has rated the program as an effective intervention for child reunification and child neglect, and the program has been accepted into the Substance Abuse and Mental Health Services Administration National Registry of Evidenced Based Programs and Practices to prevent or treat mental health or substance abuse disorders. Research consistently shows that 70% to 90% of referred families remain safely together six months to a year following services.

The Institute for Family Development (IFD) provides a range of innovative and cost-effective in-home services to children and families, including HOMEBUILDERS® Intensive Family Preservation and Intensive Family Reunification Services (IFPS), Parent Child Interaction Training (PCIT), and Functional Family Therapy (FFT). These programs have all been demonstrated to effectively address the growing problems of family dissolution, child abuse and neglect, juvenile delinquency and family conflict.

### **Program - HOMEBUILDERS®**

HOMEBUILDERS® provides intensive, in-home crisis intervention, counselling, and life-skills education for families who have children at imminent risk of placement in state-funded care or who need intensive services to safely return home. It is the oldest and best-documented Intensive Family Preservation Services (IFPS) program in the United States. The goal of the program is to prevent the unnecessary out-of-home placement of children through intensive, on-site intervention, and to teach families new problem-solving skills to prevent future crises.

The HOMEBUILDERS® program accepts only families referred by the state or local government body, in which one or more children are in imminent danger of being placed in foster, group, or institutional care. HOMEBUILDERS® is also used for families whose children are being reunified from out-of-home care.

### **Population Served**

Intensive Family Preservation Service and Intensive Family Reunification Service are for families with children from birth to 17 years old. HOMEBUILDERS® therapists work with high-risk families involved with the child protective services system. The goal of the program is to remove the risk of harm to the child instead of removing the child.

The program provides both clinical and concrete supports services for families, who are given the chance to learn new behaviours, and helps them make better choices for their children. The key characteristics of the model include:

- Initial contact to be established with the family within 24 hours of the crisis
- Small case load sizes for workers (2 to 3 families at a time)
- Flexible service delivery, available 24 hours a day, 7 days a week.
- Duration of service lasts between 4-6 weeks
- the intensity of service is high, with families receiving up to 10 hours of service/week

Given the model was initially developed for families with older youths referred from mental health agencies, the HOMEBUILDERS® model remains effective in working with children and young people in the youth justice system and mental health system.

### **Insights - Charlotte Booth, Christi Lyson and John Hutchens**

Homebuilders is an intensive in-home family treatment program designed to keep children and families safe and prevent the unnecessary out of home placement of children, and to safely reunify children and families. The team spoke of how the Homebuilders® program has evolved over time but the emphasis of the intervention has always been on the safety of the child.

In order to achieve this, the program has a clearly articulated set of values and beliefs, which guides program design and staff behavior. Along with the provision of concrete supports, clinicians utilise a range of cognitive and behavioural therapy interventions, such as motivational enhancement therapy. The team spoke how the program model is not for everyone and it is crucial for the staff to be the 'right fit' for the job. Homebuilders® clinicians are provided ongoing training, consultancy and supervision to ensure fidelity to the program design.

The promotion of Homebuilders® to the child protection sector as an effective intervention program has not come without its challenges. The implementation of the model takes time and resources and the support of the government and non government sectors is crucial.

Research shows the escalating costs of child abuse and neglect on both the child and the community. The team made the statement that if through rigorous research, a program was found to be effective in reducing the risk of children entering out of home care and supporting families, then a statutory authority who is mandated to provide reasonable and practical supports fails to provide this program, then by defacto, they would be in breach of their own legislation.

### **Considerations**

A meta-analysis of reserach conducted by the Washington State Institute For Public Policy into Intensive Family Preservation Programs: Program Fidelity Influences Effectiveness, February 2006 concluded that:

Intensive Family Preservation Services that are implemented with fidelity to the Homebuilders® model significantly reduce out-of-home placements and subsequent abuse and neglect. We estimate that such programs produce \$2.59 of benefits for each dollar of cost. However, non-Homebuilders® programs (even those claiming to be based on Homebuilders®) produce no significant effect on either outcome.

In previous reviews of IFPS programs, others observed various results depending on the model employed. In our analysis, elements that distinguish Homebuilders® from non-Homebuilders® programs include the actual risk of placement, therapist case loads, intensity of service and around-the-clock availability to families.

These results support the view that fidelity to program design can determine whether or not an individual program is effective in achieving its goals.

It is important to note that the Homebuilders® program is not designed to help families resolve all of their problems as the duration of the intervention does not allow for such outcomes. Rather, the program is designed to ensure children remain safe in-home whilst the families reach an improved level of functioning through family strengthening.

