

SUBMISSION TO THE QUEENSLAND CHILD PROTECTION COMMISSION OF INQUIRY

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OVERVIEW OF THE PARENTS UNDER PRESSURE PROGRAM

PROGRAM CONTENT

The Parents Under Pressure (PuP) program is aimed at improving family functioning and reducing child abuse in high risk families with children from birth to 8 years. The PuP program was developed as an intensive, home-based intervention based on three key models that have informed our thinking around how to improve family functioning. The program is based on *attachment theory* in which the quality of the relationship between the primary carer(s) and child help provide a critical foundation for a child to develop a sense of worth. This relationship needs to be one where a child feels safe and nurtured. Primary carers need to know what to do in helping to manage difficult parenting situations so the extensive literature on *behavioural parenting skills* provides the context for explicit parenting skills. However, and crucially for high risk families where there are concerns about current or risk of child maltreatment is a focus on *parental emotional regulation*. The quality of the parent-child relationship and the parent's capacity to provide consistent, and appropriate parenting skills is seen to be dependent upon the parents' ability to understand and manage their own emotional state. We have drawn from contemporary models of emotional management that includes the adoption of mindfulness based strategies to help parents understand and manage their emotions (Harnett & Day, 2008). This is based on extensive evidence that parents involved in the child protection system have a range of problems associated with emotional regulation skills that are generally dysfunctional and are largely the maintaining factor in violence, parental substance use and impulsive actions and punitive parenting practises.

The practice of mindfulness has been integrated into the PuP program as a way of encouraging and supporting parenting to develop an awareness of their emotional states, particularly in relation to their children. It is also used as a way of helping parents connect with their children by being fully present and adopting a non-judgemental accepting attitude when they are with their children.

The PuP program is delivered in the home and embedded within a wider case management framework. It is supported by a Therapist Manual and a Parent Workbook that provides an opportunity for the parent to work through guided exercises that cover a range of different topics. Critically, an individualised approach is taken with each family so that the PuP program is tailored to the unique needs of every family.

EVIDENCE FOR EFFECTIVENESS AND COST EFFECTIVENESS OF THE PUP PROGRAM

The effectiveness of the PuP program has been evaluated in three series of case studies; one with parents on methadone maintenance (Dawe, Harnett, Rendalls, & Staiger, 2003), another with families referred by child protection services (Harnett & Dawe, 2008) and finally for women leaving prison (Frye & Dawe, 2008). A randomised controlled trial (Dawe & Harnett, 2007) compared the effectiveness of the home-delivered PuP program with a clinic-based, brief parenting intervention and standard care in families on methadone maintenance. Substantial changes were found for families receiving PuP in all four reports. Of particular interest in the randomised controlled trial was the finding that child abuse potential significantly decreased in families receiving PuP at 6 months follow up. The average age of the children in the study was 4 years, once again suggesting that targeting families with younger children may be associated with positive outcomes.

The PuP program was also used as the model for family intervention as part of the Queensland Indigenous Alcohol Diversion Program (QIADP) from 2007 – 2012. QIADP is a whole of government response to the over representation of Indigenous people involved in the criminal justice system due to alcohol misuse and to Aboriginal and Torres Strait Islander parents involved in the child protection system. It was designed to reduce the high numbers of Indigenous people who are incarcerated due to alcohol related crime. Just over a third of families who were referred into the Family Intervention Stream completed the PuP program with substantial changes in the nature of orders in place (Harlen, Dawe & Harnett, under review).

Finally, the cost effectiveness of the PuP program was recently calculated based on 2012 costs of the initial randomised controlled trial. The incremental cost of the PuP program was \$8,201 per family. Cost effectiveness estimates were \$41,327 per case of maltreatment prevented for the PuP group relative to comparison. When adding the lifetime expected costs of maltreatment the PuP program becomes cost saving, with an average saving of \$68,926 associated with each case of maltreatment avoided. Results from sensitivity analyses indicated the program is likely to remain cost saving under a range of plausible scenarios (Dalziel, Dawe, Harnett, Siegal, under review).

The PuP program has been independently assessed in two systematic reviews (Asmussen & Weizel, 2009; Cuthbert & Stanley, 2012) as one of the few evidence-based programs shown to reduce child abuse potential in substance misusing families. It was highlighted in the Munro Review (2012) and recently listed by the United Nations Office on Drugs and Crime as an evidence based family skills training program (United Nations Office on Drugs and Crime, 2010).

KEY POINT: External reviews of the PuP program identify it as a strong evidence base.

