

CHAPTER 6

Best practice principles in working with children and families

6.1 INTERVENING EARLY WITH CHILDREN, YOUNG PEOPLE AND FAMILIES

The abuse and neglect of children and young people can have detrimental and far-reaching consequences. Increasingly government and non-government agencies are expanding their focus to intervene earlier with families, to help prevent their problems from escalating.

The importance of early intervention programs is based on well-established evidence that the first years of a child's life are crucial in setting the foundation for life-long health and learning behaviours. Early provision and coordination of services for children and their families assists parents to give their children a good start in life, and can reduce or avoid the need for protective action.

'Early Intervention' is the process of identifying and responding early to reduce the risk, or ameliorate the effect of less-than-optimal social and physical environments. One of the goals of early intervention with children and families is to prevent the development of more serious problems that require more intensive or specialist assistance later on.

The term 'early intervention' in a child protection context can be used in two ways. The first refers to intervention as soon as a problem is apparent, and the second is intervention early in a person's life to ensure that they are supported in the most formative developmental years. Early intervention programs therefore operate across the full continuum of service supports. They include programs that focus on preventing the development of future problems, such as child abuse, emotional and behavioural problems, substance abuse and criminal behaviour, as well as programs that assist and promote the necessary conditions for a child's healthy development.

REFER Appendix 7 for an overview of key prevention and early intervention programs operating in NSW.

The Act has a number of provisions that allow children and young people, as well as parents and any other persons in some restricted circumstances, to ask for assistance from the Department of Community Services before a problem becomes more serious:

- ▶ **a child or young person** may seek assistance from the Department of Community Services
- ▶ **a parent of a child or young person** may ask the Department of Community Services for assistance to obtain services that will enable the child or young person to remain in or return to the care of their family
- ▶ **a parent, child or young person, or any other person** may seek assistance from the Department of Community Services where there is a serious or persistent conflict between a child or young person and their parents; or in circumstances where the parents are unable to provide adequate supervision to such an extent that it places the child or young person in jeopardy. This is targeting those circumstances where children or young people and their parents experience a breakdown in their relationship.

6.2 ENGAGING FAMILIES

The majority of children, young people and families who come in contact with the child protection system do so involuntarily. This creates a challenge for practitioners seeking to establish rapport and a positive communication process. Practice can also be challenged by the personal views of practitioners, such as:

- ▶ a belief that engaging with the family condones inappropriate behaviour
- ▶ a belief that the practitioner will be betraying the family if the child or young person is subsequently removed from their care
- ▶ a belief that the family cannot understand or achieve what is expected
- ▶ biases, such as those arising from an individual's cultural or religious background or upbringing.

The family may also be challenged by the process of engagement.* For instance, they may have:

- ▶ poor past experiences with a government agency or community service
- ▶ no previous experience with and possible fear of child protection practitioners
- ▶ a belief that no problem exists or a reluctance to face the current issues
- ▶ a belief that agency involvement is unnecessary
- ▶ difficulties in forming positive interpersonal relationships resulting from factors such as low self-esteem, depression or attention-seeking behaviours.

Engaging the family is critical to a successful assessment and intervention process, and is fundamental to promoting shared decision-making. Engagement refers to the development of a respectful, collaborative working relationship between a family and a practitioner. Engagement is an interactive process that begins with the first contact, and is fundamental to changing the conditions or patterns of behaviour that contributed to the risk of harm.¹⁷

It facilitates a two-way provision of information, improved communication, inclusive and participatory decision-making, and open and honest relationships. Engagement is further assisted by:

- ▶ listening actively
- ▶ being honest
- ▶ using language that is free of jargon and that is appropriate for the person's abilities and understanding
- ▶ being inclusive of culture and considering any special needs of a family member^o
- ▶ taking a non-judgmental approach
- ▶ being positive and identifying strengths
- ▶ recognising that the time taken for people to engage will vary
- ▶ ensuring that interpreters are engaged if the person has difficulty with communication or if they request an interpreter.

Continued attention to the relationship between the practitioner and the family is essential. The safety of children must never be compromised for the sake of the quality of a relationship between a practitioner and the parents or caregivers.

¹⁷ Weakland, J. & Jordan, L. (1990). Working briefly with reluctant clients: Child protective services as an example. *Family Therapy Case Studies*, 5(2), 51-68.