### **Recommendation**

Grounded in comprehensive research, the Homebuilders® model is an effective family preservation model that would greatly benefit Queensland's child protection system.

Homebuilders® should be trialled in Queensland.



### **Program - Functional Family Therapy (FFT)**

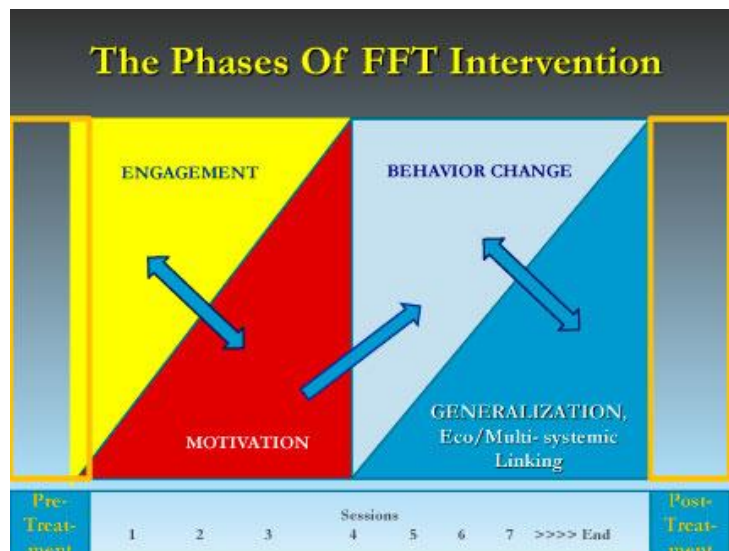
<http://www.fftinc.com/>

FFT Inc. is *solely* endorsed by Dr James Alexander, the founder and developer (along with Dr Bruce Parsons) of the FFT model. Dr. Alexander continues to provide FFT Inc. with ongoing oversight to assure training replicates the practice and outcomes found in FFT evaluations over the last four decades.

The FFT program is supported by 30 years of clinical research, which supports its foundation as an evidence based child welfare programs for youth with substance abuse problems or antisocial behavior problems. The Institute for Family Development offers FFT through both youth justice and child welfare systems. FFT has been applied to a wide range of youth and their families in various multi-ethnic, multicultural contexts and with pre-adolescents and adolescents diagnosed with conduct disorders, violent acting out and substance abuse.

The FFT intervention averages 8 - 12 family sessions over 3 to 4 months. All FFT services are provided in the family's home and community. Each phase of FFT (Engagement and Motivation; Behaviour Change; Generalisation) includes assessment, development of family goals, specific intervention techniques, and therapist skills necessary for success





Source: [http://www.fftinc.com/about\\_model.html](http://www.fftinc.com/about_model.html)

### **Insights - Alex Borton**

FFT is an evidence based model of family therapy. The intervention is delivered in-home and focuses on issues such as parenting skills, communication and conflict management. FFT can also be provided in a variety of contexts, including schools, child welfare, corrective services, mental health and as an alternative to incarceration or out-of-home placement. Families referred often have limited resources, histories of failure to engage, a range of diagnoses and exposure to multiple systems.

FFT effectiveness derives from fidelity to the model. The model uses a systematic approach to improve family's functioning. FFT is delivered through phases, with each step building upon each other. The three intervention phases target specific goals of engagement and motivation, behaviour change, and generalization so that the entire family can utilise community resources to maintain these changes.

The results of more than 30 years of clinical research suggest that FFT can reduce recidivism and/or prevent the onset of delinquency. These results can be accomplished with treatment costs well below those of traditional services and other interventions. The phases of FFT provide therapists with specific goals for each family interaction. Although systematic, each phase is guided by core principles that help the therapist adjust and adapt the goals of the phase to the unique characteristics of the family. In this way, FFT ensures treatment fidelity while remaining respectful of individual families and cultures and unique community needs.

In 2011/2012, the Institute for Family Development provided FFT to 218 families.



## **Casey Family Programs**

<http://www.casey.org/>

Casey Family Programs is the United State's largest operating foundation focused entirely on foster care and improving child welfare systems. Founded in 1966 by Jim Casey, they work to provide and improve – and ultimately prevent the need for – foster care in the United States. As champions for change, Casey Family Programs are committed to their 2020 Strategy for America's Children – a goal to safely reduce the number of children in foster care and improve the lives of those who remain in care.

