



**Association of Children's Welfare Agencies (ACWA) and the  
Family Support Services Association of NSW (FSSA)**

# **Investing in Services for Families in NSW**

## **Position Paper**

*"Not all things that are faced can be changed,  
but nothing can be changed until it is faced."*

**James Baldwin**

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□ UnitingCare Burnside 2002

## Introduction

This paper outlines the case for a reinvigorated and integrated system of secondary\* and tertiary\* prevention services for families in NSW. At this time in NSW there is considerable attention and momentum around primary prevention, evidenced in government initiatives such as *Families First*. This is strongly supported by ACWA, FSSA and their member organisations. Primary or universal services for families such as early childhood centres, accessible child care, parent education and universal home visiting are fundamental supports for families. These initiatives need to be strengthened and expanded.

However, it is clear that these primary prevention initiatives are not adequately addressing the needs of families with complex problems and where children are at risk. These families do not always get the help they need to turn their situation around. Consequently, many children and young people remain at risk of abuse and neglect, entry into care or other negative outcomes, such as juvenile crime, youth homelessness, and substance abuse.

Our emphasis in this paper is on the urgent necessity for effective secondary and tertiary prevention programs for 'at risk' families and children. This call has been expressed in the recent reports of the *Inquiry into Early Intervention for Children with Learning Difficulties* and the *Inquiry into Child Protection Services* prepared by the NSW Legislative Council's Standing Committee on Social Issues (2002a; 2002b). A more purposeful investment in these types of family services will make an important contribution to the effective functioning of the child protection system in NSW and ultimately to the wellbeing of disadvantaged children and families in NSW. To support this proposal, this paper considers:

1. The current situation in child protection
2. The alternative that services for families offers
3. The benefits that could be expected
4. How a more effective system of services for families could be implemented

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\* See Appendix 1 for definitions of primary, secondary and tertiary prevention services

# 1. The current situation in child protection in NSW

Firstly, it must be acknowledged that the work of child protection and the systems that support it will inevitably be complex, fraught and open to criticism. This is partly due to the essential vulnerability of children and the emotional impact that child abuse has on us all but also that it cuts to the heart of the way we see ourselves and our society.

Child protection is inherently difficult, complex and increasingly open to community scrutiny and criticism. Many of the root causes of child abuse and neglect lie in fundamental social problems such as inequality and poverty which are beyond the influence of State government policies and programs alone. Entrenched inequality, long term unemployment, mental illness, rising levels of substance abuse and family violence are contributing to increasing numbers of families in need and children at risk of harm.

Within this difficult environment it is acknowledged that the Carr Government has taken some significant steps to improve the child protection system. These include:

- A major program of legislative reform
- Substantial increases to the child protection budget in NSW<sup>1</sup>
- Increased numbers of staff in DoCS<sup>2</sup>
- Significant investment in new technology in DoCS
- New leadership in the community services portfolio

Despite these achievements, DoCS in particular and the child protection system in general continue to face enormous challenges:

- The child protection system is overwhelmed by the number of contact reports – 107,394 “contact reports” in the 2000/2001 financial year (an increase of 47% from the previous year), rising in the 2001 calendar year to approximately 140,000 (Kibble Report, 2002). More alarmingly, this figure is expected to further increase in 2002 (Inside Out Winter, 2002).

Note: it is unclear from these figures exactly how many children are being assessed as being at risk of harm as these reports include requests for assistance as well as reports of risk of harm and there may be more than one report for each individual child. There are also concerns that some mandatory reporters are forced to make more than one report about the same incident due to a lack of feedback about what has happened to an initial report (Cashmore, 2002).

- Strong concern that while more and more resources are consumed in assessing reports, very large numbers of reports remain unassessed. (Kibble Report, 2002). The ABC *Four Corners* program (15 July 2002) reported that “*former caseworkers claimed that thousands of so-called ‘Priority One’ cases are closed before they’ve been examined.*” The Kibble Inquiry noted that the proportion of cases closed within DoCS without action or investigation had increased by as much as 230% from 2000 to 2001. It also claimed that up to 40% of reports were re-reports concerning the same child.
- There has been a significant decrease in DoCS referrals to other agencies. This means that families may not be getting the support they need and increases the likelihood of re-reporting and/or re-occurrence of abuse (Richards, 2002).
- The number of children in out-of-home care continues to increase, stretching budgets and staff even further. For example, DoCS Annual Report figures indicate that the number of children and young people in out of home care (measured at June 30 each year) has risen from 6,066 in 1995 to 9,151 in 2001. NSW Government Budget Estimate Papers predict the figure to rise to 11,000 by June 2003.

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<sup>1</sup> NSW Government Treasury Papers cited in Council of Social Service of New South Wales (2002)

<sup>2</sup> Joint Working Party on NSW Department of Community Services (2002) – the “Kibble Report”

- DoCS is widely perceived to be in crisis and there has been a succession of damaging headlines and media stories eg “*DoCS faces staff crisis as child abuse reports soar*” (Sydney Morning Herald 24/6/2002); “*When help comes too late: Culling non-urgent cases is a terrifying policy*” (The Australian 8/6/2002); “*Suffer the children in sad DoCS debate*” (Daily Telegraph 19/4/2002).

