



# Child Abuse PREVENTION

NATIONAL CHILD PROTECTION CLEARINGHOUSE NEWSLETTER PUBLISHED BY THE AUSTRALIAN INSTITUTE OF FAMILY STUDIES

VOL.7 NO.2 SPRING 1999

## IN THIS ISSUE

National child abuse prevention awards	1
National audit of activities	4
PECAN – award winner	5
Needs assessment and case management in child protection and alternative care	7
Program evaluation consultancy service	11
Book review – The other victims	12
Book review – Caring for the “hidden children”	14
New publication The UK Looking After Children approach	15
Conferences	16
Literature highlights	18
Clearinghouse publications	36

**The National Child Protection Clearinghouse serves as an interchange point for information, research and initiatives supporting work in the field of child abuse/neglect prevention.**

The Clearinghouse is funded by the Commonwealth Department of Family and Community Services, under the auspices of the National Council for the Prevention of Child Abuse.

Views expressed in Clearinghouse publications are those of individual authors and may not necessarily reflect Clearinghouse or Institute policy.

© Australian Institute of Family Studies – Commonwealth of Australia 1999.

**Coordinator: Judy Adams**

Designed by Double Jay Graphic Design  
Printed by Impact Printing



Australian Institute  
of Family Studies  
300 Queen Street  
Melbourne 3000 Australia  
Phone (03) 9214 7888 Fax (03) 9214 7839  
Internet [www.aifs.org.au/](http://www.aifs.org.au/)

## National child abuse prevention awards

*“All children are valuable members of Australian society and have a right to a safe and loving environment free from abuse and neglect. Adults have a responsibility to ensure children’s rights are respected and maintained.”*

The inaugural National Child Abuse Prevention Awards were presented at the official dinner of the 7th Australasian Conference on Child Abuse and Neglect on Tuesday 19 October 1999.

The Awards acknowledge and praise individuals and/or organisations for significant contributions to preventing child abuse and neglect. The National Council for the Prevention of Child Abuse, funded by the Department of Family and Community Services, recommended the establishment of the Awards as a means of increasing community awareness of child abuse issues and giving recognition to achievements in this field.

Much of the effort that goes into addressing these issues is often unrecognised and unrewarded. The Awards have been established in the hope that they will inspire others to continue to work towards ensuring that our children grow up feeling safe and loved. The Awards also recognise collaborative efforts and help to raise and sustain the level of public awareness in the community about issues surrounding child abuse and neglect, and of the need to do something about it.

Nominations for the Awards were sought in May 1999 through a national media campaign, selected mailouts and the Department of Family and Community Services’ Website.

More than 150 nominations were received for individuals and organi-



Chair of the Council, Professor Kim Oates, announcing the Award winners.

sations in the community services in Australia.

An Award was given in each of the following five categories: innovation; excellence; volunteering; valuing cultural diversity; and rural and remote.

Each Award was judged on one of the following three criteria: one, making a sustained and positive impact on the quality of life of children and young people who have been abused, or are at risk of abuse; or two, making a sustained and positive difference to people working with children and young people who have been abused, or are at risk of abuse; or three, improving community education in child abuse prevention through activities such as information campaigns and contributions to local or national community events.

It is intended that the Awards be presented every two years in conjunction with the Australasian Conference on Child Abuse and Neglect.

## THE WINNERS

Winning and highly commended entries in each of the five categories are presented below.

**INNOVATION CATEGORY:**  
Recognising innovation in the community services field by individuals, small or large community service organisations, or government bodies.

### Winner

**Kidz Business Enterprise Project  
Hampstead Primary School  
Greenacres, South Australia**

Kidz Business Enterprise Project was initiated in 1994 and was adopted by the school in 1995 in response to concerns about child abuse/neglect, the 'victim' mentality, non-assertiveness of many 'at risk' students, lack of skills transference from school to the real world and non-participation of many upper primary students. It builds on the core curriculum, pro-active climate, structures and processes of the school.

The Kidz Business Enterprise Project uses various project strategies, for example: explicit teaching of enterprising attributes and skills; students, parents and staff working together; teams contributing to the wellbeing of other 'at risk' children; and fundraising, performances and murals.

The project has been very successful in reducing 'victim' mentality, by developing students self-esteem, encouraging participation in the school/community, building quality child/adult relationships, developing parents' pride in the children, and 'real life' experiences.

*"The strength of the Kidz Business Enterprise Project is the involvement of the whole community. It has changed the nature and culture of the community, given children confidence and skills and given parents recognition for their children. It has changed people's perceptions of the school as being 'poor' and not significant, to one of being recognised and happy."*

### Highly commended

**The Jannawi Kids Project  
Jannawi Family Centre  
New South Wales**

The Jannawi Kids are members of an innovative team of workers at Jannawi Family Centre in Lakemba, a specialist child protection service. They use a group of puppets that have played a unique role over the past five years in entertaining people, while raising public awareness about child abuse and the need for prevention.

**Child Sexual Abuse  
Prevention Program  
Victoria**

The Child Sexual Abuse Prevention Program began in 1994 and was the first school-based program to focus specifically on child sexual abuse and prevention. The Program was the winner of the 1998 Australian Violence Prevention Award.

**EXCELLENCE CATEGORY:**  
Recognising excellence in supporting individuals and communities in the field of child abuse prevention, and in community development.



The Award for Excellence is accepted by Director, Julie Baturynsky on behalf of the Cottage Family Care Centre.

### Winner

**Cottage Family Care Centre  
Campbelltown  
New South Wales**

The Cottage Family Care Centre was established in 1981. It is a community-based program serving the City of Campbelltown local government area. The program provides special services for families with children up to five years of age caught in the generational cycle of physical, sexual, emotional abuse and neglect.

The Cottage Family Care Centre works with the whole family. Its goal is to help parents adopt a method of care for their children and themselves that is rewarding and conducive to the optimal development of the child.

For 18 years, the Cottage Family Care Centre has been committed to providing intervention, support and care for families in a unique way. They have made a sustained and positive impact on the quality of life of hundreds of children who have been abused or neglected.

*"The Cottage Family Care Centre is well-respected by families and workers in the Campbelltown area and elsewhere. The majority of parents who have participated see it in a very positive, supportive way."*

### Highly commended

**Family Visiting Program  
Anglicare  
Western Australia**

The Family Visiting Program provides the opportunity for separated parents to have contact with their children in an environment which is child-focussed, safe and supervised. Operating in Perth and Bunbury, the service has demonstrated quality outcomes for children and parents and prevented the potential for ongoing abuse of children.

**Abused Child Trust  
Queensland**

The Trust provides intensive long-term counselling, therapy, education, health and family support programs to abused and neglected children from birth to 8 years and their families. They have been running for ten years and have helped over 600 families.

**Early Intervention Program  
Benevolent Society  
New South Wales**

Series of early intervention programs (Home Start, Infant-Parent, Families Together) support parents who are experiencing problems during pregnancy and their children's early years. Early intervention has been an important part of the work of the Benevolent Society for almost twelve years and the Benevolent Society has developed a unique understanding of the issues to do with child abuse over that time.

**Dr Peter Eastaugh  
Consulting Paediatrician  
Victoria**

Dr Eastaugh is a consultant paediatrician in the Shepparton area. For the past two decades, he has started a free clinic for children in Fitzroy,



**National Council for the Prevention  
of Child Abuse**

The Council advises the Commonwealth Minister for Family and Community Services on national issues to support and protect all Australian children and families, by providing advice and community perspectives on preventing child abuse and neglect, and on supporting parents. The Council has a membership of 14 comprising ten community members, three State Government members, and one Commonwealth member.

founded the Shepparton Early Intervention Committee which has been adopted as a model throughout Victoria, begun personal safety programs for children with disabilities, started the Shepparton child abuse prevention group (Sheppcan) and has been an outstanding advocate on behalf of children.

**VOLUNTEERING CATEGORY:**  
Recognising commitment to supporting others in the community services field or contributions to promoting the well being of children and the prevention of child abuse.



The Founding Director, Mrs Dorothy Ginn, accepts the Volunteering Award on behalf of CAPS.

#### Winner

**Child Abuse Prevention Service (CAPS)**  
Ashfield  
New South Wales

The Child Abuse Prevention Service was established over 26 years ago. CAPS offers a community response to child and parent stress through a 24 hour a day, 7 days per week national freecall crisis help line, telephone counselling and support, home or personal visits and drop-in centres for parents and children.

The Service is provided by volunteers, many of whom are parents themselves, and professionals offering their time and services. It is an example of how volunteers can provide an essential service over many years and how this provides a key link to those seeking help.