Since their founding in 1966, they have invested more than \$1.6 billion in programs and services to benefit children and families in the child welfare system, with the investment to be inclusive of \$1b over the next 10 years to halve the rate of children in OOHC in the US by 2020

Building on more than 40 years of experience in the field, Casey Family Programs provide strategic consulting services to help public child welfare agencies improve their services. They have a strong commitment to helping states, counties and tribes implement effective child welfare practices and provide support and assistance to child welfare systems in their efforts to protect children and create strong families. Children do best in stable families and familiar environments. This gives them the best chance to grow into successful adults....And that is best for all of us.

### **Services for children and families**

Casey Family Programs operate nine field offices in five states – Arizona, California, Idaho, Texas and Washington – that each year serve about 20,000 children in foster care, their families and young adults who grew up in foster care. They field offices are viewed as proving grounds for developing and demonstrating effective practice models that child welfare systems may adopt themselves.

### **Consulting services for child welfare systems in the U.S.**

Casey Family Programs offer strategic consulting services at no cost to child welfare systems in most of the 50 states, the District of Columbia and Puerto Rico. Their consultants assist in putting practices in place that will benefit those systems – and, in turn, the children and families they serve.

### **Public policy**

Casey Family Programs educate state and federal policy makers on public policy that will help child welfare systems improve services for children and families.

### **Nonpartisan research**

Casey Family Programs provide nonpartisan research so that child welfare professionals and policy makers can make informed decisions based on data and evidence.

### **System equity**

Casey Family Programs team with child welfare systems to eliminate systemic biases that contribute to the disproportionate number of children of colour in foster care.

## **Indian child welfare**

Casey Family Programs engage with tribal communities to develop effective and culturally appropriate Indian Child Welfare programs.

## **Partnerships for change**

Casey Family Programs partner with community organisations, associations, philanthropies and corporations to promote effective child welfare programs. This helps nurture the broad-based support that encourages law makers and policy makers to take action on behalf of children.

## **Insights**



**William C. Bell, Ph.D.**  
**President and Chief Executive Officer**

William C. Bell became president and chief executive officer of Casey Family Programs in January 2006. He chairs the Executive Team, and is ultimately responsible for the vision, mission, strategies and objectives of the foundation. Prior to leading the foundation, he served as executive vice president for child and family services. Prior to joining Casey Family Programs, he was commissioner of the New York City Administration for Children's Services. He has more than 30 years of experience in the human services field.



**David Sanders, Ph.D.**  
**Executive Vice President of Systems Improvement**

David Sanders joined Casey Family Programs in July 2006. He oversees the foundation's work with child welfare systems to improve practice, with an emphasis on ensuring safe and permanent families for children. He also oversees the foundation's public policy work. Prior to joining Casey Family Programs, he directed all operations for the Los Angeles County Department of Children and Family Services.



**Peter J. Pecora, Ph.D.**  
**Managing Director of Research Services Programs**  
**Professor at the University of Washington School of Social Work**

Dr. Pecora has worked with a number of social service departments in the United States and in other countries to refine foster care programs, implement intensive home-based services, and design risk-assessment systems for child protective services. He has worked to implement intensive home-based services, child welfare training, and risk assessment systems for child protective services. He also has served as an expert witness for the states of Arizona, Florida, New Mexico, Washington and Wisconsin.

***Children must be served in the context of families;  
And families must be served in the context of communities***

Historically, child protection systems have separated the child from the parents; the parents from the family; and the family from the community. Casey Family Programs believes that this paradigm needs to shift to one of inclusiveness; that sees the child/family and community as a whole - as the "client". To have successful adults, children need a healthy family that is supported by a healthy community – a 'community of hope'. If the community is not able to support families, then it needs to become healthy and work needs to be done to support the community to re-build itself to become stronger and more responsive.

The act of removing children from their families and homes creates emotional distress and long-lasting traumas that should be avoided whenever possible. The challenge for those working across the system is to respond more effectively to all children and families who require assistance. We have learned over the years that some vulnerable children can be better served by remaining safe at home while their parents receive the community services and support they need to raise a family successfully. Casey Family Programs have worked effectively for years alongside government and non government agencies to achieve changes within child protection systems, resulting in greater family support, higher community participation and reduced numbers of children in OOHC.

The use of data is vital in understanding how child protection systems operate. Who is entering into care? Why are they entering care? When do they enter care? Furthermore, what are the formal and informal 'rules' and belief systems to which we are all held to account and who owns them? It is only when we understand aspects such as these are we then able to seek to implement change over time.

