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The Alfred Felton Research Program

Promoting Safety and Well-Being for Children, Young People and Families

THE UNIVERSITY OF MELBOURNE

Submission to the Protecting Victoria's Vulnerable Children Inquiry, 2011

ISSUE: THE NEED FOR A NEW APPROACH TO EXCLUDED FAMILIES

RELEVANT TERMS OF REFERENCE:

1. The factors that increase the risk of abuse and neglect occurring, and effective preventive strategies.

3. The quality, structure, role and functioning of: family services; statutory child protection services, including reporting, assessment, investigation procedures and responses; and out-of-home care, including permanency planning and transitions; and what improvements may be made to better protect the best interests of children and support better outcomes for children and families.

a. Family services

3.3 What are the strengths and weaknesses of current services designed to assist families who are at risk of becoming involved in the statutory child protection system (for example Child FIRST)?

SUMMARY OF RECOMMENDATIONS:

Major recommendation: That the Department of Human Service develop a new strategy for effective intervention with excluded families, that is, those with entrenched, intractable, multiple, serious, and complex problems which appear across generations.

Goals

- Early intervention, assertive engagement and cycle-breaking

- Meet survival needs

- Initiate and embed safe and positive family organisation and processes

- Build positive social networks to sustain family life

- Promote social inclusion

Prevention

- Whole of government provision at state and federal levels to ensure the prerequisites of successful family life: health and welfare services, education, housing and full employment.

Early intervention and remediation

- Development of a specific service designed to meet the needs and change the destructive trajectory of excluded families. This can serve the purpose of **both** early intervention for excluded families and their children to prevent patterns of re-notification and to prevent the children of today forming the subsequent generation of excluded families as adults, and of tertiary intervention with respect to children already suffering harm.

A program model is proposed:

- Intensive casework and case management with small caseloads of five excluded families per worker

- Specialist clinical assessment and therapy

- Specialist educational assessment treatment and enrichment services for children and educationally disadvantaged adults in excluded families

- Specialist training and employment service

- Centre based activities focussed on child development, parenting, social activities, reduction of social isolation and community development

- A social network builder to reduce social isolation – including development of existing networks, mentoring and establishment of other substitute networks, and linking into normative sporting and cultural activities in the community

- Close links to homelessness, family services, substance abuse, family violence and mental health services, and a whole of government 'joined-up' approach to service provision from the policy to service delivery levels.

Introduction

We want to draw the attention of the Inquiry to the plight of a particular subset of client families who repeatedly cycle through the full range of services being examined by the Inquiry: family services, family preservation, placement prevention and reunification services, child protection and out of home care services. We call these families 'excluded families' (Tierney, 1976). Our research suggests that they form about 10-20% of the families in family services (Mitchell, 2008) and a much higher proportion of those whose children are notified (and especially re-notified) to child protection, and enter into the out of home care system. One piece of research suggested about 3/5 of families in a Parent Assessment and Skill Development service were excluded families (Mitchell, 2002). An evaluation of a crisis accommodation unit for families found that about half of a small sample were excluded (Mitchell, 2009). A piece of research on street working prostitutes in St Kilda (some with children) suggested 45 of 46 women on whom we had adequate data, of a full total of 65 women, were in or from excluded families (Mitchell, 2000).

Our main argument is that excluded families provide a disproportionate number of our failures in all these services because services are based on an insufficient understanding of them, and accordingly, are not tailored to their needs. Not only do we fail with this current group of excluded families. In doing so, we fail to prevent their children becoming the parents of the next generation of excluded families. If we really want to reduce the number of children entering child protection and out of home care services now, and in future generations, we need to break the patterns of exclusion and help excluded families to become fully participating and included members of our society.

Our submission argues that:

- First, excluded families need what all families need, and the first defence as for any vulnerable family is secure income through stable employment; stable, adequate and affordable housing in child and parent supportive communities, and accessible and affordable health and mental health care, including non-stigmatising treatment and rehabilitation for parental substance misuse.