*"Many of the CAPS volunteers have life experiences that help in establishing a rapport with parents who ring for help. This is something that set it apart from other services from the beginning and that has sustained it for more than two decades."*

#### Highly commended

**Parent Helpline Volunteer Program**  
South Australia

The Parent Helpline is the only 24 hour, 7 days per week telephone service

## THE AWARDS PANEL

The Assessment Panel for the 1999 National Child Abuse Prevention Awards consisted of seven government and community members of the National Council for the Prevention of Child Abuse and representatives from the Create Foundation.

*Ms Muriel Cadd*, Chair, Secretariat, National Aboriginal and Islander Child Care Agency; *Mr Robert Fisher*, Chief Executive Officer, Family and Children's Services, Western Australia; *Ms Dale Bagshaw*, University of South Australia; *Ms Wendy Machin*, President, Save the Children Fund of New South Wales; *Ms Jan Owen*, National Director, Create Foundation, Queensland; *Ms Em Travers*, Create Foundation; and *Ms Alison Stanford*, Director of the National Council for the Prevention of Child Abuse Secretariat, Commonwealth Department of Family and Community Services, Canberra.

in South Australia to successfully integrate volunteer and professional staff in a primary prevention service. It offers information, support and counselling in the areas of health, behaviour and relationships for parents. The volunteers have become an essential and vital part of Parent Helpline and contribute greatly to a supportive environment for families to care for and protect their children.

**Clan Midland Incorporated**  
Western Australia

Started in 1993, this volunteer-based home visiting service helps disadvantaged families in the Midlands District of Western Australia. Clan Midland uses home visiting as a primary form of service delivery, and in response to community need has developed a respite program once a month for children of high need families. Twelve volunteers provide support for ten families in the district.

**Home-Start, Newcastle**  
**The Family Action Centre**  
New South Wales

Home-Start is an innovative voluntary home visiting program in which volunteers offer regular support, friendship and practical help to young families who are under stress or facing

difficulties in their home. It was the first Home-Start program (using the English model) in Australia and is well regarded by the Newcastle community.

**SA Association of School Parents' Clubs Inc**  
South Australia

In South Australia, volunteers in schools, including parents, are mandated to notify suspected child abuse. The Association is the only parent organisation in Australia that conducts mandatory notification information sessions in schools.

**VALUING CULTURAL DIVERSITY CATEGORY:** Recognising individuals and/or services, which are accessible to people from Aboriginal or culturally and linguistically diverse backgrounds.

#### Winner

**Dr Cary Ooi**  
New South Wales

Dr Ooi is recognised for his long-term commitment in the area of developmental delay and child abuse. He has worked in community education on these issues for many years ▶

## NEW ON THE WEB SITE

[www.aifs.org.au/](http://www.aifs.org.au/)

As part of updating the Internet site for the National Child Protection Clearinghouse at the Australian Institute of Family Studies, a new page has been developed for Counselling Services for Parents and Children.

This provides references to Australian organisations and links focusing on counselling support. Organisations are listed according to whether they have a national or statewide focus, and then divided into state or territory. Information on the organisation's aims and objectives are provided, along with contact details.

and has successfully raised awareness among the general population as well as the medical community. His personal and professional commitment to child abuse prevention is exceptional.

*"Dr Ooi's drive and determination in his work to prevent child abuse and educate the community is outstanding. His special interest in, and commitment to children has had a sustained and positive impact on the quality of their lives."*

### *Highly commended*

#### **Yorgum Aboriginal Corporation Western Australia**

Yorgum was first established in 1993 as a result of Aboriginal members who recognised that no culturally appropriate counselling support for Aboriginal people in the area existed. From this broad beginning, Yorgum developed this project of culturally appropriate counselling and treatment services to assist individuals and fam-

ilies where intra-familial sexual abuse has occurred. It is one of the very few such services throughout the country and, although has only been running a short time, it has already demonstrated excellent work that will inform services in many other areas across Australia.

**RURAL AND REMOTE CATEGORY: Recognising excellence in responding to the unique priorities of rural and remote communities.**

### *Winner*

#### **Prevention and Education – Child Abuse and Neglect (PECAN) Territory Health Service Northern Territory**

PECAN was established in 1996 and has worked to improve community awareness and education of the prevention of child abuse and neglect

through coordinating and participating in information campaigns such as the National Child Protection Week. It also coordinates, develops, implements and evaluates a range of primary and secondary child abuse prevention programs in the Northern Territory. The program's particular strength is the way it has gained acceptance in remote communities, through engaging the community and allowing them to develop their own approach to child abuse prevention with assistance from PECAN.

*"PECAN has a remarkable presence in many communities. They look at the individual needs of each community and try to assist them in their activities rather than imposing something on them. Their level of consultation within communities is also remarkable and they do this across the entire Territory on a very limited budget."*

*"Feedback from workers and people in the communities all show that this is seen as one of the most positive programs in the Northern Territory."*

### *Highly commended*

#### **Protective Behaviours Program Mullewa District Western Australia**

The area is an isolated one with limited access to services. Before the program was introduced, there was a significant degree of violence and child maltreatment that went unreported. People generally kept silent and children had few safety options.

The Protective Behaviours Program in the school changed much of that. It allowed people to acknowledge violence and child maltreatment in the town and to set up a network that enabled children to feel safe.

### **HOW TO FIND OUT MORE**

For further information on the Awards, and the National Council for the Prevention of Child Abuse:

- Write to: The Department of Family and Community Services, Secretariat to the National Council for the Prevention of Child Abuse, Family Relationships Branch, Box 7788, Canberra Mail Centre, ACT 2610.
- Internet: Visit the Family and Community Services Website at: <http://www.facs.gov.au> under Who's Who, Family Relationships.
- Phone: The National Council for the Prevention of Child Abuse Secretariat (02) 6212 9185.
- Fax: The National Council for the Prevention of Child Abuse Secretariat (02) 6212 9299.

## NATIONAL AUDIT OF ACTIVITIES

Have you returned your questionnaire for the National Audit of Child Abuse Prevention Programs?

### **Be in it – return your audit questionnaire now!**

The audit is relevant to you if you provide:

- family support, parent education and/or support;
- maternal and child health services;
- respite or early intervention services;
- community education on child abuse issues (including training);
- child or youth empowerment program, child counselling service, personal safety program;
- home visiting service to at risk or new parents;
- family violence service to mothers and their children;
- offender rehabilitation;
- at risk youth support program; and
- other prevention activity.

By participating in the audit you will receive a copy of the audit report for your state and nationally. Additionally, your service or program will be included on a programs database, accessible to you on the National Child Protection Clearinghouse Web site.

**For further information and additional copies of the audit questionnaire, contact the Audit Project Officer, National Child Protection Clearinghouse at the Australian Institute of Family Studies. Phone: 1800 352 275 or (03) 9214 7811. Or access the questionnaire on the Internet: [www.aifs.org.au/nch/](http://www.aifs.org.au/nch/)**



Picture: Anne Palamountain

# PECAN

## Prevention & Education (Child Abuse & Neglect)

The previous article reports on the recent National Child Abuse Prevention Awards. Here, LESLEY TAYLOR writes about the work of one of the winners. The work of other winners will be described in subsequent issues of the National Child Protection Clearinghouse Newsletter.

Prevention & Education (Child Abuse & Neglect), known as PECAN, came into being on 12 February 1996 following the Northern Territory Government's endorsement of the National Strategy for the Prevention of Child Abuse and Neglect. Cabinet approved the creation of positions within the Family and Childrens Services program of Territory Health Services to undertake child abuse preventive activities in Darwin.

PECAN is a unit of two – a coordinator and community worker – currently located at Palmerston Community Care Centre, in Palmerston, a community of just over 21,000 people approximately 21 kilometres from Darwin in the Northern Territory.

PECAN develops and implements a range of primary and secondary preventive activities to reduce the incidence of child abuse and neglect. Overall aims are to prevent child abuse and to create an environment which supports families and communities and helps them to meet their responsibilities to care for and protect children.

### *National child protection week activities*

PECAN coordinates and evaluates National Child Protection Week activities by Family and Childrens Services in urban, rural and remote areas across the Northern Territory.

This is done by:

- developing an overall focus for activities in the Northern Territory in line with the national agenda and media campaign of the National Association for the Prevention of Child Abuse & Neglect (NAPCAN);
- providing assistance and support to prevention representatives in each district to help identify their particular community's needs in relation to child abuse prevention;
- assisting staff in planning ways of approaching communities about the issue of child abuse and neglect that focus on family strengths;
- initiating regular contact with staff in assisting in overcoming the impact that isolation can have on information sharing;

- discussing ways to assist disempowered segments of the community to legitimately raise issues about factors that impact on the care and protection of children;
- sharing ideas and information with staff about child abuse prevention activities that have had successful outcomes in other localities;
- assisting staff to access resources that are needed for child abuse prevention activities/programs (eg funds, promotional material local and national);
- assisting staff with planning and evaluating their prevention activities in the face of unique problems associated with distance, cultural and language barriers;
- introduction of a prevention and evaluation training package for staff.