Internal reforms will help address issues around effectiveness of assessment and referral systems. However, as this occurs, it is essential that there are effective services for DoCS to refer to in order to maintain improvements and ensure that families are receiving the help they need. DoCS has acknowledged that “*the flow on effects of the failure to provide adequate services to families at the earliest sign of difficulties is enormous*” (Boland, 2002). Increasing investment in effective family services will reduce the pressure on the department by helping DoCS to close cases with confidence. It will further reduce pressure by lowering the incidence of recurring abuse and re-reporting to the department (Cashmore, 2002).

**An effective network of services for families at risk is an essential element for the success of DoCS internal reforms. Without such a system the situation in child protection is likely to deteriorate further.**

## 2. The solution offered by services for families

There is a range of services for families across NSW conducted by a variety of non-government organisations. These services work alongside government services, notably DoCS and other human service departments. Services can be categorised in different ways but at least three service types are apparent - *generalist family services*, *specialist family services* (focusing on families with complex problems such as mental illness, domestic violence or severe drug and alcohol problems) and *intensive family services* (some based on a family preservation model but also using other models).

*Generalist family services* largely provide secondary prevention services. They are directed to families who are at risk of adverse child or family outcomes such as child abuse and neglect or entry into care. They aim to strengthen families, improve parenting, maximise family wellbeing and reduce risk factors.

There are a small number of *specialist family programs* operating in NSW directed to families with complex problems where abuse or neglect has been substantiated and where compounding issues of mental illness, substance abuse or sexual assault are present (*tertiary prevention services*). Such services are aimed at preventing the recurrence of abuse and entry into out of home care.

*Intensive family services* also provide tertiary prevention services and are aimed at families where children are at imminent risk of being removed from their families due to child protection concerns. Many programs of this type are based on the United States *Homebuilders* model, with staff being available to families on a 24 hour basis, seven days a week over the 6-8 week intervention. Staff carry small caseloads (two families at a time) and work intensively with families, averaging 8-10 hours contact each week, although in the initial stages it can be as much as 20 hours per week. Three family caseworkers, a co-ordinator and a part-time administration worker service around 36 families each year. However, there are only two services of this type in NSW.

Over 240 services are associated with the Family Support Service Association of NSW and a number of other non-government agencies provide family service programs. Most services are structured to include one or more of the following service elements:

- In home:** parent training, personal support, information and referral to other services.
- Centre based:** parent education, personal support and self help groups, children's living and social skills programs, practical support, information and referral.
- Community development:** development of community networks, resources and activities which sustain and support families.

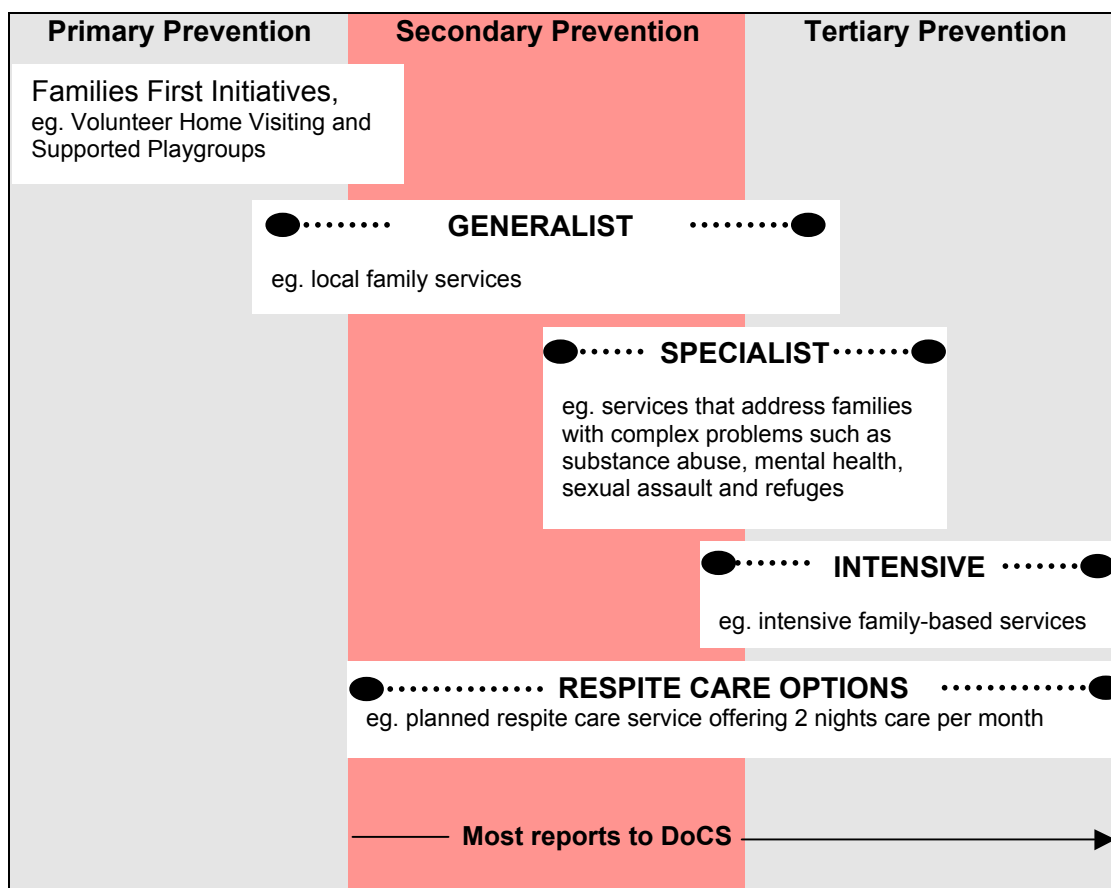
**Respite care** is an additional service element that can provide important support for families and children at risk. Despite the long recognition of the value of respite care for families of children with a disability, there remains no network of funded respite services directed to families and children vulnerable to abuse and neglect.