- Second, our understanding of prevention and early intervention needs to be expanded to consider, not just those who are at the beginning of the road of being involved in child and family welfare services, but also effective intervention, at the earliest possible point for excluded families, to protect children in excluded families and to prevent the next generation of excluded families. Critical to this early intervention is identifying those families who are extremely socially isolated, and materially, culturally and socially impoverished.

- Third, there are known practice and program models of effective intervention with excluded families, and we need to articulate, adopt and implement these models.

This submission is based on practice experience, practice-based research and program evaluation and academic research spanning 50 years of research in a number of Australian community service organisations in homelessness, family support, and family preservations and reunification services (Tierney, 1976, Mitchell 1995, 2000, 2002, Mitchell *et al* 2008; Mitchell *et al* 2009; Tierney & Campbell, 1993; and Campbell *et al.* 2002). This research combined has yielded data on well over 1000 families and more comprehensive data on more than 700 of these. The studies employed mixed methods, including intensive comparative case studies (71 to date).

Building on initial work and conceptualisation by Tierney (1976), we have developed a particular understanding of excluded families. This understanding is expounded in Tierney (1976), Mitchell (1995), Mitchell (2009) and Mitchell & Campbell (2010). The understanding has been further explored, developed and tested through more recent literature review work,[1] and practice and research in a number of child welfare organisations in Melbourne.[2] It has also been scrutinised through a study tour in the United Kingdom,[3] and follow-up literature review of evaluation of one major program initiative, the Family Intervention Projects of the Task Force on Social Exclusion in the UK, to break the cycle of exclusion and disadvantage.[4] All points and recommendations in the submission are grounded in these sources, so they will not be cited specifically for every point made.

Defining excluded families

Excluded families have entrenched, intractable, multiple, serious and complex problems which appear in the families across generations. They are currently locked in intergenerational patterns of exclusion. Excluded families demonstrate limited competencies according to normative community expectations, with family competencies being centred on individual or family survival.

A brief description of excluded families is provided in Table 1.

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[1] For example, (Giddens, 1984), (Dillane, Hill, Bannister, & Scott, 2001) (Beck & Willms, 2004), William Sewell in (Spiegel, 2005), (Sen, 2001), (Sen, 2006), (Sen, Nussbaum, & World Institute for Development Economics Research., 1993), and (Sen, Shiva Kumar, & Fukuda-Parr, 2003) and (Nussbaum, 2000), (Munro, 2005a), (Munro, 2005b), (Parton, 2006), and Norma Baldwin (Spencer & Baldwin, 2005), (Whittaker, 2006), (Miller, 2007), (Miller, 2007b).

[2] Canterbury Family Centre, MacKillop Family Services, Sacred Heart Mission, Connections UnitingCare, Odyssey House, Orana UnitingCare and Wesley Mission Victoria. See (Mitchell, 2000), (Mitchell, 2002), (G. Mitchell, Sonia Russell, Fredda Greg, Patricia Mamonski, Alison Lipkevicius and Caroline Lovell, 2002), (Mitchell, 2008f), (Mitchell, Hutchinson, Smart, & Wassle, 2008b), (Mitchell & McNamee, 2001), (Mitchell & Sheehan, 2003), (Mitchell & Smart, 2008g) and (Mitchell et al., 2003), (Mitchell, Pollock, & Farquhar, 2009).