The Work Unit and Participant surveys were designed to collect a mixture of quantitative and qualitative data. The Work Unit survey measures input, process, impact and outcomes of

prevention activities/programs. The Participant survey measures individuals' experiences in being involved in primary and secondary prevention activities; one hundred per cent of respondents reported professional benefits in being involved, including increased work satisfaction, opportunities to develop new skills and opportunities to promote the positive side of statutory welfare work.

### Positive parenting program

The Positive Parenting Program (Triple P) was initially piloted in Darwin and is now being introduced across the Northern Territory.

Triple P is a multilevel family intervention program for children with disruptive and behaviour disorders that is an initiative of the Parenting and Family support Centre at the University of Queensland. The program is scientifically validated and provides an approach to parenting which aims to promote children's development and manage children's behaviour in a constructive and non-hurtful way.

This parenting program is primarily implemented through Infant Health Clinics and Family Support Services in



The Award for Rural and Remote was accepted jointly by Bronwyn Thompson (right) and Lesley Taylor (left) on behalf of PECAN.

government and non-government agencies. (See accompanying box.)

### Calendar for new parents

The Calendar for New Parents is provided through infant health clinics to all parents of newborns in the first three months of the calendar year. Funding has not been found for the calendar for year 2000 and so private sponsorship is being sought.

The calendar incorporates humour (through cartoons) to normalise the most commonly experienced difficulties in parenting; information on 12 common parenting topics – one per month; and family support services available to parents on the topic of the month.

Evaluation of the calendar indicates that the humour, content and service information is positively regarded by parents, and has assisted them in coping with the multiple demands of parenthood.

### Caravan park project

Following concerns about high numbers of child protection reports in mobile communities and families residing in caravan parks, PECAN has worked with such families over the past 18 months, in liaison with the National Caravan Park Dissemination Project of the University of Newcastle.

Weekly sessions with families in group settings identified issues of financial stress, marital difficulties, inability to access services, lack of knowledge of available support services, social isolation, lack of security as tenants, and poor or non-existent facilities for young children.

PECAN & KIDSAFE NT are currently undertaking a joint research project, *The Health and Safety of Young Children in Caravan Parks and Mobile Communities*, in the Darwin, Palmerston and Litchfield Shire districts. Research findings will be used to influence future planning and design of caravan parks to be child safe and family friendly and to promote positive community interaction.

Initial funding was obtained to pilot the appointment of a paid Playgroup Coordinator at one caravan park and Playgroup NT is now looking to extend this service to all caravan parks in Darwin, Palmerston and Litchfield districts.

Local councils have made literature available on services to van park management and residents.

The initial findings report of the Darwin Caravan Park Project was presented at the 6th National Caravan Park Workers seminar in Brisbane on 18 March 1999.

### NAPCAN in Northern Territory

Negotiations are well under way with the National Association for the Prevention of Child Abuse and Neglect (NAPCAN), local councils, social service providers and Territory Health Services for the establishment of NAPCAN NT. NAPCAN is a non profit, volunteer based organisation formed to create a national focus on the prevention of child abuse and neglect. The Northern Territory will be able to contribute our unique geographical and multicultural experiences to the national agenda.

For further information about the work of PECAN, contact Lesley Taylor, PECAN Coordinator. Phone: (08) 8999 3340 Fax: (08) 8999 3333 Email: [lesley.taylor@plmccc.health.nt.gov.au](mailto:lesley.taylor@plmccc.health.nt.gov.au)

## Positive parenting program

Further information about the Positive Parenting Program (Triple P), referred to in Lesley Taylor's article of the work of PECAN, can be found in the following two recent articles.

- Sanders, M.R. (1999), 'Triple P-Positive Parenting Program: towards an empirically validated multilevel parenting and family support strategy for the prevention of behaviour and emotional problems in children', *Clinical Child and Family Psychology Review*, vol. 2, no. 2, pp. 71-90.

This paper examines the theoretical and empirical foundations of Triple P – the Positive Parenting Program – which is a multilevel system of family intervention designed to reduce the prevalence of behavioural and emotional problems in preadolescent children. It describes the program and discusses the following issues: the model of parental competence; principles of positive parenting; distinguishing features of the program; different levels of intervention; selective prevention programs; evaluation of the program; effects of the media; effects of brief primary care interventions; and other related family intervention research.

- Williams, A. (1998), 'The positive parenting program; a behavioural family intervention to reduce the risk of conduct disorders and other mental health problems among pre-school children', *Mental Health in Australia*, vol. 8, no. 1/2, pp. 29-34.

The Research and Therapy Centre of the University of Queensland was commissioned by the Health Department of Western Australia to modify its clinical program, a scientifically validated behavioural family intervention, to a prevention program for large scale application in a general population setting, delivered through primary care. This paper describes the Triple P Program, including its rationale and issues of: conduct disorder in children; costs of the problem; identification of risk factors, and family focused prevention programs. Outcome, impact and process objectives are outlined and the target group, scale of project and the implementation strategy are discussed.



# Needs assessment and case management in child protection and alternative care

Tim Hetherington

During the 1990s, several statutory child protection departments in Australia and New Zealand have implemented systematic risk assessment processes with a view to improving the consistency and validity of decision-making.

The Children, Young Persons and Their Families Agency in New Zealand adopted the Manitoba Risk Estimation System (Reid and Sigurdson 1990) in the early 1990s. Elements of this system were also incorporated in the Victorian Risk Framework developed by the Victorian Department of Human Services in 1998. In 1996, the Department of Human Services in South Australia implemented the safety and risk assessment tools developed by the Children's Research Centre as part of their Structured Decision Making System (Ereth et al. 1999).

That risk assessment has been established as a critical topic for discussion

is demonstrated by the DHS's commitment to host annual national Risk Assessment conferences in Victoria. This follows in the footsteps of the Annual Risk Assessment Roundtables in San Francisco that have been sponsored by the American Public Welfare Association since 1987.

Amid all this interest in risk assessment, it seems that some confusion has arisen between the functions of risk and needs assessment in case practice. Moreover, the critical role that systematic needs assessment plays in case management seems to have been overlooked in the more controversial debate about the different approaches to risk assessment.

This paper outlines what I consider to be the separate functions of risk and needs assessment, and then provides a brief overview of some of the current assessment tools that are being used – including family needs

assessment, child needs assessment, and combined child and family needs assessment tools. The paper concludes by illustrating how needs assessment data derived from casework can be aggregated to provide management information that is critical for strategic planning and resource allocation.

## Risk assessment

Risk assessment tools are used to help workers *estimate the likelihood of future abuse or neglect* in order to make decisions about intervention. There is considerable debate about whether risk assessment tools should be used at intake, after initial assessment or post-substantiation. In reality, child protection workers start making judgements about the risks in a given situation from the moment they receive a report of maltreatment. Theoretically, therefore, risk assessment tools can be used at all decision-making points from

intake through to closure. The only exception to this is the substantiation decision, which is not risk-based but evidence-based within the legal mandate of each jurisdiction.

The decision-making point where risk assessment is most commonly used is post-substantiation and there has been widespread use of formal risk assessment at this stage both in the United States and in New Zealand and South Australia. Both the reliability and validity of different risk assessment tools used at this point has now been tested and researched with significant results re their efficacy (Baird 1999).

In case management terms, the primary functions of risk assessment in initial case planning and of risk re-assessment at subsequent case reviews are as follows:

- to target departmental intervention to the families where the risks of re-abuse and/or re-neglect are greatest;
- to determine the level of monitoring/support required for the prevention of re-abuse or re-neglect;
- to monitor the decrease (or increase) in risk during the course of departmental intervention;
- to assist in closure decisions by establishing a risk threshold below which departmental intervention can be terminated.

Useful though these targeting and monitoring processes may be, they do not of themselves drive the case plan in the sense of determining which family and child problems should be prioritised and dealt with and which services/supports/treatment options should be engaged. To decide these interventions and their relative priorities one must turn to needs assessment frameworks.

### Needs assessment

Needs assessment tools are designed to help workers make decisions about intervention based on the *assessment of the current needs of the child or family that impact on the intervention goals*. For 'needs' one might substitute the word 'problems' or 'barriers' to the casework goals.

Needs that have no impact on or are irrelevant to the intervention goal are not included. Thus, unemployment may be a significant need/problem for a family but unless there are indicators that unemployment is impacting on child protection issues it would not necessarily be considered a need in the context of child protection case management.

Most recent needs assessment tools have incorporated child or family strengths as well as needs in recognition of the benefits of adopting a balanced view of the child and family situation rather than focusing solely on negative characteristics.