The Munro Review of Child Protection: Oxfordshire County Council provide an impressive example of how, with partner agencies, it has adopted a range of evidence based programmes¹⁴⁹, including interventions based on social learning theory, Family Nurse Partnerships, Family Group Conferences and **Parents under Pressure**. These types of evidence-based programmes are expensive to set up but there is increasing evidence that, by avoiding the need for looked after children to move to more intensive and expensive placements, they not only provide better outcomes for children and young people but are cost effective.

<https://www.education.gov.uk/publications/eOrderingDownload/Munro-Review.pdf>

The National Academy for Parenting Practitioners, UK: Using the Evaluating the Evidence Scale, a thorough literature search was conducted to identify robust studies evaluating the impact of interventions aimed at parents who misuse substances and their children. The search resulted in 238 studies.....only one intervention -- the **Parents Under Pressure (PUP) programme in Australia** -- met all of the search criteria by demonstrating a positive impact on parent and child behaviour through a rigorously conducted randomised control trial.

REDUCING DEMAND ON THE TERTIARY SYSTEM: A ROLE FOR THE PARENTS UNDER PRESSURE PROGRAM

Early intervention for high risk families has clearly been a key focus for child protection here in Queensland reflecting world wide views and evidence that intervening early is key to reducing child maltreatment. However, determining what such interventions should consist of has been a significant challenge for the child protection system. Families who are identified as high risk or where there is current maltreatment face a number of complex life challenges. Such adversities include parental substances abuse (range of 30-70% of families presenting to child protection services), single parenthood, social isolation. There are high rates of intergenerational trauma, particularly so for Indigenous families, the parents have current mental health issues including depression and anxiety (Dawe et al., 2007). While parenting skills may be a significant problem, teaching parenting skills in isolation from the broader issues in the family is unlikely to have any impact on the quality of the caregiving and parent's capacity to provide a safe and nurturing environment for the child. It will not reduce parental substance use and/or mental health problems or improve living circumstances such as housing. Programs need to have an ecological perspective that ensures that a substantial amount of the intervention is provided within a single case management model. Clearly understanding what additional services may be required is essential. A model of intervention that takes an ecological perspective and thus focuses on multiple domains of family functioning is vital when working with multi-problem families. We propose that the

PuP program is particularly suited for early intervention with high risk families. It was developed in Queensland, and has been successfully adapted for use with Indigenous families. It is currently being trialed across 11 sites in the UK by the National Society for Protection for Children and is the key program component in the Pre birth Risk Assessment project in Oxford, UK. The core principles have cross cultural applicability – the importance of providing a sensitive, nurturing and safe environment for children transcends race, culture and class.

CURRENT USE OF THE PUP PROGRAM IN FAMILY INTERVENTION SERVICES AND REFERRAL FOR ACTIVE INTERVENTION SERVICES

It is not surprising, given the above, that a number of services funded by the Queensland Department of Communities as either Referral for Active Intervention (RAI) services or Family Intervention Services (FIS) have sought out training in the Parents Under Pressure program. As shown in Table 1, there is clearly a desire to adopt a standardized and evidence based program that helps practitioners to support families. The question raised is how effective is the PuP program when it is incorporated into routine practice?

RAI teams	FIS teams	Other Services
Uniting Care Community, Bangelow	Community Support Centre Innisfail Inc	MAMU Health Mums and Bubs Program, Innisfail
Family Steps Program Inala	Family Intervention Service (FIS), Uniting Care Community, Mackay	Mercy Family Services, Goodna
Inala-Goodna Referral for Active Intervention, Mission Australia	Kummara Association Inc. Brisbane	Mercy Family Services Toowoomba
Ipswich Referral for Active Intervention, Mission Australia	Family Intervention Service, Lifeline Darling Downs, Charleville	Tully Support Centre, Inc.
	Anglicare Souther Queensland, Roma,	Community Support Centre, Innisfail

We have investigated this in one student project undertaken by Dr Libby Quinn under the supervision of Professor Sharon Dawe (Quinn, 2010, DPsych dissertation, Griffith University). This study was undertaken in collaboration with the Referral for Active Intervention service at Mission Australia, Ipswich from June 2009- 2010. Forty families referred to the RAI service took part. To evaluate the effectiveness of the service, change on measures of child protection statutory involvement, and child (SDQ) and adult (DASS) functioning at pre-treatment, post-treatment (4 months), and finally at follow-up (8 months) was assessed. Importantly, treatment adherence noted by both participants and therapist was also monitored.