[3] One of the authors of this submission (Mitchell) undertook a tour to agencies working with, or academics specialising in, families who matched the description of excluded families (although this name was not used by the services or academics to describe them). The focus of all discussions was understanding and providing the best service to families with multiple, entrenched, serious, intractable, and chronic problems where children were at risk of being removed from their parents. The seven agencies were The Family Alcohol Service, 88-91 Troubeck St London, NW1 4EJ, Children and Young People's Services, London Borough of Hackney, 205 Morning Lane London, E9 6JX, Southwark Children's and Youth Services, Summer House, Summer Rd, London, SE15 5QS, Southwark Family Intervention Project, 1 Bradenham Close, Walworth SE17 2QA, Heshima Family Support Centre, 2 Coxwell Rd, Upper Norwood, London, SE19 3BG, Bow Family Intervention Project, 12 A Norman Gve, Bow, London, E3 5EG, and Circle, 18 West Pilton Park, Edinburgh, EH4 4EJ. Three academics were visited: Mark Smith, Lecturer in Social Work, School of Social and Political Sciences, University of Edinburgh; Professor Emeritus Norma Baldwin, University of Dundee; and Dr Eileen Munro, Reader in Social Policy, Department of Social Policy, London School of Economics.

[4] See (Parr, 2008) and (White, Warrener, Reeves, & Valle, 2008)

Table 1: Characteristics of a sample of excluded families (source, Mitchell and Campbell, 2011)

Range of problems	Indicators of complexity	Informal network	Formal network
• Family violence • Sexual abuse • Substance abuse • Poverty • Social isolation • Educational disadvantage • Mental illness • Severe problems in parenting (Commonly, many of these problems appear in each excluded family)	• Multiple, serious, entrenched , chronic and interacting problems at multiple levels – individual, family and environment • Complex family structures and processes • Long histories of contact with Child Protection as parents • Experiences of multiple trauma	• Difficulties persist across at least three generations • Parental history of childhood abuse and neglect with or without placement • Problems with the informal world of friends and relations : weakened or blurred boundaries, or cut off and extreme isolation	• Exclusion from services • Family members resisting contact with services. • Interventions from services which fail to provide consistency, connectedness or stability to parents or children, and fail to address their problems
		• Isolation and cut-off from mainstream community life.	

The defining feature of this group of families is that of exclusion from mainstream society. Processes of exclusion are clearly identifiable in these families and contribute to social networks that, over time, have become severely compromised, and which perpetuate the processes of exclusion.

Some of the points and solutions pertaining to excluded families are particularly relevant to some Aboriginal families struggling to raise their children effectively. The understanding of excluded families has been shared with the Central Australian Aboriginal Congress Targeted Family Support Service (TFSS) in two training days in 2009 and 2010. Workers with families who have experienced the Stolen Generation, and who continue to face factors such as severe poverty, neighbourhoods of violence in the Town Camps of Alice Springs, high levels of substance abuse and family violence, and entrenched racism and structured disadvantage, have reported that they found the premises of the understanding of excluded families presented in this submission to be very helpful.

The prevention of exclusion

Inquiry Question 1. The factors that increase the risk of abuse and neglect occurring, and effective preventive strategies.

In our introduction we noted that excluded families need what all families need. Accordingly, we emphasise the importance of the basic social infrastructure to support positive parenting if the pathways to exclusion are to be prevented. Change is needed in political, economic and social structures that make it hard for families to successfully rear children. Specifically: reduce poverty, increase pensions, reduce homelessness and increase housing affordability for those on low incomes (which will simultaneously increase disposable income for poor families) and increase employment rates to full employment.

Since the causes of difficulties for excluded families are seen as a question of interaction between social, family and individual factors, we argue that cycles of disadvantage will only be broken through intervention at individual, family, community and societal levels. Change is needed at all levels through a whole of government approach within Victoria and in concert with federal efforts.

At State level, our critical shortage of secure, adequate and affordable housing for low income people, located in nurturing communities close to sources of help, is one of the priority areas to be addressed for primary prevention. The State jurisdiction also has influence over access to affordable public transport; inclusive child care and early childhood programs; flexible and responsive educational and vocational training opportunities; and the responsiveness to children's needs of mental health, alcohol and drug and family violence services.