In risk assessment, there is continuing debate about the relative merits of consensus and actuarial models. In essence, actuarial risk assessment tools are developed by prior research. Case data on the characteristics of known abusive households is collected and analysed and critical characteristics, or 'risk factors' are identified. Risk factors are only included when they can be shown statistically to distinguish households where re-abuse is likely to occur from those where it is not. Consensus risk assessment tools on the other hand are designed by professionals, researchers, academics and other 'experts' in the field meeting together and reaching a consensus about which 'risk factors' they consider to be of critical importance.

All current needs assessment tools have been designed on a consensus basis. This is not to say that there has been an absence of research on needs factors, simply that the tools currently in operation have not been designed solely on the basis of that research.

Needs assessment tools have been used to assist decision-making during ongoing case management. In other words, they have not been used at intake or during initial investigation/assessment but they are used post-substantiation and as part of the case planning and review processes for children in alternative care.

While the principal functions of risk assessment are targeting and monitoring,

TABLE 1

CALIFORNIA (1999)	SOUTH AUSTRALIA (1997)	MICHIGAN (1992)	RHODE ISLAND (1990)
<b>Caretaker Strengths/Needs</b>	<b>Family Needs</b>	<b>Family Needs/Strengths</b>	<b>Caretaker Needs</b>
Substance abuse/use	Substance abuse	Substance abuse	Substance abuse
Household relationships	Interpersonal relationships	Domestic relations	
Domestic violence	Domestic violence		Violence
Social support system	Social support system	Social support system	Support system
Parenting skills	Parenting ability	Parenting skills	Parenting skills
Mental health/coping skills	Emotional/mental health	Emotional stability	Emotional stability
Household history of criminal or child abuse/neglect			
Resource management/basic needs	Income and financial management	Resource availability/management	Financial
Cultural/community			
Physical health	Physical health	Physical health	Health
Communication skills		Interpersonal skills	
		Literacy	Education/literacy
	Intellectual capacity	Intellectual capacity	Intellectual ability
		Employment	
	Housing and Physical Housing	Environmental	Environment
	Sexual abuse	Sexual abuse	Sexual abuse
<b>+ Child Needs</b>	Child characteristics	Child characteristics	Child Problems

NINE FACTORS (see table on Child Needs Assessment Tools)

the main casework functions of needs assessment are as follows:

- to determine the needs/problems that cause or contribute to the ongoing risks, or that create barriers to achieving the desired case planning goals;
- to establish an overall needs/strengths level that can be reviewed at intervals;
- to identify the priority needs that should be the focus of intervention during the next phase in the case management process;
- to assist in the evaluation of the effectiveness of interventions.

In summary, risk assessment tools are used to systematically determine the required intensity of intervention and monitoring, whereas needs assessment tools are used to drive the direction and content of the actual case plan for intervention.

## Family needs assessment tools

A variety of needs assessment tools have been developed and implemented for use in case planning with families where abuse/neglect has been substantiated. The issues that arise for statutory departments post-substantiation are: (1) Should the department intervene? (2) If so, for how long? and (3) What should be the focus of the intervention?

Needs assessment may provide the rationale for intervention along with risk assessment. In other words, a department may decide to intervene because the risk of re-abuse is considered high or because various high needs have been identified during the initial assessment, or for both reasons. Once the decision to intervene is made, however, *focused* case planning requires ongoing and regular needs assessment.

For example, if a young child is severely neglected in an environment where there is domestic violence and substance abuse, it is only through the identification, prioritisation and treatment of the underlying family or parental needs – substance abuse or domestic violence or both – that the risk of re-neglect can be reduced significantly.

Needs re-assessment and case planning reviews are conducted at regular intervals in order to establish whether needs have been addressed and this in turn assists in determining the appropriate point at which case closure can be considered.

Perhaps surprisingly there has been little controversy about the actual

family needs factors that have been included or excluded in the different systems. Many needs factors show up in all assessment tools but there are some interesting differences and omissions.

Table 1 sets out the family needs assessment tools currently in use in Rhode Island, Michigan and South Australia, as well as the tool now being introduced in California.

As can be seen, the focus of the models in Rhode Island, Michigan, and South Australia is primarily adult – that is, parental behaviour, family characteristics and the household environment. On the other hand, the new Californian tool includes both family needs and a detailed breakdown of the needs for each child in the family.

On the face of it, a system that does not include the assessment of child needs does seem to be incomplete. The argument for excluding detailed child needs factors is that case management in child protection intervention should focus on the changes that are necessary to reduce the risk to the child. These changes should be sought in the behaviour of adult caregivers and in the home environment rather than in the child. The contention is that if one includes child needs, many abusive or neglectful caregivers will accentuate the child's needs or problems while downplaying their own.

Ultimately, the relative merits of excluding or including child needs can only be judged by comparative evaluations of outcomes achieved by the different approaches.

As can be seen from Table 1, employment and literacy factors have been left out of the more recent tools. The Californian tool has also left out intellectual capacity and sexual abuse. On the other hand, they have included two new needs factors that relate especially to the urban environment in the major Californian cities.

In all of the above models, workers are asked to rate families (and children) on each needs factor, and to decide which are the *three priority needs* and the *three priority strengths*. The three priority needs become the focus of intervention to which services and programs must be aligned. The strengths are used as a positive force to assist in dealing with the needs.

The rationale for using a narrow focus on just three major needs per family is that this encourages sustained and targeted intervention. In other words, workers and families cannot shift the direction of case planning simply because a particular need or problem proves intractable, or because the caregiver is unwilling to follow

through with a program or treatment service.

The focused approach also assists managers and supervisors who, it is argued, no longer have to wade through complex file records in order to obtain an overview of the family needs/strengths and progress. Instead they can simply look through the completed needs assessments and reassessments. Of course, the use of a needs assessment tool cannot of itself overcome the resistance of a parent or family. What it can do is identify and highlight the precise nature of the obstacles to risk reduction.

## Child needs assessment tools

The use of child needs assessment tools is widespread in the United States, the United Kingdom and elsewhere. Table 2 sets out some examples and the use of various needs factors in the different systems. The Looking After Children program in the United Kingdom (henceforth referred to as LAC) does not actually describe itself as a child needs assessment process, however that is the essence of the 'action and assessment' part of that program.

The use of terminology in the three systems that relate to alternative care is also illuminating. LAC refers to child needs 'domains'. The Michigan system refers to child and family needs as 'barriers to re-unification', and in similar vein the Tennessee model refers to child needs as 'barriers to permanency'. This reflects a more goal-oriented approach than LAC which is primarily concerned with the statutory department's 'parental' or duty of care responsibilities.

To some extent the differences in needs domains or factors reflect the different uses for these assessment tools. Thus, the Michigan model is concerned with re-unification whereas LAC's 'assessment and action' process targets children in long-term alternative care.

However, the use of 'self care' and 'social presentation' domains in the UK and the inclusion of such domains as 'community risk', 'substance abuse', and 'extreme/delinquent behaviours' in the US models doubtless reflect the values or perceived problems in those jurisdictions. Interestingly, LAC subsumes both sexual issues and substance abuse under the 'health' domain.

In all three systems the identification of problems/needs generates a requirement that the case planners go on to specify the actions required, the persons responsible for the action and target dates. LAC includes a further section for 'decisions about actions

that are desirable but cannot happen yet'. In Tennessee, a specific action plan must be developed including specification of the required changes.

In LAC the assessment process is tailored to different child developmental stages and within each domain both the objectives and the extent to which they were achieved must be specified. The Tennessee model is designed so that each section opens with the identification of the child or young person's strengths rather than their problems/needs. This is doubtless the way of the future.

## Issues relating to needs assessment tools

There are a number of practice issues associated with the use of needs assessment tools. I will briefly mention two.

First, most of the current US models use weighted scoring of each factor to enable a total needs score to be established. LAC and the Tennessee Permanency Planning model on the other hand involves no scoring. In LAC, each 'domain' involves numerous subsets intended to elicit an overall view of the level of needs in that domain.

Many professionals remain strongly resistant to the use of scoring tools, believing that such mechanistic systems necessarily detract from professional decision-making. I would argue

that the real issue is not the design of a particular assessment tool but how the tool is implemented and the extent to which professional staff have the capacity to use their own judgement to override or replace scores generated by the tools.

The problem is that unless some scoring or weighting mechanism is built into the system, the potential for measuring aggregate needs and trends is severely limited. This is proving a significant difficulty to the researchers at Leicester University who are attempting to aggregate child needs data from LAC and are having to extract particular needs factors for use in their outcome measurement (Ward 1998).

Second, there is the question of how and to what extent the caseworker should involve the subject family or child in making the needs assessment. Practice varies considerably, with some professionals preferring to make their own 'objective' assessment and others using the assessment tool to assist in their engagement with the family or child. Clearly it is more time-consuming to involve clients, since they may disagree with the worker on priority needs. On the other hand, there is little chance of promoting major change unless the perceived needs/barriers are made explicit and placed on the case-planning table by the caseworker.