KEY POINT

The PuP program is associated with improvements when delivered by family support workers in RAI services. However these gains are not maintained when support is only provided for four months.

The findings were mixed. First there was strong support for the program by the Family Support Workers employed in the team. Fortnightly supervision was provided by Dr Quinn as part of her project and clinical placement and treatment fidelity was measured for each family to ensure that PuP was being delivered as it should be. Thus, in this project we can be sure that the implementation of PuP was in accordance with best practice guidelines from the implementation science literature.

There was a significant improvement in both maternal and child functioning observed at post-treatment. However, at 8 month follow-up assessments, many of the families had deteriorated leading to the conclusion that short term treatment of 4 months is associated with an initial gain but is not sustained. These findings suggest that in order for these at-risk families to maintain the positive changes made during treatment, they may actually require a family support service that extends to at least 6 months. These findings are strikingly consistent with the findings of the review undertaken of RAI services by the Department which concluded that: *most families required at least six months of intervention with Aboriginal and Torres Strait Islander families showing that a three month engagement was least effective* (Chapter 3, page 41).

EXTENDING THE PROVISION OF SERVICES

There was a strong statement from non government agencies that there needs to be a clear expansion of services including both intensive family support services as well as services such as the RAI services that played a preventative role for high risk families. We would propose that in addition to extending the number of services, that the Department also takes head of the growing focus on the use of evidence based practice. Importantly, this means not simply that there is evidence that a program is effective but that there is a closer look at who the program was effective for. In other words, is there any evidence that introducing a program that has an evidence base in one context will also be effective in an entirely different context with a different population.

CHALLENGES ASSOCIATED WITH IMPLEMENTATION

We would like to advocate for a cautious and considered implementation plan for further adoption or roll out for any program, including the Parents Under Pressure program. There is a growing science of implementation that has highlighted the critical processes needed to support taking programs to scale. Simply identifying practitioners and providing training is not likely to result in a program that is sustained, is delivered as it was originally intended to be delivered and may not even be remembered 10 years later. However, we have growing evidence that when there is high quality implementation, program success can be substantially improved. Simply training a large cohort of practitioners and expecting this to translate to good clinical outcomes does not occur. Indeed in the most recent roll out of an evidence based program, Triple P, 1027 practitioners in NSW were trained in the program. However, “only 60% of trained practitioners had started delivering courses and only one third were delivering the expected number of courses ... per year” (Nexus Management Consulting, 2011). Notably, the implementation had only just reached 14% of the expected reach, p. 20). These data do not reflect on the program itself, there was good evidence that for those families where Triple P was delivered, there were substantial improvements in children’s behavior. It does, however, highlight that implementation requires considerably more than simply training staff. The five key ingredients identified in the Implementation Science literature are (i) preservice and inservice training, (ii) ongoing coaching and consultation, (iii) staff evaluation, (iv) decision support data systems, (v) facilitative support and systems interventions (Fixsen, Blase, Naoom, & Wallace, 2009).

KEY POINT:

In order to maintain effectiveness, evidence-based programs need to be embedded within a structured implementation support process that ensures, amongst other factors, that the program is delivered with fidelity.

Good implementation is also associated with a reduction in staff turnover. Staff turnover is notoriously high in child and adolescent services where annual turnover rates can exceed 50%. It is notable that in one major study of implementation within the child welfare field, staff who received training in an evidence based program and who continued to receive ongoing support to ensure that the program was being implemented with fidelity had lower staff turnover than those either just trained in the program or who were providing services as usual (Aarons, Sommerfield, Hecht, Silovsky, & Chaffin, 2009). These studies and others from the Implementation Science field can guide the development of systematic and rigorous evaluations of innovations in the field of child protection in Queensland.

RECOMMENDATIONS

RECOMMENDATION 1.

Extending early intervention and prevention services is a wise and cost effective process and the recommendations of the interim findings of the Commission are in accord with a wide ranging literature on the prevention of child maltreatment. We endorse this view and strongly argue for an extension to services.

RECOMMENDATION 2.

Careful consideration should be given to the way in which such services work and in particular the selection of programs that have evidence of effectiveness with the population for which the program is being used. We propose that one such program that has a strong evidence base for high risk families, particularly where there is concurrent parental substance abuse, is the Parents under Pressure program.

RECOMMENDATION 3.

The duration of programs needs to be carefully considered with growing evidence that intensive family support for high risk families requires small case loads and at least 6 months of intervention.