In addition, we draw attention to *the prevention of patterns of exclusion being passed from one generation of excluded families, to the next*. Our argument is that, if, as a society, we want to reduce the incidence and negative impact of child abuse and neglect in Victoria, we need to target this specific group of families who contribute such a large number of children every year into the child and family welfare field. Members of these families are also frequently found in the juvenile and criminal justice systems. They also use a considerable proportion of homelessness, substance abuse, family violence and physical and mental health services. Although no widespread count of these families has been undertaken, our suggestion is that they consume a huge proportion of resources of all these services. This is all the more worrying because they are the group with our highest failure rate.[5] That is why we argue that we have to spend money up front, change our approach and achieve success in changing the families, their behaviours and the environments that perpetuate and create exclusion.

In general, early intervention and prevention services tend to be tailored to families who need less intensive and shorter term interventions, but we suggest that the program recommendations below need to be seen not only as remedial interventions within family services, but also as preventive interventions for the next generation. This is so even if the family has already come to the attention of the protection and care system. The threatened or actual entry of children to out of home care is a critical moment for excluded families. It is a profoundly demoralising moment for parents, often affirming their own childhood experiences and their current social exclusion. If they detach from those children and from the service system surrounding them, the exclusion is perpetuated and exacerbated, with significant negative effects for parents, the children in care and children subsequently born to or entering the family or household. Thus, even when children require sustained or permanent out-of-home care, developmental services to the whole family are crucial in breaking the cycle of exclusion.

Recommendations:

- Whole of government provision at state and federal levels to ensure the prerequisites of successful family life: health and welfare services, education, housing and full employment.

- Ensure secure, affordable housing for those on low incomes.

- Provide affordable public transport.

- Ensure inclusive affordable and accessible child care and early childhood programs.

- Promote flexible and responsive educational and vocational training opportunities.

- Improve the responsiveness to children's needs of mental health, alcohol and drug and family violence services.

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[5] See Mitchell, 2008. This study showed that excluded families had the highest rate of failure to engage of all groups of families studied in this evaluation of a family services program. The evaluation also showed that some workers were able to effectively engage excluded families, but that program models in family services were inadequate to meet the needs of this group of families.

The role of family services with excluded families.

Inquiry question 3. The quality, structure, role and functioning of: family services; statutory child protection services, including reporting, assessment, investigation procedures and responses; and out-of-home care, including permanency planning and transitions; and what improvements may be made to better protect the best interests of children and support better outcomes for children and families.

a. Family services

3.3 What are the strengths and weaknesses of current services designed to assist families who are at risk of becoming involved in the statutory child protection system (for example Child FIRST)? [and all sub-questions]

Family Services (including Child FIRST) are a logical focus for efforts to improve service to excluded families, since many arrive here via Child Protection or community referrals, and they consume considerable family service resources through repeated service episodes or failed efforts to engage them. We wish to emphasise that great gains that have been made over the last 30 years in helping all kinds of families with problems of parenting. This includes development of the Enhanced Maternal and Child Health Nurse service, expanded family support services and the Child FIRST network of services, introduction of family preservation services such as Families First, and placement prevention and reunification services to families (where they exist), and Parent Assessment and Skill Development Services. Excellent workers in these programs have been able to help excluded families where they can be engaged with services. Gains have included expansion of worker skill in teaching parenting, in helping parents overcome substance misuse, in helping women who have experienced family violence, and in treating the effects of trauma in parents. Gains have also been made in helping children with the effects of child abuse, neglect, and a variety of trauma associated with coming into care, including therapeutic interventions such as Take Two, and therapeutic care (although this is not widely enough available).

Despite these considerable gains, for many excluded families the field has not been able to:

- Engage and maintain engagement with families, and in particular engage and work effectively with the men (they remain the most elusive and most difficult to help, yet their influence is crucial to the overall family wellbeing and the safety of women and children);

- Change the environment of the families: e.g. reduce levels of poverty; reduce social isolation; improve access to education employment; ensure affordable housing;

- Change patterns in the families themselves which perpetuate the exclusion, so that they can join mainstream community activities and services without always being defined as "other";

- Address the consequences of educational disadvantage of the adults in excluded families, by ensuring appropriate education, training and socialisation so that they are equipped to join and remain in the workforce;

- Ensure that their children are enriched with developmentally stimulating and nurturing preschool care, and preschool education;

- Ensure that their children are ready for school and that they succeed, socially and academically at both primary and secondary school levels, so that they are able to move out of the behaviour and patterns and environments of exclusion in their own lives.