LAC takes the partnership approach a stage further and encourages a variety of key players to be involved in completing the assessment questionnaire. This may appear to be advantageous but it does raise issues about whether consistency of assessments can be maintained over time. Certainly the recent US study on risk assessment tools (Baird 1999) suggests that brief assessment tools are both more reliable and more valid than comprehensive tools using more broadly defined factors.

## Aggregation of strengths/needs data for strategic planning

Providing the needs assessments tool is clearly classified and computerised, it is relatively simple for departments to aggregate data from individual casework up to team, office, regional and state levels. This provides critical information to management that can assist strategically in the following areas:

- *Identification of aggregate needs, service requirements and service gaps.* The major needs and strengths of client families and children can be aggregated by geographic area, age, social/ethnic group, program etc. This assists departments in building up a profile of strengths/needs against which the supply of existing services can be measured.

TABLE 2

CALIFORNIA	LOOKING AFTER CHILDREN (UK)	MICHIGAN	TENNESSEE	SOUTH AUSTRALIA
CP intervention	Alternative Care long-term cases	Alternative Care reunification cases	Alternative Care all children	Vulnerable Young People
			Safety	
Emotional/behavioural	Emotional/behavioural development	Emotional stability/behaviour	Emotional/behavioural	Emotional stability
				Mental health
		Sexual adjustment		Sexuality
Delinquent behaviour			Community risk	Extreme behaviours
Substance abuse		Youth substance abuse		Substance abuse
Family relationships	Family & social relationships	Nuclear/extended relationships	Family functioning	Family relationships
Peer/adult social relationships		Peer relationships		Support/peers
Medical/physical	Health	Medical/physical	Health	Physical health
	Self care skills	Life skills		Life skills
	Social presentation			
Education	Education	Education	School-related	Education, training or employment
		Vocational training or employment		
		Intellectual ability		Intellectual ability
Child development				
Cultural/community identity	Identity			
				Financial need
				History of abuse

In South Australia for example, initial aggregation of family needs data suggested a significant gap in DV services available to families with child protection issues in certain metropolitan districts but not in others. In Michigan, substance abuse was found to be a chronic problem in 27 per cent of families with children in foster care but only 6 per cent of families involved in the Families First program. This kind of data is needed to support detailed planning and resource allocation.

- *Monitoring of service provision and compliance.* Referrals to particular services can be related to the needs assessment to determine if families with serious problems in the various needs domains are (a) being referred to the necessary services, and (b) are actually receiving the services or are refusing them.
- *Determining the relative effectiveness of programs and service providers.* Using matched groups of cases with similar needs profiles, outcome comparisons (eg re-abuse rates) can be made between different intervention strategies or different treatment programs. This in turn provides departments with valuable information concerning the effectiveness of the community agencies they fund.

## Conclusion

I believe the time has come for statutory child protection services in Australia to look at the rapidly developing field of formal needs assessment in case management. These processes hold out the promise not only of more systematic planning at the case level but also of improved strategic planning at broader departmental levels.

## References

- Reid, G. & Sigurdson, E. (1990), *Basic Issues Concerning the Assessment of Risk in Child Welfare Work*, University of Manitoba, Canada.
- Baird, C. (1999), *Child Abuse and Neglect: Improving Consistency in Decision-Making*, NCCD, Madison, USA.
- Ereth, J. et al. (1999), *A New Approach to Child Protection: The CRC Model*, National Council on Crime and Delinquency, Madison, USA.
- Ward, H. (1998), 'Using a child development approach to assess the outcomes of social work interventions with families', in *Children and Society*.

**Tim Hetherington** is Coordinator, Alternative Care Development, Office of Child Protection, Queensland Department of Families, Youth and Community Care. This article represents the views of the author, and does not represent Departmental policy.



# National Child Protection Clearinghouse

Australian Institute of Family Studies

## PROGRAM EVALUATION CONSULTANCY SERVICE

The National Child Protection Clearinghouse is an informational and advisory resource on child abuse prevention, child protection and associated family violence, and forms the hub of a network of people concerned about preventing child abuse and neglect. In a two-way relationship with the community the Clearinghouse collects, shares, monitors and distributes information and resources on the latest developments in the prevention of child abuse and neglect. Primary target groups are those with a major interest in child abuse prevention, such as policy makers and analysts, those working with 'at risk' or maltreated children and their families, and researchers.

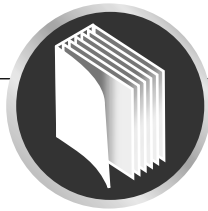
In late 1999 the Clearinghouse is launching a new evaluation consultancy service for service providers who run, or who plan to run, child abuse prevention programs. Our aim is to provide greater support to those agencies and groups who want to evaluate their prevention programs, but require advice and support to make it happen. Services will include:

- Program evaluation consultancy/advisory service
- Assistance in developing evaluation designs
- An evaluation manual
- One day program evaluation workshops
- Site visits
- An evaluation page of useful materials, located on the Clearinghouse website
- Discussion of evaluation issues on a Clearinghouse email discussion list (childprotect)
- Reference material on standardised tests
- Reference material on funding bodies

If you are interested in any or all of these services, please contact us at:

**National Child Protection Clearinghouse**  
**Australian Institute of Family Studies,**  
**300 Queen Street, Melbourne, Victoria, 3000**  
**Phone: (03) 9214 7888 Fax: (03) 9214 7839**  
**Email: fic@aifs.org.au**

**Website: [www.aifs.org.au](http://www.aifs.org.au)**  
(select Child Protection Clearinghouse)



## The other victims

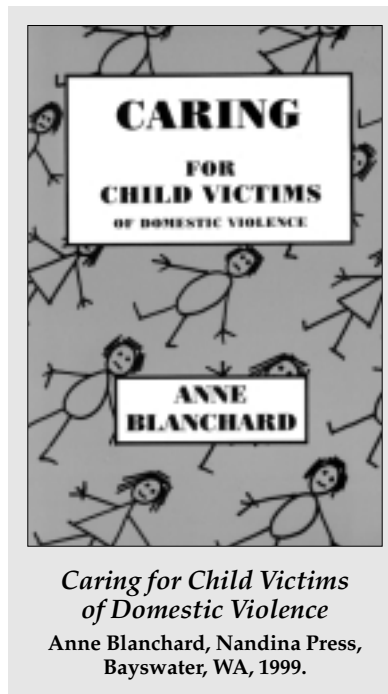
Liz Poole

This book is a welcome addition to the slowly but steadily growing number of texts, papers and research reports into practice and policy issues concerning children living in domestic violence. *Caring for Child Victims of Domestic Violence* addresses the need for practice-based material that can offer a comprehensive guide through the range of issues for workers in the field. It is squarely aimed at assisting the work of children's workers (particularly refuge workers) while still being highly relevant to others who work with children exposed to domestic violence.

From the outset, the title of the book communicates Blanchard's understanding and approach to the issue. Whereas children living in domestic violence are often described as 'child witnesses' or 'children exposed to domestic violence', the approach here is less ambiguous, choosing instead to use the description 'child victims' of domestic violence.

The importance of unequivocally believing that all domestic violence does harm to children is an argument afforded substance through the book's thorough examination of the consequences for children and young people. Ideas about children's development, Blanchard argues, explain in large part the degree to which there is still a level of minimising the effects on children living in domestic violence, both within services that work with children and the broader community.

As Blanchard (p. 7) says: 'There is also a general ignorance in adult society about the way children develop emotionally. This stems from the belief that, because their cognitive development is immature and they cannot express themselves verbally, they lack any depth of feeling and emotion as well. We put children last in many instances because we believe they have no really deep feelings, just superficial ones. We like to picture them as "happy innocents". It is notable that services for child victims of domestic violence are only now being developed, long after



services for the women victims and even the male perpetrators of the violence have been in existence.'

According to Blanchard, the task of caring for child victims of domestic violence requires workers to have knowledge about the effects on children of the damage done, and of children's own survival strategies. In equal parts the book provides an account of the consequences for child victims and a focus on the practical strategies to improve the situation for the children and their mothers. Chapters that deal with the experience for children include: The effects of domestic violence; Children's experience of domestic violence; Identifying hurting children; The child's eye view of alcohol and domestic violence; and Adolescents growing up with domestic violence.

Current reports, articles and pamphlets often have to condense the information about the effects on children. This book is able to elaborate on those effects that are often seen listed in point form, such as low self-esteem, aggressive

behaviour, frequent illness. The section 'How children survive' (in Chapter 2) provides insights into the coping methods adopted by children in domestic violence.

The book uses quotes from research into children's experience of domestic violence to illustrate and support its claims.

For example, on p. 29: 'Children from violent homes are often very compliant: *As a young child I was always trying to do the right thing, plan what would please him, work out what he might want*'.