Most of the family services described above and which are operating in NSW are multi component services. That is, they offer different elements that work at different levels - with parents, the parent-child relationship, the family as a whole, the local community etc. This is entirely consistent with the research evidence on what makes for effective services. The research overwhelmingly indicates that the most effective programs have multiple elements to address multiple risk factors (Durlak, 1997; National Crime Prevention (NCP), 1999; Repucci et al, 1997). Single component programs tend to be much less effective.

The network of services already operating in NSW is well placed to offer effective support to those families who are the subject of reports to the NSW Department of Community Services (see Diagram 1). These services:

- Have a history of providing effective support
- Have multiple elements
- Are flexible and able to tailor service elements to family needs
- Are generally located in more disadvantaged communities
- Operate cost effectively
- Are well linked with other community services and supports
- Have committed and able staff
- Provide free, accessible and non-stigmatised support

### Diagram 1: Family Services and the Prevention Continuum



The above diagram illustrates an effective continuum of family services in NSW. Currently, *Families First* offers mainly universal (primary) and some secondary prevention (lower risk families). These services provide important support to improve family wellbeing. The families reached are usually not the subject of reports to DoCS. The generalist, specialist and intensive family services, together with respite care provide a full range of secondary and tertiary prevention services. The families reached by these services are more at risk and make up the vast bulk of reports to DoCS.

However the capacity of the family services described above to address the needs of families at risk in NSW is seriously limited. These services are chronically under funded and underdeveloped having received very little additional funding over several years (Standing Committee on Social Issues, 2002).

Secondary prevention family services frequently lack the number of staff and other resources to provide the intensity and duration of service that is associated with the best outcomes (Richards, 2002). For example, Dubbo, a town of some 36,000 people including a significant Aboriginal population, has one Family Support Service with the equivalent of 1.5 staff.

There is also a strong need to introduce additional secondary prevention services into those disadvantaged communities in NSW which currently lack services. This is recognised in Recommendation 3 of the report by the Standing Committee on Social Issues Inquiry into Child Protection Services when it calls for DoCS to develop a coordinated framework of secondary prevention family services and that such planning should “ensure that each area has the full range of integrated service options, particularly for families and children at risk” (NSW Standing Committee on Social Issues, 2002).

While there are some specialist services offering support in the areas of domestic violence, drug and alcohol and mental illness, the growing incidence of families impacted by these problems and the small number of specialist programs available requires urgent attention. The need can be addressed through development of additional specialist services (however it is critical that services have a family focus) or by building in specialist programs to existing secondary prevention services.

There is no funded network of respite care options in NSW for children and families at risk of abuse and neglect. Yet it is clear that respite provides a critical buffer for families experiencing social and economic stress - stress which research shows adversely impacts on people’s capacity to parent effectively (Weatherburn & Lind, 1997). The capacity for a range of respite options is an important element in a continuum of care and supports the principle of shared parenting in the *Children and Young Persons (Care and Protection) Act 1998*.

Regarding the provision of intensive family support services, the situation is stark. Only two services based on the intensive family-based model currently operate in NSW yet evaluations of this model indicate its effectiveness in substantially reducing the incidence of children and young people coming into care with all the social and cost benefits that this achievement entails.

**Effective secondary and tertiary family services are already present in NSW. They have huge potential to provide solutions to child protection concerns in this state but are under resourced or under developed. A purposeful investment (to build on existing services and develop new ones) is required to maximise the benefits that family services can provide.**

### **3. Evidence for outcomes and expected results**

This section addresses two questions:

1. What evidence is there for positive outcomes from family services?
2. What benefits could we expect from a renewed investment in services for families?

#### **The evidence for positive outcomes**

Evidence for the positive outcomes of family services derives from at least two sources. Firstly, longitudinal research has identified the factors that are associated with outcomes for children and families. These factors can be divided into risk factors, which are associated with negative outcomes, and protective factors which contribute to resilience and wellbeing. Secondly, there has been a range of intervention studies on model family service programs at both secondary and tertiary levels. These programs have been designed to influence risk and/or protective factors in order to produce better outcomes. The findings of intervention studies help us to assess the effectiveness of such programs.