*PRACTICE POINT

RESISTANCE MAY BE EXPRESSED BY BEING AGGRESSIVE, BLAMING OR DENYING THE EXISTENCE OF THE PROBLEMS OR BY AGREEING TO DO SOMETHING BUT NOT FOLLOWING THROUGH WITH THE ACTION.

°PRACTICE POINT

WHERE IT IS KNOWN THAT THERE ARE SPECIAL ISSUES RELATING TO THE CHILD, YOUNG PERSON OR THEIR PARENTS OR CARERS, SUCH AS ABORIGINALITY, CULTURE OR A DISABILITY, ASSISTANCE MAY NEED TO BE SOUGHT FROM AN ORGANISATION WITH SPECIAL EXPERTISE AS EARLY AS POSSIBLE.

6.3 ENGAGING CHILDREN AND YOUNG PEOPLE

A consistent theme of child death reviews in the context of child protection, both nationally and internationally, has been the failure to engage children and young people in the process of assessment, planning and intervention.*

Practitioners' engagement with children and young people is an integral part of everyday child protection practice, and the onus is on the practitioner to fashion an environment that will facilitate rapport-building with the child. Additionally, it is critical that contact with the child is not always driven by the practitioner's need for information, but recognises that children and young people sometimes need to lead discussions, thus improving the likelihood that their needs are also heard.

In general, a caring, non-judgmental attitude encourages engagement with children and young people:

- ▶ listen to what they have to say without interrupting or criticising
- ▶ listen to what they want
- ▶ take their fears and concerns seriously
- ▶ be available and reliable
- ▶ let them know that you are there to provide assistance
- ▶ recognise and encourage their strengths
- ▶ provide them with information, and be vigilant to how you can facilitate their involvement

A range of communication methods can be used to maintain ongoing contact with a child or young person.^o For example, writing emails, posting letters, or sending SMS text messages can support the usual forms of direct meetings. Special occasion meetings or venues can also be considered where appropriate, such as at the local park, providing that appropriate permissions are sought. For children and young people from backgrounds that are culturally, linguistically and religiously diverse, the use of accredited interpreters is advised.

6.4 ENGAGING ABORIGINAL PEOPLE

The Act makes special provision in relation to statutory services for Aboriginal children and families. These are:

1. Early confirmation of whether a child or young person subject of a risk of harm report is Aboriginal. The Department of Community Services is to make reasonable enquiries to establish this. Such information is important for the purpose of providing culturally appropriate referrals, interventions and services.
2. An emphasis on self-determination for Aboriginal people, requiring the development of strategies at a program level to encourage and promote self-determination.
3. The provision of opportunities for participation in decision-making is highlighted for Aboriginal families, communities and organisations. This relates to any significant decisions that are to be made about an individual child who is Aboriginal in the context of child protection, including the decision to remove a child or young person from the care of the parent or caregiver.

An understanding of the historical and sociocultural factors that have shaped parenting practices in Aboriginal societies is a critical aspect of working with Aboriginal families and communities. Historically, Aboriginal people have been subject to government policies that resulted in dispossession of their land and the removal of children from families and communities. This has invariably led to a loss of traditional relationships, cultural identity, kinship ties, Aboriginal law and parenting capacity.

*PRACTICE POINT

A RECENT RESEARCH PROJECT UNDERTAKEN IN NSW BY THE UNIVERSITY OF WESTERN SYDNEY AND THE BENEVOLENT SOCIETY HAS HIGHLIGHTED THAT MUCH OF CHILD PROTECTION WORK HAS AN ADULT ORIENTATION. IT PROPOSES MANY REASONS FOR THIS, INCLUDING THE SIMPLE REALITY THAT ADULTS COMMUNICATE MORE EASILY WITH OTHER ADULTS: "EFFECTIVELY ENGAGING CHILDREN CAN TAKE LONGER AND REQUIRES DIFFERENT SKILLS FROM ENGAGING ADULTS".

