Community Services
Research to Practice Update

Issue 36, August/September

Research Publications – What’s New!

Community Services

Research to Practice Note.
Interagency collaboration: making it work.

This note aims to provide an overview of the literature on facilitators and barriers to interagency collaboration in the child protection context. The perspectives of individual workers, agencies and Government are discussed with an emphasis on practice issues.

Child Protection

Factors related to sibling removal after a child fatality


Many children who die from abuse or neglect are survived by siblings. However, little data are available about what happens to these siblings after the victim’s death, such as whether they are removed from their home. Even less is known about how decisions are made regarding sibling removal following a child fatality. This US study examined social-ecological factors related to the likelihood that siblings would be removed from their homes after a child maltreatment fatality. This study utilised Oklahoma child death review and child welfare data from 1993 to 2003 for 250 families to examine which sibling, caregiver, alleged perpetrator, family, community, and maltreatment characteristics were related to the likelihood that siblings would be removed from their homes after a child maltreatment fatality. This study utilised Oklahoma child death review and child welfare data from 1993 to 2003 for 250 families to examine which sibling, caregiver, alleged perpetrator, family, community, and maltreatment characteristics were related to the likelihood that siblings would be removed from their homes after a child maltreatment fatality. Logistic regression analyses indicated that younger sibling age, more previous family reports to child welfare, and type of maltreatment (i.e., abuse rather than neglect) predicted greater likelihood of sibling removal.

The sibling and family factors found to be related to sibling removal are consistent with literature indicating that these variables are associated with death from child maltreatment. Few caregiver and family variables were predictive of sibling removal, despite evidence that such variables are related to child maltreatment fatalities. Further research that investigates siblings’ return to their homes and subsequent CPS referrals would help to clarify whether decisions about sibling removal were useful in protecting siblings from future maltreatment. Practice implications: It may be important for child welfare workers to consider more caregiver and family factors when making removal decisions after a child maltreatment fatality.

Caseworker-perceived caregiver substance abuse and child protective outcomes


In this US study, the authors used data from the National Survey of Child and Adolescent Well-Being to examine associations of child protective services (CPS) caseworkers’ perceptions of caregiver substance abuse with their perceptions of the severity of risk and harm a child experienced as a result of alleged maltreatment, as well as with whether a family experienced a range of CPS outcomes. The outcomes included whether the family received services from CPS, was substantiated for maltreatment, experienced child removal, and was subject to a termination of parental rights (TPR) petition. The authors also compared the magnitude of the association between caseworker-perceived caregiver substance abuse and each outcome to that of the association between other maltreatment-
related risk factors and each outcome. Findings suggest that, all else equal, caseworker-perceived caregiver substance abuse is associated with increased caseworker perceptions that children have experienced severe risk and harm and also with an increased probability of each of the CPS outcomes except TPR. Moreover, these associations are equal in magnitude or larger than those between the other risk factors and the outcomes. These findings imply that CPS decisions are heavily influenced by caseworker perceptions of caregiver substance abuse, regardless of the presence of other risk factors for child maltreatment.

Children’s challenges to efforts to save them: competing knowledges in the child welfare system.


This US study focuses on how children cooperate with child welfare efforts. It says that some children intend to deceive state actors in child protective services with their understanding of state power. It states that children contribute as architects of their desired lives because of their own understanding of the state and institutions, in which they can choose what information to disclose, request, and deny. It also discusses how child participation in courtrooms can affect state power.

What makes the Australian Institute of Family Studies Library special?

Robin, J. (2010). Incite, 31(8), 22-22

The article discusses the significance of the library at the Australian Institute of Family Studies in Australia. It states that the library is covering the field of child protection, family relationships, sexual assaults, communities, and families. It features over 100,000 bibliographic records specialising in material relating to families and family well-being. It uploads new records to the Libraries Australia and sends records to the Australian Institute of Health and Welfare.

How other agencies can share risk

Garboden, M. (2010). Community Care, 1826, 16-17

The article discusses ways of managing the risk of the increasing number of cases under child protection services. According to Helena McKeown, chair of the British Medical Association’s community care committee, funding of health visitors and child social workers makes it difficult to bring people together to share information about concerns.

Early Intervention

The effects of the healthy families America Home Visitation Program on parenting attitudes and practices and child social and emotional competence.


This study examined the effects of a Healthy Families America (HFA) credentialled home visitation program on the parenting attitudes and practices of a sample of at-risk parents. It also examined the social and emotional competence of children whose parents successfully completed the program. The HFA model is an intensive early intervention program that targets at-risk families through home visitation services. Successful completion of the program is a process that takes between 3 and 5 years. Results indicate that, relative to the baseline, parents who completed the program showed significant positive change in parenting attitudes and practices. In addition, relative to other children their age, the children of families who successfully completed the program exhibited significantly higher levels of performance on measures of social and emotional competence.