#### **The role of risk and protective factors**

Longitudinal research clearly shows that the same set of risk factors operating at the levels of society, community and family/child are associated with negative outcomes including, child abuse and neglect, poor child health and development, juvenile crime, drug use, behaviour problems and school failure. The research also shows that the same set of protective factors are linked to a range of positive outcomes for children, young people and families (Scott, 2000; Durlak, 1997 - see Appendix 3). What is clear from this evidence is that outcomes for children and families can be significantly improved by programs that reduce the risk factors and/or enhance the factors that make for resilience and wellbeing. Since the impact of risk factors is cumulative and interlinked, programs which can target multiple risk factors at different levels (eg multi component programs) are more likely to be successful. The following two examples of the connection between risk and protective factors illustrate the potential impact of effective family services on good outcomes.

##### ***Reducing the risk of child abuse and neglect***

A range of studies have demonstrated the connection between abuse and juvenile offending. In a review of research, Homel concludes that, "lower levels of parental support, poor parental supervision, and harsh physical punishment and verbal aggression are related to higher levels of official and self reported delinquency" (1998, p 14). In Australian research on factors influencing the rates of juvenile crime, Weatherburn and Lind (1997) conclude that child abuse and neglect was the single most important causal factor in juvenile crime. They found that a range of issues such as low socio-economic status, single parent family status and crowded households contribute to harsh and erratic parenting (abuse) and a chronic lack of parental support and monitoring of children (neglect). It was children who experienced these conditions in early life who were disproportionately involved in juvenile crime in later years. The authors concluded that programs aimed at reducing neglect (particularly by supporting positive parenting) could well be the most effective means of reducing juvenile crime rates.

##### ***Encouraging the presence of social supports***

Research suggests the availability of social supports as an important protective factor. Social supports act as a buffer against the negative effects of social and economic stress and are strongly related to child and family wellbeing (Meehan, Durlak & Bryant, 1993). Support includes both emotional as well as practical aspects (Coohey, 1996). Research has shown that families in neighbourhoods with higher rates of abuse have fewer available supports and smaller social networks than families in neighbourhoods where abuse occurs less frequently (Gaudin et al, 1996; Garbarino & Sherman, 1980). As Garbarino and Sherman point out, the unmanageability of pressures resulting from the mismatch between the level of stress experienced by a family and the strength of available supports is the most important factor in child abuse. The clear implication is that family services which engage at risk families in practical and personal support can reduce the risk of abuse and enhance family wellbeing.

## Results of intervention studies

There have been a number of carefully planned and rigorously evaluated family services programs, most of which have been conducted overseas. The majority of these programs have been relatively small scale 'model' services but some evaluation of large scale initiatives has also occurred. These evaluation findings provide solid evidence regarding a range of positive outcomes and also indicate the program characteristics that are most associated with these outcomes. As family services frequently contain multiple elements, evidence has been arranged according to some of the different types of intervention.

**Parent education and training:** Most studies show universal parent education is effective in enhancing parenting knowledge, skills and attitudes in the short term (Repucci et al, 1997). A number of evaluations of programs utilising a social learning approach and directed to more at risk groups have been conducted. Overall these studies have shown positive impacts on indicators of child and family wellness (Prilleltensky et al, 2001) and parent behaviour (Wekerle and Wolfe, 1993). Two studies have investigated the impact of parent training (using a social learning approach) on out-of-home care placement rates (Christopherson, 1979; Szykula and Fleischman, 1985). Both studies found improvement in placement rates for the intervention group. The latter study found that placement rates for less difficult families varied significantly for the intervention group compared to the control group (8% vs 38%) but there was no significant difference for those families with more complex difficulties. In summary, Prilleltensky et al (2001) note that while parent training should not be regarded as a sufficient intervention in itself, when it is used as part of a multi component, longer term program it is a most useful strategy.

**Home visiting:** While programs vary according to: type of visitor (professional, para professional, volunteer) time of first visit (prenatally or around birth); frequency of visits (weekly to three monthly) and duration of program (less than six months to five years), the common element is *"the purposeful offer of a supportive relationship to enhance social functioning"* (Scott, 1997 p 11). Home visiting has also been a common strategy to reduce abuse and neglect. Several controlled studies have found significantly lower rates of abuse and neglect for the intervention group (Caruso, 1989; Hardy and Street, 1989; Olds et al, 1986). The Elmira New York Early Infancy project is notable, having demonstrated abuse rates of 4% in the program group compared with 19% in the non program group. Several studies have also shown significantly lower rates of proxy measures on abuse such as emergency room visits and child injuries (Caruso, 1989; Olds et al, 1997), while fewer programs have reported no such differences (Barth, 1991).

The benefits of home visiting are also apparent in observational measures of parenting and self reports of changes in parent interactions with their children. Several programs (Healthy Families America, Hawaii Healthy Start, Elmira Early Infancy Project) have produced positive results in maternal attitudes to children, self reports on use of harsh discipline and on mothers' scores on scales linked to risk of abuse and neglect eg the Child Abuse Potential Inventory (Gomby et al, 1999). These sorts of findings indicate that home visiting programs can contribute to families developing alternative means of discipline, greater sensitivity to children and better understanding of children's development (Daro & Harding, 1999).