And on p. 31: 'They contain their anger within themselves and wait for the opportunity to leave home. They become extremely emotionally controlled, not displaying their feelings. One person described it to me as: *You develop a sense of being in total control in that situation. So inside you're feeling very scared and frightened but outside you're being very cool, calm and collected*'.

This section (p. 30) also describes some of the ways in which children attempt to maintain their sense of self and self-esteem. 'Rather than accept their home life with passive tolerance and submission, they register a determination not to give way to despair but to fight back. *How I dealt with my stepfather was that I set myself challenges, like when I learnt to ride a bike when I was eight . . . there was a very steep hill near the school and my challenge was to ride up it. Get to the top of the hill! Then I felt I could do anything*. By successfully accomplishing the challenges she set herself, she retained confidence in herself, which otherwise would have been dissipated by the negative attitude of her father.'

Blanchard examines the effects of the violence on the relationship between the mother and child in a number of different contexts. In looking at the experience of adolescents the role of the mother is discussed: 'For children from violent homes, adolescence has problems beyond those normally experienced by the majority of children. A

mother, suffering from her own emotional problems, may have considerable difficulty controlling her teenage children, partly because of her own inertia or because she feels guilty that she has caused the child's problem by remaining too long with her violent partner.' (page 85)

The second half of the book provides practical strategies. Some of the chapters include: Communicating with children; Group work with children from violent homes; Creative ideas for working with children; and Helping mothers to cope with distressed children. In the chapter on Supporting the distressed child, information is provided about ways to deal with angry children. The author makes the point that it may be difficult for workers not to react, however it is important to get through this 'testing out' period in order to be able to modify the children's behaviour and so have a helpful impact on them.

The book suggests (p. 118): 'Setting up a play environment where aggressive children can act out their anger in a safe situation . . . Play dough, which can be thumped around and squeezed is ideal . . . Dolls and toy animals are also useful because children can act out the scenes they have witnessed. Children will do this over and over again in an effort to come to terms with their experiences. *One boy constantly played with two dolls who bashed each other up. Then he would bring an 'ambulance' to take them away.*'

Throughout these chapters Blanchard emphasises the importance of interventions that involve the mother as a way of ensuring that the process of healing will be more likely to continue in the future.

There is a discussion of two of the key policy issues in this area – the interface of child protection and domestic violence services, and family law reform. Blanchard stresses the need for greater cooperation between agencies and highlights some of the positive changes in law reform (p. 212): 'The Family Law Reform Act 1995 contains provisions which require the court to ensure any order made with respect to children is consistent with any family violence order (Hon Justice Alistair Nicholls 1997).'

Chapter 12, entitled Working in a multicultural environment, provides a good overview of the specific issues and different experiences for Aboriginal children and children from non-English-speaking backgrounds. In particular these children will likely have been affected by the hurtful and often rejecting attitudes of the dominant culture. The need to be sensitive to the diverse cultural and

child raising practices is discussed and the importance of employing staff from similar backgrounds is stressed.

Finally the last two chapters address survival strategies for workers and a discussion about prevention. There is information about the issues for workers who themselves have been child victims of domestic violence and some encouraging words for children's workers on the vital role they play in domestic violence and child abuse prevention.

'By their attitudes and the information they can impart to the women and children with whom they come into contact they can demonstrate non-violent ways of resolving conflict and empower them to stand up for their rights to live a life without fear and violence . . . It is important that

workers stop and take a little of their time to collect and pass on their valuable information and insights..by collecting statistics..raising issues at staff meetings, and being prepared to take part in studies or research.' (p. 217)

*Caring for Child Victims of Domestic Violence* contains enough useful information to make it substantial without being 'heavy' text. The book uses plain language and obviously reflects workers' experiences in the field. It will be a useful resource of ideas for children's workers and it should provide a valuable introduction for those newly entering the field, and for students.

*Caring for Child Victims of Domestic Violence* can be purchased for \$21.50 from Nandina Press, PO Box 1329, Wangara, WA 6947. Phone/fax (08) 9306 1759.

## CHILDPROTECT

### New email discussion list

Hosted by the National Child Protection Clearinghouse at the Australian Institute of Family Studies, *childprotect* is an email discussion list developed as a vehicle for the discussion of child abuse prevention and child protection research, policy and practice issues.

It aims to promote the exchange of information and ideas between Australasian and other professionals working in the field of child abuse prevention and child protection. These include child protection workers, other health and welfare service providers; people working in the criminal justice system, in education and training, or in policy and service planning; and researchers and information providers.

Topics for discussion may include:

- requests for research, policy or practice information;
- developments and changes to child protection and child abuse prevention;
- best practice in child abuse prevention and child protection;
- the discussion of broader family violence issues;
- education and training issues;
- notices about upcoming conferences, workshops, events;
- pointers to new publications, online papers, resources/links and Web sites.

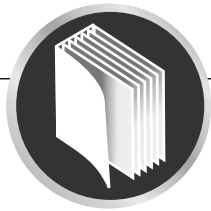
To join *childprotect* send the following email:

To: majordomo@aifs.org.au  
Subject: (leave blank)  
Message: subscribe childprotect

To remove your name from *childprotect*:

To: majordomo@aifs.org.au  
Subject: (leave blank)  
Message: unsubscribe childprotect

The list owner is Adam Tomison, Research Adviser of the National Child Protection Clearinghouse at the Australian Institute of Family Studies. For any problems contact Adam on owner-childprotect@aifs.org.au



## Caring for the “hidden children”

Judy Adams

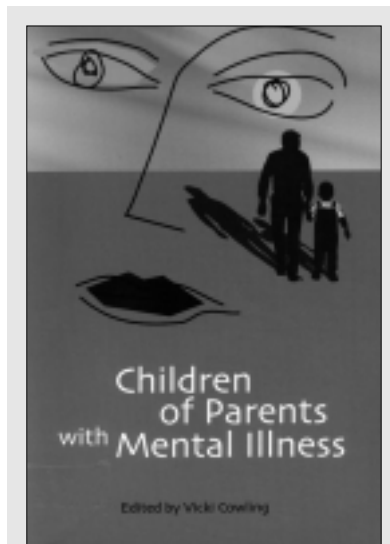
According to the editor of this book, an estimated 27,000 children in Australia have parents who suffer from mental illness. Sometimes referred to as the ‘hidden children’ because of their past neglect by the mental health system, they are now recognised as being potentially at risk for poor intellectual and social outcomes.

These children often have to deal with the symptoms of their parent’s illness, as well as professional interventions which they may not understand. Risk to children may arise from impairment of a parent’s capacity to provide adequate care and supervision, from trauma, or from absence of the parent because of periods of hospitalisation.

The book presents the insights and perspectives of a range of contributors including workers in the mental health system, parents with a mental illness, and children of mentally ill parents.

In Part I, professionals with experience in the area describe the clinical issues for parents and children, and how mental illness impacts on the family. In Chapter Two, Sandra Lancaster describes the types of disorders most likely to affect the children of mentally ill parents, and the effects of these disorders on children at different ages.

Part II presents the results of the research project, *Children of Parents Experiencing Major Mental Illness*, which addressed the questions: What did parents and professionals identify as the needs of the children? What did parents identify as their own support needs, and, if they not seek support, why was this? Also described is the Southern Partnership Project which aimed to facilitate a process of developing collaborative and cooperative links among service providers to ensure that vulnerable children are identified and receive appropriate support, to enable parents to feel that they are entitled to ask for help in caring for their children, and to develop appropriate prevention and



### *Children of Parents with Mental Illness*

Edited by Vicki Cowling, ACER, Camberwell, 1999. Price: \$24.95.

early intervention programs. Chapter Four provides perceptions of the needs of parents and children from a parent’s point of view.

Part III deals with mental health and the law in Victoria. Parental mental illness may contribute to the risk of child abuse or neglect. When the parent receives appropriate treatment, has supportive family and friends, and has access to adequate income and housing, the vulnerability of a child is reduced. However when other risk factors are present, such as substance abuse, family violence, poverty, homelessness or social isolation, the child’s vulnerability is increased. Author Robert Ross warns that: ‘in the presence of multiple risk factors, such as mental illness and family violence, it is important that assessment and planning address each issue separately while considering how they may be interrelated.’

Professionals may be faced with situations where the rights of child and parent are in conflict. When this occurs,

response needs to be tailored to the needs of the mentally ill parent, the family and the children, and inter-agency collaboration is essential for this to happen.

Part IV describes recent programs available for parents and children. Until the Families Together program began in New South Wales, there was no comprehensive community-based home visiting support program in Australia for parents with a long-term mental illness who have a dependent child. While the programs described in this book are generally at an early stage of development, their very existence is heartening and an indication that children of mentally ill parents are losing their ‘invisibility’.