In these times of austerity, the child welfare field is currently experiencing significant challenges however, there are also multiple opportunities to shift resources to achieve better outcomes for children and families. As outlined in the below diagram, savings from de-scaling programs and activities that do not work back into research based approaches about what does work is an example of the approach required to achieve systemic change.



Source: Adapted from Samuels, B. (2012). *Looking to the future: An agenda for the Children's Bureau's next 100 years*. Presentation to 18th National Conference on Child Abuse and Neglect, Washington, DC, April 18, 2012.

Meaningful change requires mutually agreed-upon outcomes across government entities, business, and faith-based and other community sectors. Taking responsibility for child and family well-being and implementing policies across social service and governmental entities that incentivize positive measurable change for children and families are necessary ingredients for transformation. Policies should require measuring and improving outcomes as well as a more integrated community response. Innovations in public administration and community development are beginning to highlight the need for this kind of reform. (Shifting Resources in Child Welfare to Achieve Better Outcomes for Children and Families, Casey Family Programs, 2012)

Our 2020 strategy is designed to support those innovative efforts designed to better serve vulnerable children, strengthen families and build communities. Achieving results across all three areas are not easily accomplished and the stakes are high, but the potential rewards are huge. It is important to remember that 'we' are the system and together, 'we' can create change.

### **Considerations**

Casey Family Programs are frequently acknowledged throughout the world for their outstanding contribution to child welfare. On an individual and collective level, Dr Bell, Dr Sanders and Dr Pecora are highly regarded and admired for what they have achieved in preventing child abuse and neglect across families, communities and systems.

Casey Family Programs are innovative, committed and focused on achieving their goals and going beyond the vision to “embrace a future where all children are safe, all families are stable and all communities are supportive”.

### **Recommendations**

Casey Family Programs are committed to achieving their goals to improve the lives of children around the world. They have significant experience in working with public welfare agencies and across government to effect systemic change and their consultancy services are highly desirable.

Dr Bell, Dr Sanders and Dr Pecora are agreeable to progressing talks with the Queensland child protection sector to develop ways in which our system can benefit from their research, knowledge and expertise. Furthermore, Dr Pecora has done some work throughout Australia and has acquired knowledge of issues relevant to our child protection system.

It is highly recommended that this offer from Casey Family Programs is progressed to assists in the re-conceptualising of the Queensland child protection system.



**Professor Jacquelyn McCroskey** - [mccroske@usc.edu](mailto:mccroske@usc.edu)

**Professor McCroskey** holds the John Milner Professorship in Child Welfare, was named the 2003 California Social Worker of the Year by the California Chapter of the National Association of Social Workers. For more than two decades, she has helped to create and evaluate systems change initiatives to improve outcomes for families and children in Los Angeles County.

Areas of Professor McCroskey's expertise include:

- foster care
- services for families and children (analysis of policy, service delivery systems and funding patterns)
- family-centred, community-based services, including family preservation and family support services to prevent child abuse and neglect
- results-based accountability, outcomes and indicators
- use of administrative data in planning and evaluation
- inter-professional education and training

Through her work with county, city and school district policy makers and philanthropists, she has investigated inter-agency collaboration and community partnerships across a broad range of organisations, service areas and settings. She uses data and scholarship, drawing on both qualitative and quantitative methods, to inform policy and guide improvements to government systems providing child welfare, juvenile justice, and early care and education services. Her research focuses on financing and organisation of services for children and families, utilisation of results and performance measurement, and the efficiency and effectiveness of services.

Currently, Professor McCroskey co-leads the multi-university child welfare evaluation team funded by Casey Family Programs to support the Los Angeles Department of Children and Family Services (DCFS) in understanding the impact of a variety of community-based service initiatives, including the DCFS Family Preservation Program and Prevention Initiative Demonstration Project (PIDP). She is also working closely with DCFS and the Deans and Directors of the six graduate programs of social work in the county to restructure the training and workforce development relationship between the public child welfare agency and six universities.

### **Insights**

Professor McCroskey has conducted extensive research on family-centred services, including family support and family preservation services. In this, Professor McCroskey acknowledges that all families require help and support to raise their children, with some families able to get by through their own informal networks, whilst others may require a more formal and perhaps, intense response. The reality is that referral to child protection is sometimes the only service available for families who are challenged with multiple and complex issues and unfortunately, the only service they are 'entitled' to.



Broadly speaking, family support services are designed for families to cope with normal stresses of parenting and reduce the risk of child maltreatment by providing basic support, strategies to assist household functioning or improve the family's capacity to respond to child-rearing problems.