What are the parenting experiences of father? The use of household survey data to inform decisions about the delivery of evidence-based parenting interventions to fathers


Participants were 933 fathers participating in a large-scale household survey of parenting practices in Queensland, Australia. Although the majority of fathers reported having few problems with their children, a significant minority reported behavioural and emotional problems and 5% reported that their child showed a potentially problematic level of oppositional and defiant behaviour. Reports of child problems were associated with fathers’ levels of personal stress and socioeconomic disadvantage. Approximately half of all fathers reported the use of one or more coercive parenting strategies (shouting and yelling, hitting the child with their hand or with an object) with fathers’ use of hitting being associated with child behaviour difficulties. Fathers reported low rates of help seeking or participation in parenting courses, with socially disadvantaged fathers being less likely to complete parenting programs than other fathers. Implications for research on increasing fathers’ participation rates in parenting programs are discussed and directions for future research highlighted.
Differential relations between mothers’ and fathers’ parenting practices and child externalising behaviour


This study examined differences in mothers’ and fathers’ parenting practices in relation to child externalising behaviour. Data were collected from a community sample of 135 cohabiting couples with a child aged 6-12 years. The couples were recruited through undergraduate and graduate students. Both parents were required to complete a series of questionnaires assessing demographic, parental, and child variables. Results indicated that after controlling for parental depression and marital conflict, all parenting variables were significantly related to child externalising behaviour; however, parent and/or child gender moderated these relations. Specifically, parental involvement was only significant for fathers and sons, positive parenting was only significant for mothers and sons, poor monitoring/supervision was only significant for girls, and only mothers’ inconsistent discipline was related to externalising behaviour. These results offer practical information regarding identification of children at risk for behavioural problems, as well as potential targets for prevention and intervention.

Review of interventions to improve family engagement and retention in parent and child mental health programs


The lessons learned in engagement of families in this study are applicable to other early intervention initiatives. This research evaluated 17 randomised-controlled trials testing methods to improve family engagement and retention in child mental health programs published since 1980. Brief, intensive engagement interventions in which providers explicitly addressed families’ practical (e.g. schedules, transportation) and psychological (e.g. family members’ resistance, beliefs about the treatment process) barriers as they entered treatment were effective in improving engagement in early sessions. The few interventions found to produce long-term impact on engagement and retention integrated motivational interviewing, family systems, and enhanced family stress and coping support strategies at multiple points throughout treatment. Few interventions have been tested in the context of prevention programs. There are promising approaches to increasing engagement and retention; they should be replicated and used as a foundation for future research in this area.

Out-of-Home Care

Foster fathers and carer: engaging alternate models of parenting


Previous research on foster fathers suggests that such fathers often model parenting practices that may counter the abusive experiences of fathering enacted within their birth families, thus contributing to the breaking of negative parenting patterns. The present research sought to examine how a group of Australian foster fathers understand their role as fathers and their practices in creating families. More specifically, attention was paid to extending previous research that has found that foster fathers often parent in non-gender normative ways, and the implications of this for child-focused modes of care provision. Drawing on interviews and focus groups involving 31 gay and heterosexual foster fathers, most of whom were providing long-term care, the findings suggest that these men engage in child-focused approaches to care provision that provide a balance between adult’s and children’s needs and which involve a clear commitment to providing positive role models for children that often rework gender-normative approaches to parenting as men.

Child involvement in the paediatric consultation: a qualitative study of children and carers’ views


Although this study did not involve foster carers, the findings are relevant and applicable to carers who may have involvement with multiple allied health professionals. The study aimed to investigate child and carers’ attitudes towards child involvement in paediatric consultations. Semi-structured qualitative interviews explored child and carers’ attitudes towards child involvement at different stages of the paediatric consultation process. Twenty families (21 children, 17 mothers and 5 fathers) were interviewed following a paediatric consultation in two UK paediatric inpatient and outpatient departments. All but one family felt the child should be involved at some stage of the consultation process but the desired extent and nature of involvement depended on child, family and illness characteristics, as well as on the stages of the consultation. During history gathering, some parents and children felt it was the decision and responsibility of the parent to facilitate communication between the child and the doctor. Others expected the doctor to decide when and how to facilitate this process. At diagnosis the desired amount of
information given to the child increased with increasing maturity in the child. Some felt making a diagnosis should be a collaborative process; others felt it was solely the domain of the doctor. In discussing and making a treatment plan, some children wanted to be given the choice of being involved and some wanted their parents to be responsible for implementing the plan. Some families with a seriously ill child, however, wanted the burden of involvement in the management plan taken away from them. Families vary in their views about involvement of children in paediatric consultations in a way that may be unique to each child, family and illness. Moreover, different views were expressed about involvement in each stage of the consultative process and in management of the child’s health. The challenge for doctors is to determine the level of involvement and information exchange favoured by a particular parent and child. Good practice recommendations emerging from the analysis are described.