The research on home visitation for at risk families shows that the length of the intervention is a crucial factor in program effectiveness. Prilleltensky et al (2001), in their review of programs, found that in all studies which showed positive outcomes in either verified or proxy measures of abuse and neglect, home visitation was provided for at least one year. The two studies reviewed which found no impact on these measures had a duration of three to six months (Siegal et al, 1980; Barth, 1991). All the programs that provided twenty or more home visits demonstrated positive outcomes on verified rates of abuse or proxy measures. In another review of eight studies, Wolfe et al (1995) found increased effectiveness for intense home visiting (a duration of 1-3 years). Similarly, Macleod and Nelson's (2000) review of 23 home visiting services found that for home visiting services which measured child maltreatment outcomes, positive effects increased with the duration of the service. Conversely, programs that offered 12 or fewer visits had the lowest effects on child maltreatment.

Some cost effectiveness data is available for home visitation. Olds et al, (1993) estimated in 1997 that the cost of their nurse home visitation program was \$ 6700 per family (in US dollars) for a two and a half year program. In terms of government spending, these costs were recovered from the low income family participants by the time the children were four years old.

**Self help and mutual aid programs:** Self help and support programs offered to at risk groups have shown very promising outcomes. Target groups include parents of premature babies, low income parents and teenage mothers. Controlled evaluations have shown that participants (compared with those in comparison groups) have significantly higher satisfaction with medical and nursing care, better understanding of the baby's condition, greater ability to care for the baby, more interaction with other parents and greater knowledge of community resources (Minde et al, 1980). Other studies have revealed improvement in maternal teaching style, personal maturity and capacity to play with children (Slaughter, 1983), increased numbers of friends (social network), higher participation in work and education and much higher levels of emotional well being (Henninger and Nelson, 1984). These programs are also low in cost compared with other interventions. However, only a small amount of research has been conducted on these sorts of services and more empirical evidence is required to better evaluate the longer term impacts and cost effectiveness (Prilleltensky et al, 2001).

**Respite care:** Respite care has long been an established element of service within the disability sector. Evaluation of respite within disability services highlight its value in reducing parental stress and preventing out of home care placement (Volard et al, 1989; Swarc, 1993). Evaluations also revealed that respite was likely to be used by families experiencing most stress and with fewer support networks (Swarc, 1988).

Evaluations of respite in a child protection context have also revealed positive outcomes. A recent evaluation of the Centacare Taree *Aunts and Uncles* respite care service found that the the number of notifications made to DoCS decreased following the involvement of a respite care service for 27 of the 33 client families (Brennan and Crowe, 2002.)

A 1980's evaluation of Barnardos (Australia) Temporary Family Care Program (offering both crisis and planned respite care) found that only 5.5% of referrals entered long term out-of-home care arrangements despite being high risk families referred from State community service departments (Voigt and Tregeagle, 1996). A study of short term respite in the UK (Aldgate et al, 1996) revealed a range of positive outcomes. Participating parents expressed a sense of being more in control of their lives (a significant underlying factor for positive outcomes (National Crime Prevention, 1999) and greater self confidence and higher self esteem as measured by standard tests. Only two of 60 placements became long-term care arrangements. In a study of the Wisconsin Respite Centre in the United States, Subramanian (1985) found significant reductions in parental stress, anxiety and depression among service participants. While there is a need for more research (Austin, 1997) the combination of practice knowledge and existing evaluative research that points to the value of respite is compelling.

**Multi-component, community based programs:** A number of multi component community based programs, often developed as model programs, show very promising outcomes for at risk children and families. These programs are usually neighbourhood based and offer a range of services directed towards both parents and children. Service elements frequently include home visiting, parent education and training, child care/education (usually centre based) and sometimes specialist assessment. Several longitudinal studies of program outcomes have been conducted and show significant positive effects for; parents (increased education and employment, fewer repeat pregnancies, greater life satisfaction); for parent-child relationships (increased affection and encouragement, less criticism of the child, more stimulating home environment) and; for children (improved cognitive development, less absenteeism, better school adjustment, reduced use of special education) (Prilleltensky, 2001; NCP 1999). Importantly, given current concerns regarding juvenile offending, those studies that measured outcomes in problem behaviour and juvenile crime showed a positive effect.

Overall these studies showed that program participants had a lower incidence of aggressive and antisocial behaviour, were less likely to be rated by teachers as disruptive and impulsive, committed fewer delinquent and criminal acts and were less likely to be arrested for criminal acts than were non-participants in a control/comparison group (NCP, 1999; Yoshikawa, 1995). Unfortunately, none of the studies cited examined program effects on the incidence of child abuse and neglect.

### ***Intensive Family Support Services***

*Overseas research:* Many intensive family services are based on the Home Builders model of family preservation services (although other models also exist). Key characteristics of home based intensive services are that families receive the service in their own homes, the intervention is short term (6-12 weeks) and intensive (more than one day of face to face contact with a worker and 24 hour a day availability for crisis situations). In an evaluation of Homebuilders, (Pecora, Fraser and Haapala, 1991) found significant improvements of rates of out of home placement for participant families (44%) in relation to comparison groups (85%).