One program provides a home-based outreach support service for women with psychiatric disabilities who have dependent children in their care. The program is described and two consumers provide feedback. The respectful, non-judgemental one-to-one support is valued, as are the group meetings: ‘I’m glad that the MSP exists. It really is a help to me.’

Also described is Parenting Together, a community peer support program for the mentally ill parents. Feedback from the group’s participants is again positive: ‘It has helped me to get well through support, confidence and people who had confidence that I was an okay mum.’

The Anglicare Croydon Family Support program is an outreach, in-home support program for families with children aged 0–13 years. Approximately 40 per cent of the parents have a mental illness. A strength of the program is its capacity to work with families on a long-term basis, and well-established networks facilitate inter-agency communication and cooperation.

Other programs such as the CHAMPS project at the Mental Health Research Institute work directly with the young people affected by the mental illness

of a parent. CHAMPS offers a peer support program in the form of a camp, designed to have a balance of activities between robust physical exercise and quiet times, between structured and unstructured activities. The educative process is not separate but evolves from the camp activities and ensuing discussions. Comments from children and leaders clearly indicate their success.

As Rose, a camp leader, comments: 'The questions and revelations come thick and fast, so that the children compete for "air time" to pose their question or describe a particularly harrowing event. Watching hands being raised in the air, frantically trying to get answers they haven't had before, saying things never before said. Looking around and realising they are not aliens from another planet just because they have a mum who is different. Seeing the seasoned players offer advice, comfort. Watching in awe as the 13-year-old tough boy gently wove beads into the hair of a quiet nine-year-old, all the while chatting about this and that. Makes the exhaustion by Sunday night worthwhile.'

Loosely modelled on the Melbourne CHAMPS program, Kids with Confidence was a pilot peer support program for children located in the Loddon Southern Mallee region. This program consisted of eight weekly sessions after school, of approximately one-and-a-half hours' duration. Each session had a specific theme or topic for discussion, followed by an activity, a brief summary and some time for the children to 'do their own thing'. As yet the program has not been formally evaluated, but the project team found the experience rewarding and the approach promising. Post-program responses from the young participants were positive.

Another program for young people is Paying Attention to Self (PATS) run by the Centre for Adolescent Health in Melbourne. This is a peer support program which aims to provide young people with the opportunity to share their experiences and be supported by other young people in a similar situation. The program runs over a six-week period, with young people coming together for two hours once a week. Between five and eight young people aged 13-17 attend each group, which is co-facilitated by a health professional and a peer leader (who also has a parent with mental health problems). The focus is on developing skills among young people to increase their resilience and deal with their parent's illness.

*Children of Parents with Mental Illness*, concludes with principles for

## NEW PUBLICATION

# Looking after children

Research conducted in Australia and overseas has found clear evidence of poor physical and psychological outcomes for some children looked after away from home, raising concerns about the quality of services provided to children and the extent to which the interventions of the child and family welfare system actually meet the needs of those for whom they are intended.

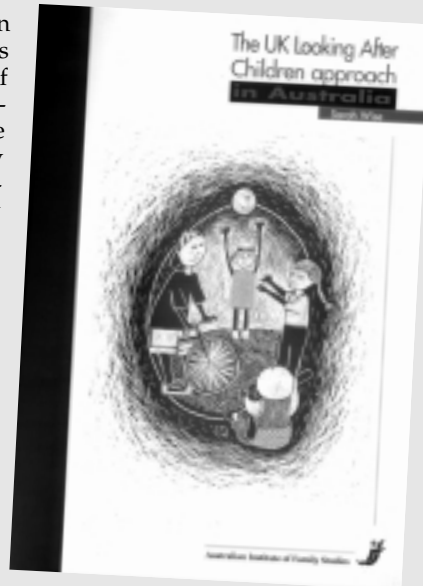
In the United Kingdom, the same concerns led to the development of the 'Looking After Children' approach. Looking After Children is an assessment, case-planning and review system designed to promote positive development outcomes among children and young people who are required to live away from their families of origin.

*The Looking After Children approach in Australia*, published by the Australian Institute of Family Studies, provides an informative account of the development of Looking After Children in the United Kingdom, and an analysis of its applicability in Australia. It argues that the Looking After Children approach may have measurable benefits for child care services in Australia.

The experience of a Victorian pilot implementation of Looking After Children, including details from an evaluation of the success of the pilot in improving the health and wellbeing of the children and young people in substitute care, is reported to demonstrate the potential of the approach to improve assessment, case-management and review systems, and in this way to secure children's wellbeing.

This book is a useful resource for anyone concerned with the wellbeing of children and young people who, for whatever reason, are required to live away from their families of origin.

*The Looking After Children Approach in Australia*, by Sarah Wise, Australian Institute of Family Studies, 1999. 76 pages, \$15.00 plus \$3.00 postage and handling.



collaboration and a model for developing a collaborative approach. A useful list of resources, which cover both professional material as well as books suitable for children and young people, is provided in an appendix.

The book is impressive by virtue of its comprehensive coverage of research,

policy, practice and legislation. A major strength is the insights provided by the representation of consumers and carers, as well as service providers. The book constitutes a valuable resource for anyone concerned about families with mental health problems, and is also immensely readable.



If you wish forthcoming conferences or events to be listed in the Child Abuse Prevention Newsletter, and the Institute's Internet pages, please send details to Belinda Snider, Australian Institute of Family Studies, 300 Queen Street, Melbourne 3000 Victoria, Australia. Phone: (03) 9214 7864. Fax: (03) 9214 7839. Email: belinda@aifs.org.au

### **6–11 February 2000** **Children's Rights** **Oxford, UK**

This seminar will be of particular interest to law enforcement officials, judges, social workers, educators, parliamentary draftspersons, lawyers and medical professionals, as well as those working in the media and non-government organisations. The main topics will include: Child participation in decisions which effect their lives and their own communities; Child justice; Child health; Adoption and fostering; and The rights of children in institutions.

*Further information:* Robert Pinheiro, Promotions Manager, International Networking Events, The British Council, 1 Beaumont Place, Oxford OX1 2PJ UK. Phone: +44 (0) 1865 302 703. Fax: +44 (0) 1865 557 368. Email: robert.pinheiro@britishcouncil.org. Internet: <http://www.britishcouncil.org/networkevents>

### **10–11 February 2000** **Psychotherapy with Sexually Abused Children** **Westmead Hospital, Sydney**

The Northern Centre Against Sexual Assault, Austin and Repatriation Medical Centre Melbourne and the Men's Counselling Service present a two day clinical workshop with William Friedrich, Professor at the Department of Psychiatry and Psychology from the Mayo Clinic, USA. Dr Friedrich has developed a framework for an integrated model that borrows from three well developed theoretical perspectives: attachment theory; behaviour/emotion regulation; and self-perception/development.

*Further information:* Chris Dawson or Bernice Morgan, The Men's Counselling Service, PO Box 1031, Fitzroy North Vic 3068. Phone/Fax: (03) 9489 1010. Email: C.Dawson@austin.unimel.edu.au

### **14–15 February 2000** **Psychotherapy with Sexually Abused Children** **Royal Children's Hospital, Melbourne**

The Northern Centre Against Sexual Assault, Austin and Repatriation Medical Centre Melbourne and the

Men's Counselling Service present a two day clinical workshop with William Friedrich, Professor at the Department of Psychiatry and Psychology from the Mayo Clinic, USA. Dr Friedrich has developed a framework for an integrated model that borrows from three well developed theoretical perspectives: attachment theory; behaviour/emotion regulation; and self-perception/development.

*Further information:* Chris Dawson or Bernice Morgan, The Men's Counselling Service, PO Box 1031, Fitzroy North Vic 3068. Phone/Fax: (03) 9489 1010. Email: C.Dawson@austin.unimel.edu.au

### **18–19 February 2000** **Helping Families Change** **Brisbane, Qld**

Keynote speakers at this conference from The Parenting and Family Support Centre at The University of Queensland will include: Professor Sharon Foster, California School of Professional Psychology, San Diego, on 'Promoting positive parenting and adolescent relationships'; Associate Professor Sandra Azar, Clarke University, on 'Prevention and treatment of child abuse and neglect'; and Associate Professor Matt Sanders, University of Queensland, on 'Challenges and new directions in family intervention research and practice.' Proposals are welcome for symposia, papers, workshop presentations and poster presentations in the following areas: Prevention and treatment of child abuse and neglect; Internalising and externalising disorders in childhood; Early intervention/prevention programs for families; Risk and resilience factors in childhood; Dissemination of child and family interventions; Cross-cultural issues in parenting; and Research in parent-child, parent-parent and couple relationships.