RECOMMENDATION 4.

The implementation of PuP, or any other evidence based program, needs to be undertaken with careful attention to the science of implementation and not simply adopt an approach to large scale roll out and training without attention to treatment fidelity and organizational support for the sustained implementation of programs.

RECOMMENDATION 5.

Work force development and work force retention should be considered when designing any evaluation of the implementation of PuP. Cost effectiveness needs to be built into implementation endeavors, ensuring that both family outcomes and the cost associated with reductions in child maltreatment are carefully calculated. Additional focus should be included on staff turnover with cost offsets included in economic evaluation. This requires considerable investment of time, expertise and money but is essential to the effective restructuring of the child protection system in Queensland.

HOW TO IMPROVE DECISION MAKING: INVESTIGATING AND ASSESSING CHILD PROTECTION REPORTS

The second part of our submission addresses the issues relating to the complexity of decision making in child protection, reviewed in Chapter Four of the Commission's discussion paper. We pay particular attention to the confusion that appears to surround Structured Decision Making tools and argue that greater emphasis must be placed on the concept of 'capacity-to-change'. We note that many submissions to the Enquiry have argued for more 'holistic' assessments and greater reliance on 'professional judgment'. We address this issue by presenting a case for the training of child protection workers in an Integrated Framework (Dawe & Harnett, 2013; Harnett & Day, 2008) for guiding needs assessment and the assessment of capacity-to-change. We provide specific recommendations on how these constructs can be integrated into the child protection system.

THE DECISION MAKING FRAMEWORK: LIMITATIONS OF THE STRUCTURED DECISION MAKING PROCESS

Structured Decision Making (SDM) tools adopted by Child Safety in Queensland are designed to be used at multiple points in the child protection continuum: at intake, at the investigation and assessment phase, and when providing intervention. Much of the criticism leveled at the SDM tools concern the reliability and validity of these tools to estimate risk, but with little discussion on how this will vary at the different points of involvement in the family.

There is evidence that SDM tools play an important role in the initial stages of an investigation when there is a high level of uncertainty due to limited information about a family (Barlow et al., 2012). Barlow et al. (2012) concluded that SDM tools were better than professional judgment in the early stages of an assessment, but beyond the initial phase of investigating a notification, the role for child protection agencies must be aimed at *reducing uncertainty*, which in practical terms means being proactive in gathering the information about the capacity of parents to provide a safe and nurturing environment for their child. While children may be placed in out of home care on a very short-term basis based on the initial SDM assessment, the usefulness of the initial SDM assessment is short (perhaps in the region of 72-96 hours) after which a more through assessment of the family's capacity to meet the needs of their children is vital in making decision on children's longer-term placement. This is because the initial SDM assessment tool is designed to make decisions in the context of high uncertainty, but not reduce that uncertainty and should not be blamed for the increase in the numbers of children in care. These points are addressed in some detail by

Harnett and Day (2008) who argue that greater attention must be placed on pathways for families to exit the child protection. This raises the separate issue of how well SDM assists in decision making in the latter stages of an assessment. The ‘needs assessment’ component of SDM may provide some guidance on the information that should be obtained in order to make a decision regarding the future functioning of the family. However, SDM tools that use actuarial based algorithms to predict the likelihood of future harm based on a standardised set of data are limited to the extent that they fail to assess a family’s capacity to make changes in the specific areas of family functioning that have been assessed to be problematic for that individual family.

KEY POINT:

Structured Decision Making tools play a key role in the early part of assessment where there is a need to ascertain current level of risk. They do not however assess a family's capacity to change, and therefore have limited utility beyond initial risk assessment.

ASSESSING CAPACITY TO CHANGE

Harnett (2007) described a procedure for assessing parental capacity to change in a child protection context. The aim of the capacity-to-change assessment procedure is to directly assess the extent to which the parent's have the motivation and ability to move towards a minimal level of parenting and to clarify the level of further intervention and support that would be needed to eventually achieve and maintain a minimal level of parenting. Harnett (2007) argues that cross-sectional assessments of families often identify both risk and protective factors and are thus equivocal in their conclusions regarding the capacity of the family to meet the needs of their children. Under conditions of uncertainty it is well documented that decisions will be biased – either towards a family preservation bias (leaving a child in an unsafe family) or towards a child protection bias (distress caused by removing a child from a safe family; Barlow et al., 2012). An assessment of capacity to change is aimed at reducing uncertainty about a family, which is the only means of improving the accuracy of assessments in child protection (Barlow et al., 2012).