By contrast, family preservation services are designed to help families at serious risk or in crisis, and are typically available only to families subject to an open statutory intervention and where there is an imminent risk of children being placed in out of home care. A major goal of these services is to prevent out of home care or in some cases, to provide timely reunification for children. Family preservation services provide a higher intensity of support offered to families, 24 hours a day, 7 days a week. While many intensive programs have a short time frame, usually lasting between 4 and 12 weeks, as characterised by programs such as Homebuilders, Los Angeles County has invested in a longer time frame of 6 to 12 months of service. Families are referred to community-based contract agencies that convene a team planning session including the family and DCFS social worker to develop an individualized treatment plan. A comprehensive evaluation report on the LA Family Preservation program, in place since 1992, will soon be released by Casey Family Programs and DCFS.

Whilst statutory agencies are often highly scrutinised in reviews of practice, less attention is offered to the services in the universal and secondary systems that provide services to families to prevent child abuse and neglect or provide supports to families in times of need. If there is consensus that the tertiary child protection system is in need of repair, the basic social problems that contribute to families' problems, such as housing, poverty, education and health must first be acknowledged and addressed.

Family preservation services have a significant role to fulfil in a system designed to protect children and support families. However, Professor McCroskey also challenges one to see its potential as more than simply a specific program or model, rather, its potential as a community-based intervention for families with a much broader range of issues and problems. This approach supports the concept of children, families and communities being seen as the 'client' and how services designed to support families should be non-stigmatising, responsive and accessible.

An example of this potential is the Los Angeles County's Prevention Initiative Demonstration Project (PIDP).

### **Considerations and Recommendations**

Professor McCroskey is one of the world's foremost experts on research and analysis of services for children and families, family-centred and community-based services; including family preservation and family support services to prevent child abuse and neglect.

Professor McCroskey has worked closely with government and non-government authorities to implement significant systemic reforms designed to achieve outcomes for the prevention of child abuse and neglect. Initiatives have included the evaluation of effective family preservation services and more recently, the implementation of the Prevention Initiative Demonstration Project (PIDP).

Professor McCroskey's knowledge and expertise would be highly valuable in shaping Queensland's child protection system, allowing us to fast track lessons learnt by Los Angeles over the past 30 years of implementing family preservation programs and effective community based programs and services.



**Department of Children and Family Services (DCFS), Los Angeles County**  
<http://dcfs.co.la.ca.us/>

**Los Angeles County Office** - Marilynne Garrison, Corey Hanemoto, Nancy Billen & Amy Kim

**Compton Regional Office** - Eric Marts, Richard McKinley, Blanca Vega, Eva Reina, Ebony Owens

**Insights**

The challenge for statutory child protection agencies is to meet the increasing demand for services and supports with limited resources. As a response to the growing rate of children in out of home care, the DCFS has focused its efforts to reduce these numbers through increasing community based services, including family preservation services, to meet the supports needs of children and families in-home.

The strategy to achieve a change across the entire system required intense work to overcome silos within the DCFS, whole of government and broader community. It was recognised that only through a shared collaborative framework and effort could systemic reform be achieved. An example of this approach is the Prevention Initiative Demonstration Project (PIDP). The PIDP is based on the hypothesis that child abuse and neglect can be reduced if:

- Families are less isolated and able to access the support they need.
- Families are economically stable and can support themselves financially
- Activities and resources are integrated in communities and accessible to families.

**Program - Prevention Initiative Demonstration Project (PIDP)**

In February 2008, the Los Angeles County Board of Supervisors approved the Prevention Initiative Demonstration Project (PIDP) as a \$5-million one-year child abuse and neglect prevention project. The network design was intended to facilitate the creation of a comprehensive, strengths-based, locally relevant child abuse and neglect prevention system extending beyond County government and beyond the jurisdiction of any one County department.

PiDP networks were asked to devote about 50 percent of their resources to primary prevention, supporting and engaging families and strengthening social networks so that child abuse/neglect would not occur. They were asked to devote about 30 percent of their resources to secondary prevention, involving parents with unfounded and inconclusive referrals as decision-makers in promoting their children's development, learning, and wellbeing, and addressing potential risk factors so that re-referrals were reduced. And the networks should devote about 20 percent of PIDP resources to strengthening the capacity of parents with open DCFS cases to care for and protect their children.

Each of the PIDP networks focuses on achieving outcomes associated with the prevention of child abuse; decreased social isolation, decreased poverty and lack of resources, increased protective factors, and more effective collaboration between the County's public child welfare system and community-based organizations. The framework for interventions focus on increasing families strengths, developing capacity, establishing community networks and providing flexibility in achieving desired outcomes.