These gaps occur in large part because services are designed for shorter term needs: intervention is largely episodic. Discontinuous service encourages families in their stance of distrust and withdrawal from services, and perpetuates patterns of waiting for crises to occur before help is sought or imposed. The basic casework/case management model is also private and inward looking in nature. There is over-reliance on the use of formal counselling

and practical services to the exclusion of attention to the everyday long-term sources of informal support and social connection to help families maintain the gains they make during the service episode. Families who have become excluded already have entrenched, serious and multiple problems that require intensive intervention over a long period of time (often years) to undo the effects of exclusion, develop motivation and teach skills necessary for a life of inclusion. Very few existing services have the tailored, flexible and intensive services needed by excluded families. This could be redressed through development of specialist services located within existing Family Services, or within some homelessness, substance abuse or family violence services, to families who are already excluded.

Recommendation: A specialist service for families who are already excluded

It is recommended that the Department of Human Services develop with the Community Sector a specific service designed to meet the needs and change the destructive trajectory of excluded families. This can serve the purpose of **both** early intervention for excluded families and their children to prevent patterns of re-notification and to prevent the children of today forming the subsequent generation of excluded families as adults, and of tertiary intervention with respect to children already suffering harm.

A program model is proposed:

- Intensive casework and case management with small caseloads of five excluded families per worker

- Specialist clinical assessment and therapy

- Specialist educational assessment treatment and enrichment services for children and educationally disadvantaged adults in excluded families

- Specialist training and employment service

- Centre based activities focussed on child development, parenting, social activities, reduction of social isolation and community development

- A social network builder to reduce social isolation – including development of existing networks, mentoring and establishment of other substitute networks, and linking into normative sporting and cultural activities in the community

- Close links to homelessness, family services, substance abuse, family violence and mental health services, and a whole of government 'joined-up' approach to service provision from the policy to service delivery levels.

This service should be targeted to at least 10% of the Family Services Client group as a beginning (but to a greater proportion of families already within the child protection or out of home care systems). The program model is spelt out in Table 2.

Table 2: Objectives and components of an integrated service to meet the needs of excluded families and reduce entry to child protection and out of home care in this generation of children and especially, in the next.

Objectives	Program components
Early intervention, assertive engagement and cycle-breaking	Case finding/referral systems with defined criteria prioritising high risk infants; families with multiple referrals and notifications of several children in the family, multiple notifications for neglect, where out of home placement is likely unless intervention occurs; and adolescents in/with a history of care having their own children.
	Evidence-based engagement strategies with whole family focus, determination to engage and work with men in the families, and a strengths and competency based approach, despite multiple, chronic and entrenched problems.