Summarising the results of controlled studies of intensive family preservation programs, Prilleltensky et al (2001) found that all but one program showed significantly lower rates of out of home care placement relative to control or comparison groups. There is also evidence that while not all intensive family services lower the rate of entry to care, they can significantly lessen the duration of placement in care (Yuan et al, 1990). Other research highlights that the number of hours of intervention and the number of practical supports available are inversely related to rates of placement (Dagenais and Bouchard, 1996). That is, more hours of intervention and greater practical supports are related to less placement. However, there is only minimal evidence from controlled studies that programs have positive outcomes in family, parent or child wellness (Dagenais and Bouchard, 1996).

*Local Evaluation:* In 1995 UnitingCare Burnside's Intensive Family Based Service was evaluated by Macquarie University. The evaluation found that workers considered that the risk to child had been decreased for 81% of participating families and that for 62% of families improvements in parent's attitudes to children were evident. These findings were supported by family functioning assessments conducted by District Officers. Parents themselves were overwhelmingly positive about the service, with 92% saying they would recommend IFBS to other families needing support (Russell & Bowman, 1996). Given the critical nature of ongoing support to maintain positive outcomes for intensive family support services, clients are referred on to other services following intervention, including Burnside's own family centres.

More recently a collaborative research project between the University of NSW and the Spastic Centre of NSW has examined the impact of programs designed to assist families with children with disabilities. The participant families were all under severe stress and were not sure if their family could stay together. Some families had already requested permanent out-of-home care for their child or were considered by the referring agency to be at high risk of having a child placed prematurely in out-of-home care. The research aimed to identify the program elements and treatment strategies that assisted families with a child with a disability stay safely together. Initial findings indicate significant improvement for families in terms of child safety, reductions in stress and strengthening of family coping. These positive results were achieved with a combination of strategies including strengths based approaches, and home-based, intensive and both family and parent focussed elements. Later analysis is expected to further clarify the program elements and practices most associated with the positive outcomes (Coles & Dunsire, 2002).

## **Expected benefits of better resourced system of secondary and tertiary prevention services**

Given the research evidence for the outcomes for adequately resourced, well planned services for families, the following benefits of adopting this proposal can be expected:

### ***In the short to medium term***

- Significant reduction in the rate of re-reports to DoCS
- Backlog of cases in DoCS can be addressed and referred to effective services
- Families and children get the help they need (both those being notified as at risk of harm and requests for assistance)
- Reduction in the pressure on child protection system / maximise gains from internal reform by assisting flow of cases through the system
- Improvement in public confidence in DoCS
- Improvement in morale of DoCS staff

### ***In the medium to longer term***

- Improvements in child and family wellbeing
- Reduction in the incidence of child abuse and neglect
- Reduction in the rate and duration of placement in out-of-home care
- Reduction in the incidence of juvenile crime
- Substantial cost savings

**There is sound evidence that a better developed system of services for families will have very positive outcomes - for families, for children and for the child protection system in NSW.**

## 4. What we are calling for and how it can be implemented

This section outlines the proposal for a more effective system of family services in NSW. It describes the sorts of services that are required together with a timetable for their implementation over the next four years. Recent overviews of the development of child and family services have yielded helpful insight into characteristics of effective programs and this material is included in Appendix 2.

In broad terms, we seek a much greater and purposeful commitment to an integrated system of services for families in NSW. These services should be aimed primarily at disadvantaged communities in NSW (particularly those communities with higher rates of child at risk concerns and incidence of placement in out of home care). An increase in investment must (i) secure viability in existing services and (ii) develop new services in areas of high need.

### Specifically we are calling for:

1. Substantially increased funding for the existing network of services under the Family Support Services Association of NSW. The vast majority of services require additional staff to secure service viability. Currently the majority of services have around 2.5 full time equivalent staff. At a minimum each service should have the equivalent of 3.5 full time equivalent staff. Part of this funding should be directed towards developing greater expertise within existing services for dealing with complex family issues around substance abuse, domestic violence and mental health problems. Without additional funding to increase staffing, these services will not be able to deal effectively with current, let alone additional and increasingly complex, referrals.

**Cost: \$12.6 million per annum**

2. Provision of additional funding for two key positions within the executive of the Family Support Services Association. A service development position is necessary to provide quality control and evaluation support for existing services. A policy and research position is necessary to encourage long term policy development based on best research evidence.

**Cost: \$180 000 per annum**

3. Establishment of new models of family services including family centres. Such services should be targeted to communities without adequate service provision. Priority should be given to communities which rank highly on indicators of socio-economic disadvantage. Service planning should be a cooperative venture between DoCS, ACWA, FSSA and member agencies. Services, including centres, should be developed according to a clearly articulated service model based on evidence. In particular, services should have multiple components including child development and family focussed components, start early and operate in natural settings eg community, local schools and pre-schools (NCP, 1999; Prilleltensky, 2001). A set proportion of new services should be targeted to Aboriginal communities given the disproportionate risk faced by Aboriginal children and families.

**Cost: \$14.7 million per annum**

4. Development of a network of respite care services for children at risk in NSW. A capacity for planned respite should be co-located and incorporated into other family services programs in line with the principle of offering multi component services. The aim should be to provide respite capacity for up to 4000 at risk children across NSW (based on each child having two nights respite per month).