To do so, all of the eight PIDP networks are implementing three braided and integrated strategies:

- building social networks using strengths-based and relationship-focused community organising approaches;
- increasing economic opportunities and development; and,
- increasing access to and utilisation of beneficial services, activities, resources, and supports

An evaluation report conducted by Casey Family Programs (PIDP Year Two Evaluation Report - Dr Pecora & Dr McCroskey) concluded that after two years, the foundational infrastructure and relationship-building work done in year one of the project is paying off. The year two evaluation found that PIDP networks are making a continued difference for families.

Parents report significant initial gains in family support, connections to the community and less parenting stress in a wide range of areas after six months of participating in various family action groups or neighbourhood action councils. Findings also show that families who receive secondary prevention PIDP services are less likely to be re-referred to child welfare or to enter the system.

### **Prevention Initiative Demonstration Project Community Partners**



#### **Children's Bureau - Alex Morales, Pat Bowie & Lila Guirguis**

<https://www.all4kids.org>



Under Alex's leadership, **Children's Bureau** formed a visionary plan and raised over \$22 million through 600 generous individuals and foundations to make it a reality. These resources have been used to build the Magnolia Place Family Centre and be the "founding spark" of the **Magnolia Community Initiative** in Los Angeles pioneered by a large community network. This revolutionary initiative has the potential to become a national model/framework for building community wellness, resiliency, prevention and family support.

#### **Profile - Alex Morales - President and CEO, Children's Bureau**

Children's Bureau is committed to providing vulnerable children -- especially in the early years -- the foundation necessary to become caring and productive adults by:

- Preventing child abuse and neglect;
- Protecting, nurturing and treating abused children;
- Enhancing the potential of families and communities to meet the needs of their children;
- Advancing the welfare of children and families through superior programs in foster care, adoptions, child development, parent education, mental health, research and advocacy

Their vision is to significantly change the lives of at-risk children by providing state-of-the-art child abuse prevention and treatment services. While increasing the scope, depth and volume of services, the Children's Bureau will engage in continuous discovery through research to determine and implement what works and be a passionate advocate on behalf of children and families.



### **Magnolia Place Community Initiative - “A National Model for Prevention”**

<http://www.all4kids.org/magnolia.php>

#### **Program**

While social services are necessary to support struggling families and children, they alone cannot create complete change or build resiliency at the community level. By bringing families, government and community together under one symbolic roof and helping families build support networks, the Magnolia Place Community Initiative aims to significantly improve their overall health and wellbeing. A rich and diverse network of organisations has been formed including the faith community, parent associations, non-profits, government departments, advocacy groups, schools, and other community institutions that share the same dream

The initiative provides comprehensive programs and services in four areas which experts agree are the key to strengthening families:

- nurturing parenting,
- economic stability,
- good health and
- school readiness.

Five protective factors identified by the Centre for the Study of Social Policy are used as both an organising strategy and an outcomes measure. These protective factors include:

- Parental Resiliency of hope and personal power to act to improve oneself, one's family, and one's community;
- Knowledge of nurturing parenting;
- Social connectedness;
- Access basic services in times of need;
- Social/emotional competence of young children.



### **Friends of the Family – “Strong Families, Thriving Children, Vibrant Communities”**

<http://www.fofca.org/>

#### **Susan Kaplan – Executive Director**

#### **Program**

Friends of the Family is a comprehensive family resource center known for pioneering innovative, practical programs where families are recognized as central to a child's well being and are supported to build on their skills and strengths. Founded in 1972, the organisation is a safety net of support for over 5,000 community members each year.

Friends of the Family serves disadvantaged families who are struggling to provide care and support for their children but are challenged by poverty and low income, lack of education and employment, shifts in family structure, family or community violence, and holes in the social safety net.

Their work operates upon the assertion that outcomes for families cannot be separated from community conditions, since the capacity of neighborhoods to provide safe, stable, resource-filled environments is key to family success. Thus, Friends of the Family provides programs and services that strengthen and empower families while also serving as a catalyst for community organisation and enrichment, positively enhancing the capacity of residents to advocate for themselves and their children.



**SHIELDS for Families - "Believing, Building, Becoming"**

<http://www.shieldsforfamilies.org/>

**Audrey Tousant, Elia Astudillo, Charmaine Utz, Kwadegi Cason, Sara Tienda, Pastor Tommy L Brown**

### **Program**

SHIELDS for families is a non-profit community-based organisation dedicated to developing, delivering, and evaluating culturally sensitive, comprehensive service models that empower and advocate for high-risk families. For over 20 years, SHIELDS has helped vulnerable children and families succeed.