°PRACTICE POINT

RESOURCES ARE AVAILABLE THAT FACILITATE ENGAGING CHILDREN AND YOUNG PEOPLE IN THE INTERVENTION PROCESS, IN A WAY THAT IS NON-THREATENING. TWO POPULAR EXAMPLES ARE 'STRENGTH CARDS FOR KIDS' AND 'BEAR CARDS'. THESE ARE HIGHLY VERSATILE TOOLS THAT CAN BE USED WITH A WIDE RANGE OF CHILDREN. THE CARDS WERE DEVELOPED BY ST LUKE'S FAMILY CARE, A MAJOR PROVIDER OF FAMILY AND COMMUNITY SERVICES IN NORTH CENTRAL VICTORIA. BOTH 'STRENGTH CARDS' AND 'BEAR CARDS' CAN BE ACCESSED FROM THE FOLLOWING WEBSITE:
[HTTP://WWW.INNOVATIVERESOURCES.ORG](http://www.innovativeresources.org).

The *Bringing Them Home* report noted that:

Aboriginal children have been forcibly removed from their families and communities since the very first days of the European occupation of Australia. In that time, not one Aboriginal family has escaped the effects. Most families have been affected in one or more generations by the removal of one or more children. Nationally, the Inquiry concluded that between one in three and one in ten Aboriginal children were forcibly removed from their families and communities between 1910 and 1970.¹⁸

It is increasingly recognised that the historical impact of colonialism and cultural disconnection has had an indelible impact on Aboriginal people. The loss of land, culture, roles and kinship are experienced as current losses that still require mourning. According to the National Chairperson of the Secretariat of National Aboriginal and Islander Child Care (SNAICC), 'it is important not to dismiss these losses as simply belonging to the past but acknowledge how important these losses are for Aboriginal people today.'¹⁹

Child protection interventions remain higher for Aboriginal children – an indication that Aboriginal families continue to experience significant disadvantage. Data from the Australian Institute of Health and Welfare indicate that Aboriginal children are subject to orders of the Children's Court at a rate of nearly 8.5 times higher than other children.

The following causes are identified as contributing to the over-representation of Aboriginal children and young people in the child protection system today. Their influence needs to be viewed as part of a complex historical picture of disadvantage and oppression:

- ▶ the effects of institutionalisation and removal policies – such as the intergenerational impact of previous separations of children from family and culture
- ▶ breakdown of community kinship systems
- ▶ entrenched poverty
- ▶ poor socioeconomic status (housing, education and unemployment)
- ▶ differences in child rearing practices
- ▶ alcohol and other drug misuse
- ▶ high incidence of domestic violence
- ▶ in some communities, the high incidence of child sexual abuse.

Recognition of the historical impacts does not override the need to report and respond to child protection concerns in Aboriginal families and communities.

Two Ways Together, the NSW Aboriginal Affairs Plan 2003–2012, provides the policy framework for interagency work on Aboriginal affairs.

REFER Further information is available online from the Department of Aboriginal Affairs website: <http://www.daa.nsw.gov.au/policies/twtreport.html>.

To facilitate engagement with Aboriginal people, it is necessary for practitioners to have an understanding of:

- ▶ the historical influences on individuals and communities that have led to a mistrust of welfare authorities and other institutions
- ▶ the different family structures and how these influence decision-making – for example, decision-making is often based on a consensus of extended family and kin views rather than on the opinion of key individuals
- ▶ the time that it takes to build trust and respect

¹⁸ *Bringing Them Home Report. National Inquiry into the separation of Aboriginal and Torres Strait Islander Children from their Families*, 1997, Human Rights and Equal Opportunity Commission (HREOC), Commonwealth of Australia, Canberra.

¹⁹ Bamblett, M., 'Living and Learning Together: A Celebration and Appreciation of Diversity', 2004, in *Developing Practice* 13: Winter p 29.

- ▶ the nature of competing and complex community responsibilities and priorities and how these might affect service accessibility
- ▶ the subtle communication styles that can influence outcomes
- ▶ the value of consulting with specialist Aboriginal staff in your own agency for cultural guidance.

At a local or regional level, it is important to understand that there are different protocols and styles of engagement for different Aboriginal communities. There are more than 500 different Aboriginal cultures across Australia, all with distinct histories and language. While broad similarities exist, it is inaccurate to have a generic 'one size' interpretation of Aboriginal culture.