The essential components of the capacity-to-change assessment procedure are:

- 1) a cross-sectional assessment of the parents' current functioning,
- 2) specifying targets for change derived from an assessment of current strengths and deficits in the family,

- 3) implementation of an intervention with proven efficacy for this client group with a focus on achieving clearly specified targets for change, and
- 4) objective measurement of changes in parenting.

The emphasis of Harnett's (2007) procedure for assessing capacity to change on identifying goals for change and monitoring goal attainment is important in involving parents in the assessment process. The procedure avoids a 'deficits approach'; rather it emphasizes the influences on the family that is making parenting difficult (which may include financial and housing problems and/or parental substance misuse or other mental health problems etc). Parents are encouraged to acknowledge that changes in these areas of family life should be made and offered support to achieve the goals set. Critically, parents are given the message that goal attainment will be important information in the decision making process. These principles of engaging families draw on the Family Partnerships approach developed in the UK (see Harnett & Day, 2008).

KEY POINT:

There is increasing evidence to suggest that a central component of case planning and the provision of continuing services should be an appraisal of parents 'capacity for change' (Barlow et al., 2012).

THE ISSUE OF 'PROFESSIONAL JUDGEMENT': THE IMPORTANCE OF AN INTEGRATED FRAMEWORK TO GUIDE ASSESSMENT AND INTERVENTION

Many submissions to the enquiry recommend greater acknowledgement of the role of 'professional judgment' and the importance of 'holistic assessments'. We agree that these concepts are of vital importance but are concerned that they have not been sufficiently defined. We argue that a skill that has not been sufficiently developed as part of professional development is the ability to develop a theoretical sound case conceptualization. A case conceptualization is the process of 'making sense' of data available to a practitioner. It addresses the issue of *how* and *why* identified risk and protective factors operate to promote or hinder a child's development with reference. Case conceptualisations should be grounded in a theoretically and empirically sound framework for understanding child development and family functioning. This guides the process of gathering the most pertinent data, highlights what *needs to change* for the family to meet the developmental needs of the children, leads to a plan for intervention, and is essential for specifying clear defines goals that the family will need to achieve to positively influence permanency decisions.

The Integrated Framework was initially developed as part of the PuP program but is also proposed to be a model that can be used for assessment. Thus, alternative programs and processes may be used within the Integrated Framework. We propose that training in the integrated framework would provide a shared language for practitioners involved in different aspects of the child protection decision making process.

KEY POINT:

Professional judgment has been identified as an important component of decision making in child protection. However, what constitutes 'professional judgment' has not been clearly defined. The skill to develop a case conceptualisation is suggested as the essential component of 'professional judgment' and that training in a theoretically sound framework for understanding child development and family function is essential for the child protection workforce. The Integrated Framework is suggested as one model that could be adopted to make sense of the complexity of child protection cases and could provide a common language amongst professionals.

RECOMMENDATIONS

RECOMMENDATION 6.

That the strength of SDM tools at the initial stage of risk assessment be recognized along with the limitations of these tools in the latter stages of the assessment process; specifically that SDM does not assess 'capacity to change' This leads to the recommendation that child protection practitioners be trained in skills for assessing capacity to change, such as the framework presented by Harnet (2007).

RECOMMENDATION 7.