For families affected by the child welfare system, SHIELDS for Families provide a full continuum of services—from prevention to adoption. SHIELDS is a leader in the field; with their work deeply influencing Los Angeles' child-welfare initiatives, policies and procedures. Whether it is protecting a child from harm or supporting a family struggling to stay together, the programs aim to ensure that children grow up in safe, nurturing homes.

A child's wellbeing is their highest priority. Because of the belief in the power of families, the workers are there on the front lines when a family is in crisis. When the Department of Children and Family Services (DCFS) responds to a crisis, SHIELDS staff works directly with the county's emergency teams in our *Up-Front Assessments/Point of Engagement Program*.

An innovative multidisciplinary, family-centred approach that enlists the support of the community to prevent and address child abuse issues and includes the family in the process of selecting and planning for the prompt delivery of needed services. The clinical staff assists in the Department of Child and Family Services' assessment of the family home and offer immediate assistance and long-term programs to help keep families together. High-risk families can receive intensive case management, home visits and other services to reduce the risk of abuse and out-of-home placements through the *Family Preservation Services*.

The *Family Support Program* serves 300 families referred by DCFS each year. Using a comprehensive, family-strength-based approach, case managers provide home visits and supportive services to strengthen families and prevent abuse.

## **Insights**

Many years ago, the philosophy in Los Angeles County switched from individualising and blaming parents for abuse and neglect of children, to understanding and addressing the underlying social issues that limit families' ability to thrive and results in child maltreatment. The idea that child protection system could operate under a 'report it→receive it→fix it = DONE' framework led to an overburdened tertiary system and growth in rates of OOHC. From a sociology perspective, factors that increase risk of child abuse and neglect, such as economic stability, poverty, isolation and race/culture are often out of the control of parents to change at an individual level, if change is achievable at all. PIDP developed from this desire to address such issues by providing a united way for services to connect people and strengthen social networks.

The PIDP partners spoke of the challenges in achieving systems reforms within leadership and management across government and non-government. The characteristics of families with issues such as drug and alcohol, mental health and domestic violence create uncertainty in outcomes, with associated risks resulting in high anxiety across management. In order to manage this risk, the PIDP partners ensure staff are provided access to learning and development opportunities and have the support and belief of management when dealing with complex issues. This leadership enables workers to utilise family centred approaches for practice and take the necessary time to develop relationships with families and community supports.

## **Conclusions**

Child abuse and neglect does not occur in isolation, rather in contexts. It cannot be easily disentangled from individual, family and community issues such as poverty, mental health, drug and alcohol dependency, domestic violence, homelessness, and social isolation. Whilst much attention is provided through reviews and inquiries into the response of tertiary child protection agencies, little attention is offered to the understanding of the capacity of the universal and secondary systems that help stressed families prevent child maltreatment before it begins, or that enable families with serious child-rearing problems to stabilise the home and provide more appropriate care for their children.

Governments across the world are actively seeking options to support families so that more children and young people could remain safely at home. It is clear that the solution to alleviate the existing and mounting pressure on the tertiary system is not found in funding 'more of the same' or 'one-size fits all' approaches.

A paradigm shift is required that re-conceptualises the child protection system into one that works with child, family and community as one. A non-stigmatising system that addresses the needs of children and families at every opportunity; a system that provides supports to children and families at the intensity required; and a system that shares responsibilities and not shifts them.

The transportation of effective and sustainable alternative strategies can benefit Australia through redirecting future funding, policy and programs areas that better target services to vulnerable children and families. Resources must be shifted to fund research-based, effective family preservation services to address child maltreatment. Examples of these services include Homebuilders, Multisystemic Therapy and Edge of Care. Family-centred approaches to address child abuse and neglect are also required to provide a strengths-based response to complex child protection concerns, including Resolutions Approach, Parents Under Pressure and Functional Family Therapy.

Although essential, the solution to the multiple challenges faced in the child protection sector are not as simple as the transportation of Intensive Family Support Services and Family Preservation Services to the Australian context. If these programs are to be successful and a conceptual model of a system that protects children is to be achieved, then the entire system needs to adopt a philosophy of family preservation and embed these approaches. Initiatives that promote the safety of children through the building of family and community capacity include Signs of Safety, Outcome Based Service Delivery (OBSD) and the Prevention Initiative Demonstration Project (PIDP).

We should learn from our international colleagues about what works and what doesn't, then build upon their successes. Queensland is fortunate to have some of the world's most respected and knowledgeable academics. The opportunity exists to share learnings and research with international experts, such as Professor Jacquelyn McCroskey, Professor Eileen Munro and Professor Andrew Bilson.