**Cost: \$13.1 million per annum**

5. Establishment of ten new intensive family services to be located in communities with a high incidence of child abuse and neglect and high rate of entry of children and young people into care. Services should be added to or co-located with existing services.

**Cost: \$3.5 million per annum**

6. Establish research and evaluation program. DoCS, ACWA and FSSA to conduct evaluation and research into the effectiveness of new and existing family services.

**Cost: \$500 000 over four years**

The service development grid in Appendix 4 outlines how the above services would be rolled out over the term of the next government of NSW. Decisions around the location of services and which areas should receive services first should be based on selected indicators for each area. These should include child at risk statistics, the rate of entry of children into out of home care, the incidence of reports of domestic violence involving children and other common indicators of socio-economic disadvantage. Useful rankings of disadvantaged areas in NSW have already been conducted by DoCS, (1998) and Vinson (1999).

## Conclusion

This proposal sets out the case for a much more substantial commitment by government for a more effective system of family services in NSW. We have examined the current context of services, the pressures on DoCS and the likelihood that these pressures will increase. We have seen how the sorts of services provided by secondary and tertiary prevention programs address the needs of the families currently making up the vast majority of reports to the DoCS Helpline. The evidence for the effectiveness of family services has been examined, particularly the capacity to reduce the incidence of child abuse and neglect and placement in out of home care. Finally, the actions that need to be taken to substantially improve the family service system in NSW have been presented.

**Children at risk in NSW and their families can have significantly improved outcomes if an effective range of family services are made available to them:**

- **A strong well resourced system of secondary and tertiary family services will be an essential commitment of the next government of NSW**
- **Such a system is achievable and cost effective**
- **Effective services for families provides an essential means to relieve the pressure on the overburdened child protection system by getting families the help they need and so reducing the incidence of children exposed to abuse and entering care**

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## Appendix 1

This paper differentiates services according to the definitions used by the NSW Standing Committee on Social Issues in its Interim Report on Child Protection Services. In that report services are described according to the following typology:

**Primary Prevention (Universal):** Services of this type are population based and aim to enhance parenting and/or children's well being and development before problems arise. They are frequently focussed on the early years of life. Examples of primary prevention programs include pre-school and child care services, general parenting education (eg from a Community Health Centre) and some home visiting services under *Families First*.

**Secondary Prevention:** Services of this type are purposefully directed to families who need more intensive support and where there is greater risk of negative outcomes for children/families. The majority of services conducted by the Family Support Services Association, and child and family welfare agencies are of this type and play a key role in secondary prevention in NSW.

**Tertiary prevention:** Services of this type are directed towards families where abuse and neglect has already occurred and aim to prevent the recurrence of abuse and the need for children to enter the out of home care system. Examples of this type of program include the Intensive Family Support Programs that offer short term, intensive (24 hour) in home support to families where there is imminent risk that children will need to be taken into care.

## Appendix 2

### Characteristics of Effective Services

Recent research on program outcomes has identified a series of characteristics associated with effective services (Prilleltensky et al, 2001; Durlak, 1997).

- Effective programs have a clearly articulated service model including description of which program elements are essential for good outcomes (frequency and length of contact, caseload size, helping processes to be employed, training for service providers) and which elements can be adapted in particular settings. Dilution of program models puts positive outcomes at risk.
- Effective programs are flexible, responsive and owned by the local community.
- Effective programs have multiple components to address multiple risk and protective factors.
- Effective programs work with families in natural settings such as home, school, community and neighbourhood organisations.
- Effective programs begin at birth or prenatally where possible and/or focus on key family transition points.
- Effective programs are long term and/or intensive in order to produce the best outcomes with disadvantaged families. Short term, non-intensive programs are unlikely to have substantial impacts on family wellness or child maltreatment.
- Effective programs are based on respectful, trusting and collaborative relationships between staff and community members and emphasise the strengths of the families served.

## Appendix 3:

**Table 1: Risk factors associated with antisocial and criminal behaviour**

Risk Factors					
Child Factors	Family Factors	School Context	Life Events	Community and Cultural Factors	
Prematurity	<i>Parental characteristics:</i> Teenage mothers Single parents Psychiatric disorder, especially depression Substance abuse Criminality Antisocial models <i>Family environment</i> Family violence and disharmony Marital discord Disorganised Negative Interaction/social isolation Large family size Father absence Long term parental unemployment Parenting style Poor supervision and monitoring of child Discipline style (harsh or inconsistent) Rejection of child Low involvement in child's activities Neglect	School failure	Divorce and family break up	Socioeconomic disadvantage	
Low birth weight		Normative beliefs about aggression	War or natural disasters	Population density & housing conditions	
Disability		Deviant peer group	Bullying	Death of a family member	Urban area
Prenatal brain damage		Peer Rejection	Poor attachment to school		Neighbourhood violence and crime
Birth injury			Inadequate behaviour management		Cultural norms concerning violence as acceptable response to frustration
Low intelligence					Media portrayal of violence
Difficult temperament					Lack of support services
Chronic illness					Social or cultural discrimination
Insecure attachment					
Poor problem solving					
Beliefs about aggression					
Attributions					
Poor social skills					
Low self esteem					
Lack of empathy					
Alienation					
Hyperactivity / disruptive behaviour					
Impulsivity					

(Taken from National Crime Prevention (1999) *Pathways to Prevention: Developmental and early intervention approaches to crime in Australia*, Commonwealth Attorney General's Department, Canberra).