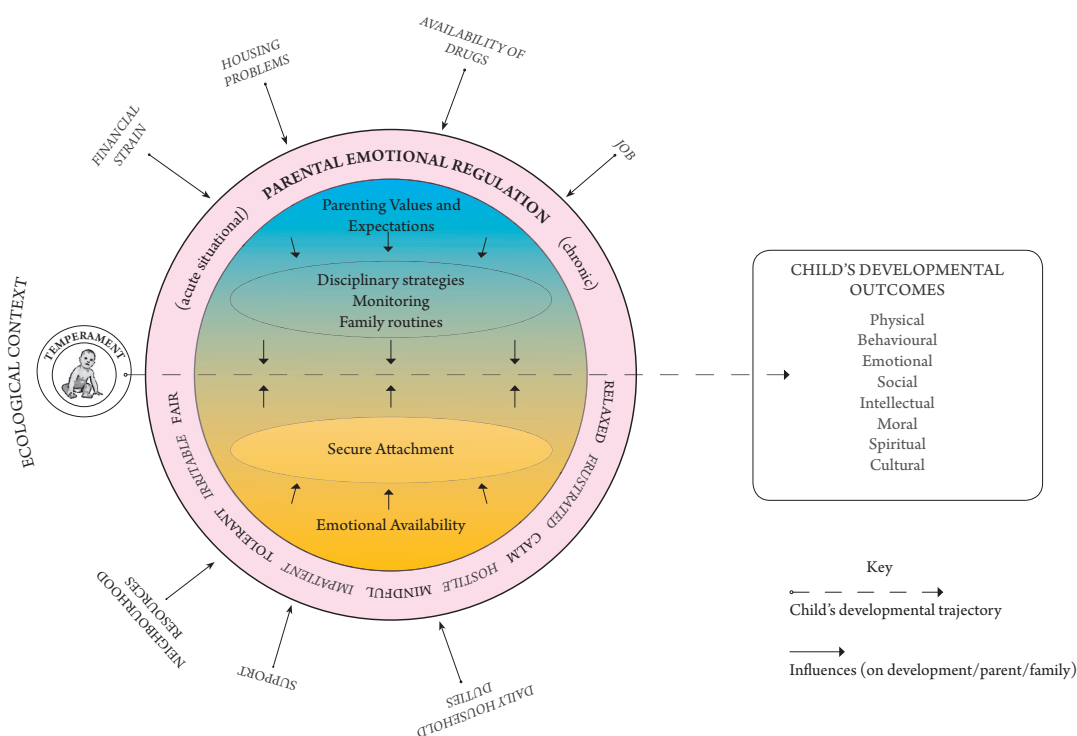
A greater emphasis should be placed on professional judgment, which we define as skills in developing a case conceptualisation to assist in assessment, intervention planning and assessment of capacity to change. That training in the Integrated Framework (Harentt and Dawe, 2012) would provide a shared language and approach for both child safety and family support services, would lead to better assessments that are conducted over a time period of some months and that compliment and extend the information obtained from SDM tools.

RECOMMENDATION 8.

Any major system change needs to be undertaken with a view to the importance of determining effectiveness. There is a developing understanding of the ways in which significant system change can be measured and the impact of such change on organizations, practitioners within the organizations and the families receiving the service can be measured. Such processes are essential to the future development of child protection services in Queensland and would represent international best practice.

APPENDIX 1: OVERVIEW OF INTEGRATED FRAMEWORK

It is not uncommon for practitioners to feel overwhelmed by the number of problems in the lives of the families they are asked to help. To make sense of what feels like a chaotic and complex interplay of forces intrinsic and extrinsic to the family's current situation, we developed the Integrated Framework (Harnett & Dawe, 2012). This practice framework, informed by existing models of child development and family functioning (Cicchetti & Cohen, 2006; Sameroff, 2010), moves beyond simply identifying the presence of risk and protective factors, to articulating *how* and *why* specific risk and protective factors are important for a particular family. For example, it is easy to assess that a family is experiencing considerable financial and other life stressors, that the parents employ poor coping strategies to solve difficulties, maybe experiencing problems with low mood or other severe mental health issues, and are abusing substances. What is more difficult, but essential, is understanding how these factors interact and operate to reduce a parent's capacity to meet the needs of the children in the family.



The Integrated Framework integrates information obtained from talking to families, the results of assessments using self-report measures, and observations of the quality of the parent-child relationship and the child's home environment. The aim of the assessment is to identify the key issues that are likely to impact on child outcomes. These issues are used to

define clear and measurable goals that represent the changes a family will need to make in order that their children have the best chance of achieving their full potential.

The underlying principle of the Integrated Framework is that a healthy parent-child relationship is essential in promoting a child's development. An extensive research literature has demonstrated responsive, sensitive, nurturing caregiving from a primary carer is essential for good child outcomes (see Chapter 3). The early years, indeed months, matter greatly and lay the foundation for the development of self regulatory skills in early childhood and an understanding of relationships across the life span (Slade, 2005). Parents who are able to provide an optimal caregiving environment are able to tolerate and contain an infant or young child's extreme fluctuations in emotions. This, in turn, allows a child to feel safe in expressing these emotions. Sensitive and responsive parents structure the environment with predictable routines and consequences to help the child organise their behaviour and emotions. They are able to show genuine warmth and nurturance that allows the child to feel loved, and present opportunities and scaffolding to promote cognitive and physical development. However, the extent to which a parent is able to provide an optimal caregiving environment is dependent on a range of factors that are both intrapersonal and situation specific. The Integrated Framework provides a model in which these various influences can be clearly articulated and both the strengths and areas of difficulties in different domains can then be viewed as potential focal points for intervention

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