This diversity highlights the importance of cultural awareness training that is locality-specific. Each Aboriginal community usually has its own protocols, which provide guidance on standards of behaviour, respect and knowledge that need to be acknowledged and taken into consideration.*

REFER Appendix 4, 'A guide to developing a protocol between local Aboriginal organisations'

REFER Appendix 5, Aboriginal tribal/language groups in Australia, provides a map of the Aboriginal tribal/language groups across NSW.

6.5 ENGAGING PEOPLE FROM BACKGROUNDS OF CULTURAL, LINGUISTIC AND RELIGIOUS DIVERSITY^o

Additional stress and opportunities for miscommunication are likely when children, young people and families have:

- ▶ little or no English language skills
- ▶ differing cultural and religious values about revealing personal information
- ▶ a different understanding of what is good parenting and/or a different understanding of the nature of harm to children
- ▶ different perceptions and experiences of the role of government and its intervention, especially where experiences from their country of origin may have included abuse of power, torture, trauma and victimisation.

When working with clients from backgrounds of cultural, linguistic and religious diversity, it is important that practitioners have an awareness and sensitivity for the culture and religion of the family with whom they are working. It is also important to recognise the particular difficulty faced by persons under stress whose first language is not English.

If a person does not speak or read English at a more than functional level, practitioners have a duty of care to ensure that an accredited interpreter is engaged and, where required, translated material is provided.

With the exception of interpreting basic information such as an address, telephone number or appointment time, it is not appropriate to use friends, relatives or children of clients as interpreters, because:

- ▶ failure to ensure clear communication is a failure of duty of care that may lead to poor outcomes for the clients and liability to the service provider, particularly where a court or other legal process is involved
- ▶ it places undue stress on children and may create reversal of roles within families or other unhelpful or damaging dynamics within the family
- ▶ children, relatives and friends may have an investment in particular outcomes. For example, these may relate to their views rather than the issue of the child's need for safety, and such views may filter or distort the message the practitioner needs to share with the client, based on their own perceptions
- ▶ their English proficiency or their first language proficiency may be inadequate.

*PRACTICE POINT

IT IS BENEFICIAL TO BE ACTIVE IN INTERAGENCY NETWORKING AS THIS ASSISTS IN BUILDING LOCAL RELATIONSHIPS AND KNOWLEDGE.

^oPRACTICE POINT

NEW SOUTH WALES IS ONE OF THE MOST CULTURALLY DIVERSE COMMUNITIES IN AUSTRALIA. PEOPLE FROM AROUND 140 BIRTHPLACES HAVE MADE THE STATE THEIR HOME; IN ADDITION, AROUND 26 PER CENT OF THE POPULATION SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, AND MORE THAN 225,000 PEOPLE DO NOT SPEAK ENGLISH WELL OR AT ALL. THIS DIVERSITY IS A RICH ASSET, AND THERE ARE A DIVERSE RANGE OF APPROACHES TO PARENTING THAT SHOULD BE RECOGNISED BY CHILD PROTECTION PRACTITIONERS. DIVERSITY ALSO REQUIRES PLANNING AND INNOVATION WHEN DELIVERING PROGRAMS AND SERVICES TO ENSURE THEY POTENTIALLY MEET THE NEEDS OF ALL FAMILIES IN NSW.

Deaf people are also officially recognised as one of Australia's linguistic and cultural minority groups. Where an individual uses Australian Sign Language (ASLAN) as their primary communication it is important to use professional interpreters accredited by National Accreditation Authority for Translators and Interpreters (NAATI).

NOTE When engaging people from culturally and linguistically diverse backgrounds, wherever possible staff should seek a NAATI-accredited interpreter. A support person should not be used to interpret unless NAATI-accredited.

REFER Telephone interpreters are available through the Translating and Interpreting Service (TIS), and can be accessed nationwide 24 hours a day, 7 days per week on **131 450**.

REFER On-site interpreters are available through the Language Services Division of the Community Relations Commission 24 hours a day, 7 days per week on **1300 651 500**. This service is offered primarily on a user-pays basis, with exemptions provided on a needs basis.

6.6 ENGAGING PEOPLE WHO HAVE A DISABILITY

Disabilities in a child, young person or their parent or caregiver can include serious emotional disturbance, developmental disabilities that affect cognitive capacity, psychiatric disabilities, serious medical disabilities, serious physical disabilities or perceptual disabilities.