Meet survival needs Meet survival needs, especially in relation to income and housing Establish and monitor safety plans for children and adults	Direct casework and case management with other specialist services focussed on threats to family integrity and survival: child protection, mental illness, substance abuse, criminality, homelessness, family violence, parenting problems, and the effects of past trauma. UK experience demonstrates that close links at the service delivery end need to be supported across the continuum of responsibility of enactment of policy, from the highest governmental and departmental levels, to the lowest.
Initiate and embed safe and positive family organisation and processes Change patterns in the family system that relate to family violence, mental illness, substance abuse, negative effects of trauma, patterns of abuse and neglect, failure of parents to take up adult parenting roles, and leadership of the family, children in anomalous roles.	Parent, child and relational counselling and education focussed on parenting practices, positive emotional connectedness, family routines and mutually rewarding activities, and flexible but appropriate roles and boundaries between the family members and the family and others in its environment. Specialist clinical assessment and therapy – for children and adults in the family – both individual and family therapy, with the capacity to address recovery from substance abuse, and the effects of family violence, physical and sexual abuse, and other trauma, and to remedy negative impacts on individuals of lives of exclusion.
Build positive social networks to sustain family life Reduce social isolation, establish networks of individual and family development around the family, and help families extract themselves from negative networks	Social network builder: a position devoted to developing supportive networks around families: network assessment to discover and support any constructive network members in families' existing social networks, collaboration with the key workers to develop friendship development and maintenance skills in family members, and development of mentor and volunteer programs to introduce substitute networks around severely isolated families.
Promote social inclusion Facilitate access to and retention in mainstream educational and employment arenas for both adults and children.	Ensured participation in stimulating child care (either supported in the home or though specialist child care), and in 3 and 4 year old kindergarten. Specialist educational assessment, treatment and enrichment services for children failing at school, to ensure school completion (funded through Family Services and schools in collaborative partnership.) They can be available to all students, while they target children from excluded families and their parents, to ensure engagement and a sense of belonging within educational settings.[6] Specialist educational assessment and services for adults to address longstanding educational disadvantage, and problems with basic numeracy and literacy, to allow them to move towards social inclusion. Specialist training and employment services and services to build opportunities for meaningful life activities including volunteering and paid employment. This is particularly crucial for parents whose children are at risk of or already in substitute care, and for their young people in or leaving care, if the destructive cycle of exclusion is to be broken.

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[6] The Scottish Family Services and Family Preservation organisation Circle, provides a model of service delivery along these lines.

Facilitate participation in community and civic activities.	Centre based activities: socialising opportunities, parent education and information about child development, numeracy and literacy, basic work skills training, therapeutic and learning groups for parents, for parents and children, and for children. Centre-based program should be targeted at excluded families, but can be located at the neighbourhood level, can be open to a range of families, and should promote community development: opportunities for normative participation, for reciprocity and contribution to others.

This service design can be thought about in a number of ways:

- First, the service could be provided by giving a loading to existing family services so that they can provide a tailored additional response specifically, and only, to excluded families in their case load. This has the advantage of drawing on existing expertise and linkages in family services.

- Second, Australian governments, State and Federal, could identify geographical areas with high levels of disadvantage and dysfunction (high levels of child protection notifications, criminality, violence, and poverty), and the described service design could be embedded in an existing service in the area which has already won trust and acceptance. This could be a Family Service, a homelessness service, a family violence or a substance abuse service.
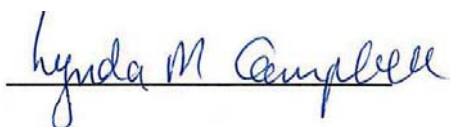
Conclusion

Many of the interventions suggested above are already available, but in a fragmented way and not necessarily as a reliable and tailored package of service to the most needy families. Even when some children are already placed in care, these families need close attention to maximise the benefits and reduce the conflicts that arise during care. The focus on children's and adults' educational outcomes above might be seen as an unusual focus in discussing the role of family services, but it is seen as a key part of the platform of service for excluded families, since they struggle to maintain educational participation. Breaking recurrent patterns of educational disadvantage and unemployment is vital. Children in excluded families, whether they remain in their families or are removed to out-of-home care, often do poorly at school (Wise, Pollock, Michell, Argus, & Farquhar, 2010). We must intervene to ensure they begin to succeed at school. Education of parents in excluded families wherever they are found, but especially in prisons, and substance abuse and homelessness services, must also be a high priority. Parents also need training and further education, so that they can gain employment. Without these priorities, the patterns of exclusion will continue. These services also need to be integrated within the holistic service model outlined above, or else other difficulties in the person, the family or the environment will undo the gains made through them.

Signed

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- 9 -Excluded Families Submission for Alfred Felton Research Program by Mitchell and Campbell

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Endorsed by:

Child, Youth and Family Research Cluster, Department of Social Work, University of Melbourne

Date: 14th April, 2011

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