**Table 2: Protective Factors associated with antisocial and criminal behaviour**

<b>Protective Factors</b>				
<b>Child Factors</b>	<b>Family Factors</b>	<b>School Context</b>	<b>Life Events</b>	<b>Community and Cultural Factors</b>
Social competence	Supportive caring parents	Positive school climate	Meeting significant person	Access to support services
Social skills	Family harmony	Prosocial peer group	Moving to a new area	Community networking
Above average intelligence	More than two years between siblings	Responsibility and required helpfulness	Opportunities at critical turning points or major life transitions	Attachment to the community
Attachment to family	Responsibility for chores or required helpfulness	Sense of belonging/bonding		Participation in church or other community group
Empathy	Secure and stable family	Opportunities for some success at school and recognition of achievement		Community/cultural norms against violence
Problem solving	Supportive			A strong cultural identity and ethnic pride
Optimism	Relationship with other adult	School norms concerning violence		
School achievement	Small family size			
Easy temperament	Strong family norms and morality			
Internal locus of control				
Moral beliefs				
Values				
Self related cognitions				
Good coping style				

(Taken from National Crime Prevention (1999) *Pathways to Prevention: Developmental and early intervention approaches to crime in Australia*, Commonwealth Attorney General's Department, Canberra).

## Appendix 4: Service Development Grid - 2003 - 2007

Service Initiative	Year	Specific Implementation	Location	New Funding Required
Enhancement of existing Family Support Services (service viability)	Year 1	Enhancement of 1st quartile of selected Family Support Services (approx 45 services)	Determined by analysis of Indicators, in consultation with FSSA Executive	\$ 3 million
	Year 2	Enhancement of 2nd quartile of selected Family Support Services	Determined by analysis of Indicators, in consultation with FSSA Executive	\$ 3.1 million
	Year 3	Enhancement of 3rd quartile of selected Family Support Services	Determined by analysis of Indicators, in consultation with FSSA Executive	\$ 3.2 million
	Year 4	Enhancement of 4th quartile of selected Family support Services	Determined by analysis of Indicators, in consultation with FSSA Executive	\$ 3.3 million
Provision of additional staff in FSSA Executive (service viability)	Year 1	Funding of service development and research and policy position in FSSA Executive	FSSA Head Office	\$180,000
Establishment of new models of family services (meeting unmet need)	Year 1	Establishment of 10 new service programs	Determined by analysis of indicators in consultation with ACWA/FSSA	\$ 3.5 million
	Year 2	Establishment of 10 new service programs	Determined by analysis of indicators in consultation with ACWA/FSSA	\$ 3.6 million
	Year 3	Establishment of 10 new service programs	Determined by analysis of indicators in consultation with ACWA/FSSA	\$ 3.7 million
	Year 4	Establishment of 10 new service programs	Determined by analysis of indicators in consultation with ACWA/FSSA	\$ 3.9 million
Develop capacity for planned respite care (meeting unmet need)	Year 1	Develop capacity for 1000 places for planned respite care (on basis of 2 nights per month per child x 12 months)	Determined by analysis of indicators in consultation with ACWA/FSSA	\$ 3.125 million
	Year 2	Develop capacity for 1000 places for planned respite care (on basis of 2 nights per month x 12 months)	Determined by analysis of indicators in consultation with ACWA/FSSA	\$ 3.225 million

<b>Service Initiative</b>	<b>Year</b>	<b>Specific Implementation</b>	<b>Location</b>	<b>New Funding Required</b>
	Year 3	Develop capacity for 1000 places for planned respite care (on basis of 2 nights per month x 12 months)	Determined by analysis of indicators in consultation with ACWA/FSSA	\$ 3.325 million
	Year 4	Develop capacity for 1000 places for planned respite care (on basis of 2 nights per month x 12 months)	Determined by analysis of indicators in consultation with ACWA/FSSA	\$ 3.425 million
Establishment of new intensive family support services (meeting unmet need)	Year 1	Develop 3 new services	Determined by analysis of indicators in consultation with ACWA/FSSA	\$ 1.05 million
	Year 2	Develop 3 new services	Determined by analysis of indicators in consultation with ACWA/FSSA	\$ 1.05 million
	Year 3	Develop 2 new services	Determined by analysis of indicators in consultation with ACWA/FSSA	\$ 700,000
	Year 4	Develop 2 new services	Determined by analysis of indicators in consultation with ACWA/FSSA	\$ 700,000
Establish research and evaluation program examining service effectiveness	Year 1	Establish research priorities	Determined by DoCs, ACWA and FSSA	\$ 125,000
	Year 2	Implement research program		\$ 125,000
	Year 3	Implement research program		\$ 125,000
	Year 4	Implement research program		\$ 125,000