Intellectual disability may affect a person in the following ways:

- ▶ the person may take longer to learn things and absorb information
- ▶ the person may have difficulty in reading and writing
- ▶ the person may have difficulty understanding questions, abstract concepts or instructions
- ▶ the person may have difficulty with numbers and other measures such as money, time and dates
- ▶ it can affect how the person talks
- ▶ the person may find communication over the phone difficult
- ▶ the person may find it difficult to plan ahead
- ▶ the person may have difficulty expressing their needs
- ▶ the person may need education and training adapted to their level of understanding and development
- ▶ the person may be vulnerable to suggestion
- ▶ the person may give a false impression of understanding
- ▶ the person might find it difficult to adapt to new environments and situations.

REFER For additional information on supporting people who have a disability, refer to <http://www.dadhc.nsw.gov.au/dadhc/people>.

Engaging with parents, children and young people who have an intellectual disability necessitates the use of appropriate language concepts and communication strategies. Every effort needs to be made to maximise opportunities for people to communicate for themselves. Aids such as the use of communication boards and books, symbols, photographs, or the like could be considered as appropriate.

The presence of a support person or advocate will assist many people with disabilities to participate more effectively in discussions and decisions that affect them. This could include the use of advocates or advocacy programs in the case of broader service planning. When using advocates, it is important to ensure the advocate is qualified to undertake the task.

REFER Sections 9, 36 and 202 of the *Children and Young Persons (Care and Protection) Act 1998*

REFER For additional information on advocacy and non-government organisations for people with a disability, refer to <http://www.dadhc.nsw.gov.au/dadhc/links/useful>.

6.7 FACILITATING REFERRALS

Many agencies will, at some time, be engaged in the practice of assessing the need of a child, young person or family, determining a suitable service to meet this need, and then negotiating a referral with the identified agency.

Referral is a key activity in child protection work, and one that requires reliable communication and good coordination between staff from different agencies.

REFER There are a number of human services resource directories that can assist in the identification of services for children, young people and families. These are available online as follows:

Human Services Network: <http://www.hsnet.nsw.gov.au>

Parenting Services Directory: <http://www.parenting.nsw.gov.au>

Greater Western Sydney Community Services Directory: <http://directory.ngo.net.au>

The referral process has a direct correlation to child, young person and family outcomes, and an unsuccessful referral process can lead to several complications such as:

- ▶ the client's failure to attend or engage with the service
- ▶ the 'referred to' agency providing a service different to that intended by the 'referring' agency or to that which the child, young person or family actually needs
- ▶ the referring agency ceasing their involvement with the client prematurely on the assumption that the referral has led to the provision of the service.

Referrals are made at a range of points in the service relationship between the child, young person or their family, and the referring agency. Where an agency has little knowledge of a person (as in the case of a simple enquiry or telephone counselling service), the referral process is likely to be informal and communicated verbally, with that person's full consent for information exchange. There is also no obligation on any of the parties to follow up the referral.

At other times, the referring agency will already be engaged in a service relationship with the family or family member. This might be in the role of therapist, health care professional, counsellor or family support worker. In these situations, the referral usually occurs following assessment, and is made in response to an identified strategy to promote change, provide support, and reduce the level of risk to a child or young person.

The following activities are likely to ensure an effective referral process:

- ▶ agencies having clear and uncomplicated referral procedures; and an efficient response to the management of referral intakes
- ▶ practitioners making initial enquiries with the identified agency for the purpose of determining whether that agency can provide the required service, and whether the eligibility criteria are met
- ▶ practitioners involving the child, young person or the family in decision-making about service options – this could range from consulting with them about services to empowering them to directly negotiate the referral
- ▶ practitioners providing or arranging for a 'bridging' service to the child, young person or family in circumstances where there will be delays before the referral can be accepted by the preferred agency
- ▶ ensuring that client consent has been obtained prior to providing personal details about the child, young person or family to another agency
- ▶ as appropriate to the circumstances, ensuring that information critical to the safety, welfare and wellbeing of the child or young person is provided to the new agency; as well as information about 'worker safety' concerns
- ▶ where other agencies are involved with a family, communicating the new service changes and ensuring that the new agency is included in future case meetings.