*Further information:* Shylaja Gooley, Scientific Program Convenor, Helping Families Change Conference, Parenting and Family Support Centre, School of Psychology, University of Queensland, Brisbane Queensland 4072. Fax: +61 7 3365 6724; Email: shylaja@psy.uq.edu.au/ For registration enquiries, Email: emma@psy.uq.edu.au/ Internet: <http://www.pfsc.uq.edu.au/>

### **15–16 April 2000** **Promoting a Peace-able Community** **Adelaide, SA**

The Protective Behaviours National Forum, NAPCAN and MISSION SA are hosting 'A Stitch in time: Promoting a Peace-able Community', a proactive gathering aimed at promoting positive alternatives to violence. The conference aims to bring together people of all ages and from all sections of the community to work together and explore strategies for early prevention of violence through the promotion of health and wellbeing.

*Further information:* A Stitch in Time Conference, Starr Conference Management, 11 Seventh Avenue, Cheltenham SA 5014. Phone: (08) 8341 1492. Fax: (08) 8341 1635.

### **10–15 July 2000** **Child Abuse and Neglect** **Chicago, Illinois**

The American Professional Society on the Abuse of Children (APSAC) Eighth National Colloquium is a major source of information and research for interdisciplinary professionals in the field of child abuse and neglect. Designed specifically for professionals in mental health, medicine, education, law, law enforcement, and child protective services, APSAC's seminars – taught by leading experts in their fields – provide the most current thinking and innovations in practice and research. APSAC is soliciting abstracts for its pre-conference institute on cultural diversity as well as interdisciplinary training and research presentations at the eighth national colloquium.

*Further information:* Education Department, APSAC, 407 South Dearborn St., Suite 1300 Chicago, IL 60605. Phone: 312-554-0166; Fax: 312-554-0919. Email: APSACEduc@aol.com. Internet: <http://www.apsac.org>

### **7–11 August 2000** **International Child Welfare** **Sydney, NSW**

World Forum is an international child welfare conference convened every year by the International Forum for Child Welfare (IFCW). World Forum 2000 will be hosted in Sydney,

Australia by the Association of Children's Welfare Agencies (ACWA). At World Forum the leaders of major child welfare agencies from many countries focus on important issues that affect the lives of children around the world using the UN Convention on the Rights of the Child as a constant reference point while working to increase their abilities to serve children. With the theme 'Children First in the New Millennium: A New Commitment to Children and Young People', World Forum 2000 marks the commencement of a new era where the first concern is to hear and value the voice of children and young people who experience disadvantage and together take urgent action to address their rights and needs.

*Further information:* Sharyn Low, Convenor World Forum 2000, PO Box 23 Pitt Town NSW 2756, Australia. Phone: (02) 4572 3079. Fax: (02) 4572 3972. Email: sharyn@zeta.org.au. Internet: <http://www.acwa.asn.au/wf2000>

**3–6 September 2000**  
***Child Abuse and Neglect***  
**Durban, South Africa**

The South African Society for the Prevention of Child Abuse and Neglect (SASPCAN) is organising the International Society for the Prevention of Child Abuse and Neglect's international congress with the theme, Implementing the United Nations Convention on the Rights of the Child: Myth or Reality. Sub-topics include: prevention and protection including the concept of 'good-enough parenting'; children and violence, including child refugees and children affected by war; children affected by and infected with HIV/AIDS; child labour and child sex workers; children and poverty; justice, legislation, and law enforcement in the field of child protection; culture and context in relation to children's rights; offender management, including child, adolescent and adult offenders; medical issues in child abuse and neglect. Deadline for abstract submission is 31 January 2000.

*Further information:* The South African Society for the Prevention of Child Abuse and Neglect, Private Bag X37, Greyville 4023, Durban, South Africa. Julie Todd, SASPCAN President, or Musa Mbanjwa, SASPCAN Chair. Fax: 27 31 3129441. Email: delegates@dbn.lia.net

**17–20 September 2000**  
***Changes in Child Protection***  
**University of York**

The Fourth National Congress of the British Association for the Study and Prevention of Child Abuse and Neglect is entitled 'Meeting children's

needs: the opportunity for change in child protection. It will include international keynote speakers, free papers, symposia, workshops and poster presentations for a range of professionals from different disciplines involved in child welfare. The deadline for submission of abstracts is 15 January 2000.

*Further information:* BASPCAN National Office, 10 Priory Street, York, YO1 6EZ, UK. Phone: +44 (0) 1904 613605. Fax: +44 (0) 1904 642239. Email: conferences@baspcan.org.uk

**11–15 March 2001**  
***Media for Children***  
**Thessaloniki Greece**

The 3rd World Summit on Media for Children is being organised by the European Children's Television Centre. The title of the conference reflects the widening of the summit's scope from

children and television to the media generally, with advances in technology being one of the program themes. One of the aims of the summit is to bring the research community closer to industry.

*Further information:* Email: summit@childrens-media.org. Internet: [www.childrens-media.org](http://www.childrens-media.org)

**18–21 September 2001**  
***Rights of Children and Youth***  
**Bath, UK**

The World Congress on Family Law and the Rights of Children and Youth will be held in Bath in the United Kingdom next September.

*Further information:* Capital Conferences Pty Ltd, PO Box N399, Grosvenor Place NSW 1220. Phone: (02) 9252 3388. Fax: (02) 9241 5282. Email: capcon@ozemail.com.au

**CHOOSE WITH CARE**

In response to the problem of child sex abusers infiltrating agencies, ECPAT Australia (End Child Prostitution, Pornography and Trafficking) and MacKillop Family Services have produced *Choose with Care: A Guide for the Recruitment of Staff in Organisations Working with Children*.

Written specifically for non-government organisations, this handbook offers strategies and good selection processes for the appointment of staff and volunteers. These strategies will assist organisations to deter potential abusers and deny them entry to the organisation, thus reducing the risk of child abuse from selection errors.

Each phase of the selection process is examined with tips and ideas for improved practice. Contents include:

- The Aware culture
- Basic principles of good selection
- A model of recruitment, selection and support
- Recruitment (job description, setting clear criteria, realistic job previews)
- The employment interview (with ideas on questioning styles, approaches and decision making)
- Reference checks
- Alternative methods of selection
- Psychological testing
- Pre-employment checks
- Documentation
- Staff support and management (including an overview of strategies for induction, supervision, support and training)
- Guides and models to enable these principles to be put into action.

*Choose with Care* can be purchased from ECPAT Australia, PO Box 1725 Collingwood Victoria 3066, Australia. Price: \$20 (includes postage within Australia only).

# CLEARINGHOUSE PUBLICATIONS



The National Child Protection Clearinghouse at the Australian Institute of Family Studies produces three types of publication – Issues Papers, Discussion Papers, and Newsletters. These publications are available from the Australian Institute of Family Studies free of charge.

## Child Abuse Prevention – Issues Papers

Tomison, Adam M. and Wise, Sarah (1999), Community-based approaches in preventing child maltreatment.

Tomison, Adam M. (1998), Valuing parent education: a cornerstone of child abuse prevention.

Mullen, Paul E. and Fleming, Jillian (1998), Long-term effects of child sexual abuse.

Tomison, Adam M. and Tucci, Joe (1997), Emotional abuse: the hidden form of maltreatment.

Tomison, Adam M. (1996), Child maltreatment and disability.

Tomison, Adam M. (1996), The intergenerational transmission of child maltreatment.

Tomison, Adam M. (1995), Update on child sexual abuse.

Tomison, Adam M. (1995), Spotlight on child neglect.

James, Marianne (1994), Child abuse prevention: a perspective on parent enhancement programs from the United States.

James, Marianne (1994), Domestic violence as a form of child abuse: identification and prevention.

James, Marianne (1994), Child abuse and neglect: incidence and prevention.

## Child Abuse Prevention - Discussion Papers

Tomison, Adam M. (1996), Child maltreatment and family structure.

Tomison, Adam M. (1996), Child maltreatment and substance abuse.

Tomison, Adam M. (1996), Child maltreatment and mental disorder.

## Child Abuse Prevention – Newsletters

The National Child Protection Clearinghouse Newsletter, *Child Abuse Prevention*, is produced twice a year to keep members up-to-date with new information and provide a forum for ideas.

**Clearinghouse publications can be downloaded from the Australian Institute of Family Studies Website: [www.aifs.org.au/](http://www.aifs.org.au/) or obtained free of charge by contacting the Institute: phone (03) 9214 7888.**

← For details see opposite



## NATIONAL CHILD PROTECTION CLEARINGHOUSE

Please send questionnaire concerning my program activities.  Please add my name to your mailing list

Title  Full name

Organisation

Address  (Postcode)

Phone  Fax



Send your application to:

**National Child Protection Clearinghouse,  
Australian Institute of Family Studies, 300 Queen Street, Melbourne, Victoria 3000 Australia.  
Phone: (03) 9214 7888. Fax: (03) 9214 7839. Internet: <http://www.aifs.org.au/external/nch/>**

APPLICATION FORM