And finally, I have never visited a more inspiring place than Casey Family Programs. Dr William Bell, Dr David Sanders and Dr Peter Pecora are internationally renowned and admired for their achievements in preventing child abuse and neglect across families, communities and systems. Casey Family Programs are innovative, committed and focused on their vision to "embrace a future where all children are safe, all families are stable and all communities are supportive" and they are willing to offer their assistance in shaping the Queensland child protection system.

To reduce the growing gap between the secondary and tertiary system, an additional level of supports and services needs to be developed across the Queensland child protection landscape. The designed conceptual model proposes the creation of an Intensive Targeted Secondary System in which intensive family support services (IFSS) and family preservation services (FPS) can exist to address the increasing numbers of children in out of home care, including the over representation of Aboriginal and Torres Strait Islander children.

We must acknowledge the explicit and implicit barriers to reform. Failure to do so will result in a further generation of children and families suffering the impacts of a failing system as identified in the 2004 CMC Report. The challenges for the implementation of such a model are huge, but far from insurmountable. A political and public will must be established in order to challenge the hearts and minds of all of us, for *we are the system*.

Since returning from my Churchill Fellowship, I am no longer a dreamer to think there are systems willing and able to protect children and support families; I am a believer.

The time to *Imagine* is over; it's now time for action.

***"It's not enough that we do our best; sometimes we have to do what's required"***

**Sir Winston Churchill**



## **Recommendations**

In these times of austerity, the child protection sector is currently experiencing significant challenges, however, there are also multiple opportunities presented to shift resources to achieve better outcomes for children and families. The most challenging changes are not the most costly either; they are to do with the hearts and minds of the people.

The following recommendations are made in consideration of Aboriginal and non-Aboriginal families and communities. They are designed to create transformational change that reflects the designed conceptual model that protects children, supports families and builds communities. In light of this, my recommendations are as follows:

- Consultation should occur with Dr William Bell and the Casey Family Programs to assist in the development of a plan to re-design the Queensland child protection system. Casey Family Programs have significant experience in working across government and communities to achieve positive outcomes for children.
- As outlined in the Conceptual Model, an Intensive Targeted Secondary System should to be developed across the Queensland child protection sector.
- The Institute of Family Development should be approached to pilot the Homebuilders program in Queensland.
- Multisystemic Therapy (MST-CAN) should be approached to once again pilot the MST-CAN program in Queensland. Dr William Bor, Kids In Mind, Mater Hospital, Brisbane Queensland, has extensive knowledge of the program and is a valuable contact.
- Core Assets should be approached to pilot the Edge of Care program in Queensland. Mr Robert Ryan is the Director of Key Assets in Queensland and can progress discussions.
- A whole of government response to child protection should be trialled using a co-located multi-disciplinary team who share case management of families across child protection, police, health, disabilities, housing and employment agencies, as with the Springboard and Think Family initiatives.
- Relevant government staff and non-government services should be trained in a range of family-centred approaches, including Resolutions Approach and Functional Family Therapy.
- Professor Sharon Dawe (Griffith University) and Dr Paul Harnett (University of Queensland) should be approached to pilot Parents Under Pressure in the Australian context.
- The Signs of Safety approach to child protection should be implemented across the entire child protection sector, not just the tertiary system, to promote a shift in paradigm from one that is risk averse to one that promotes and builds partnerships with families.

- A trial of the Outcomes Based Service Delivery (OBSD) model should be implemented to link funding of services to achievements and outcomes, rather than inputs and efforts. To be effective, it is imperative that services are provided the necessary resources and autonomy to achieve the desired results.
- Queensland should establish links with the Los Angeles County Department of Children and Family Services to learn about the Prevention Initiative Demonstration Project (PIDP) and consider implementation in trials throughout Queensland.
- Partnerships with the Universities should be established for all programs that are to be trialed to develop opportunities for effective research in family preservation services to be conducted in an Australian context.
- Data should be captured and understood in a way in which the entire system can adapt to address the growth in reports being made to the statutory authority, the rise in children placed in out of home care and the overrepresentation of Aboriginal and Torres Strait Islander children.
- International academic experts with significant experience in systems reforms, such as Professor Jacquelyn McCroskey, Professor Eileen Munro and Professor Andrew Bilson should be approached to assist in the re-conceptualising and design of the Queensland child protection system.

In closing, I wish to once again thank the Winston Churchill Memorial Trust for placing your faith in me and providing me the most wonderful, challenging and rewarding experience of my life.

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