NOTE As part of the referral process, particularly when parents are reluctant to face the current issues and/or minimise these, child protection concerns should be raised. This will provide an acknowledgment of the concerns to be addressed by the referral.

The referring agency could use a range of strategies to facilitate a successful engagement between the family and the 'referred to' agency. Active engagement strategies are those intended to increase the rate of 'take up' with the 'referred to' service. Some strategies to assist in engagement are included in the Table 6.1:

Table 6.1: Strategies to facilitate referrals

| By the referring agency | By the 'referred to' agency |
|--|---|
| <ul style="list-style-type: none"> ▶ actively encouraging the family to attend ▶ openly discussing why the service can help ▶ expressing confidence in the service ▶ identifying barriers to engaging with the service and considering strategies to mitigate these ▶ providing concrete assistance to 'get to' the initial appointments – can range from mapping the route from home to service, providing transport or covering costs of transport ▶ accompanying the client to the first contact with the referred to agency – as a support and/or to contribute to the information provided to the agency by the family themselves | <ul style="list-style-type: none"> ▶ making direct contact with the family within 48 hours of the referral ▶ maintaining frequent and regular contact with the family, especially during the first few months – phone, letter, and/or in person contacts ▶ adopting an active and persistent follow-up approach when the family fails to keep an appointment or return a phone call (e.g. making direct contact efforts several times) |

For families receiving protective intervention due to a Department of Community Services determination that a child or young person is in need of care and protection, the engagement of other services and/or timely completion of treatment will typically be part of an agreed case plan. Failure to achieve the case plan goals can have serious and significant consequences, such as the removal of children and young people and their placement in out-of-home care. Active engagement strategies utilised by service providers can significantly encourage families to receive effective intervention.

6.7.1 MANAGING A 'BEST ENDEAVOURS' REQUEST

Section 17 of the Act provides for the Director-General of the Department of Community Services to request a service from a government department, or a non-government agency in receipt of government funding, to provide a service for a particular child, young person or their family. Coupled with this is the Section 18 requirement on the government agency to use its **best endeavours** to comply with any such request.*

The legislation also empowers the Children's Court to request a service from a government department or agency or a funded non-government agency, to provide services that would facilitate restoration. Where the Court exercises Section 85 of the Act in relation to such a request, the government department or agency or the funded non-government agency are to use their 'best endeavours' to provide the service.

Best endeavours means to 'make a genuine and considered effort'. While its intent is not to compel agencies to provide a service that is outside of their expertise or responsibility, Section 18 does provide a government department or agency with a legislative obligation to comply with the request for services.

Requests under Section 17 will not usually be made as a first-attempt referral. The prerequisite conditions are:

- ▶ the identified service or program is necessary for the child or young person's safety, welfare and wellbeing
- ▶ the requested service or program is congruent with the agency mandate

***PRACTICE POINT**

A SECTION 18 OBLIGATION DOES NOT APPLY TO NON-GOVERNMENT AGENCIES, ALTHOUGH MANY NON-GOVERNMENT AGENCIES WILL OPERATE IN THE SPIRIT OF THIS LEGISLATIVE PROVISION.

- ▶ the usual referral channels or referral procedures have not been successful. Such efforts may have been made directly by the family themselves or by an officer of the Department of Community Services.

The Department of Community Services will make a request for service, asking the government department or agency to use their best endeavours in cases where, following a risk assessment, it is decided that the child or young person is at risk of harm and may be in need of care and protection. These requests will most often be in the context of a case plan and therefore usually generated by the Community Services Centre.

In using best endeavours, government agencies should:

- ▶ have documented intake procedures for agencies, children, young people and families that prioritise those who are vulnerable
- ▶ consider risk of harm issues in prioritising the request for assistance
- ▶ manage services flexibly to deal with high demand so that children's or young people's safety, welfare or wellbeing is not compromised
- ▶ deliver accessible services
- ▶ use active attempts to engage families and assist families to make use of services offered.

Wherever requests for a service are made under Section 17 of the Act, the Department of Community Services will make such requests to an agency in writing.

Similarly, agencies are required to provide written advice of their response to a Section 17 request, such as providing information about the service or program that they considered for the family or family member; what they can actually provide, or alternatively, reasons for their inability to provide the required service.