The experiment of foster care


This research sought to provide a new framework for understanding the training and ongoing support of foster parents. The experiences of authorised foster parents were viewed in the context of an experiment, whereby foster parents entered an out-of-home care placement with preconceived ideas and expectations of what the provision of care would be like. The study investigated the experience of foster care from the perspective of the foster parent who tests expectations of providing care as one might conduct any experiment. Focus group discussion yielded five global domains of foster care experience: birth family, motivation, agency influences, relationship impacts, and attachment. Foster carers commonly described these domains as central to the overall experience of providing foster care. Furthermore, specific experiences within each domain were seen to either encourage or discourage the further provision of foster care. Individual interviews regarding the practical experiences related to these domains uncovered struggles of foster parents who sought to understand their role identity as a “foster parent”, and their self identity as a “mother”. Implications arising from the experience of these domains of care and their related struggles are discussed.

A longitudinal study of depressiveness in children in public care.


The aim of this article is to analyse the challenges involved when making longitudinal observations of depressiveness in children raised in public care. The first measurement comprised 375 children from children's homes and foster families; however, most of the results are based on an analysis of the 139 children who participated in both parts of the research. The research used the Child Depression Inventory and the anxiety/depression subscales of Youth Self Report and Child Behaviour Checklist as measures of depressiveness. The comparison of results from the first and second measurements showed that depressiveness in children in public care decreased over time. Children who grew up in children homes were, in the first measurement, more depressed than those living in foster families, but after five years that difference had disappeared. Furthermore, decrease in depressiveness is predominantly associated with less frequent delinquent, aggressive or hyperactive behaviour, less withdrawal and better control over uncomfortable emotions.

Other

Cutting to cope - a modern adolescent phenomenon.


The frequency of young people cutting themselves appears to be increasing, with one review estimating the current prevalence across the UK to be between 1 in 12 and 1 in 15. The aim of the article was to identify factors that are associated with self-harm by cutting, and more especially coping strategies that if encouraged might reduce such behaviour. Multivariate and exploratory factor analysis were used to analyse the results from a survey of the pupils attending four large comprehensive schools in the North of England where the frequency of cutting behaviour was causing concern. Three factors were identified from the analysis – Social & Active Coping, Seeking External Solutions and Non-Productive Coping. The Social & Active Coping was the only factor that significantly correlated with non-cutting behaviour. The fostering of the elements that make up Social & Active Coping - namely working successfully and feeling a sense of achievement, together with positive friendship networks and positive diversions, including physical recreation, will help to minimise young people's sense of needing to cope by cutting themselves.
Developmental trajectories of maternal and paternal attachment and delinquency in adolescence


The present study sought to address two research questions: (1) Are there distinct trajectories of maternal and paternal attachment among adolescents? And if so, (2) How do these trajectories of maternal and paternal attachment relate to delinquent trajectories over the ages of 12 to 16 years? Using a subsample (n = 383) of the longitudinal Gang Resistance Education and Training data, the results from semi-parametric group-based modelling suggested five groups of maternal attachment, where one trajectory exhibited little to no maternal attachment; another group appeared to have an initially low rate of maternal attachment but increased rather noticeably over time; a third trajectory demonstrated high initial levels of maternal attachment but a general decline over time; and the last two groups exhibited high and rather stable rates of maternal attachment, although one of these groups showed evidence of a decline. Comparatively, the same number of trajectory groups was estimated for paternal attachment, with relatively similar patterns over time as for the maternal attachment trajectories, with the exception of one trajectory that appeared to decline initially before demonstrating a substantial increase. Finally, the results from the joint trajectory analysis indicated that as maternal and paternal attachment increased the likelihood for delinquency decreased. Implications for future research and policy are also discussed.

Paternal depressive symptoms and adolescent functioning: The moderating effect of gender and father hostility


This US study examined the longitudinal relationship between paternal depressive symptoms, paternal hostility, and adolescent functioning in a community sample of 451 families. Paternal depressive symptoms were a strong predictor of adolescent outcome, even after controlling for family demographic variables, maternal depressive symptoms, and previous adolescent symptoms. Adolescent gender and perception of paternal hostility moderated this association such that females reporting high paternal hostility were particularly vulnerable to the adverse effects of paternal depressive symptoms. Maternal and paternal depressive symptoms had an additive, rather than interactive, effect on adolescent functioning. These results contribute to our knowledge of the interpersonal processes by which depression runs in families and highlight the importance of including fathers in developmental research on adolescent internalising problems.

Reviews

Community development approaches to safety and wellbeing of Indigenous children, Closing the Gap Clearinghouse

This document examines child abuse and neglect in Indigenous communities from a societal perspective: applying a community development framework to understand effective strategies for reducing risks and enhancing children’s safety and wellbeing. To be effective, strategies to address the problem of child abuse in Indigenous communities need to consider the known risk factors for child maltreatment in a way that acknowledges the historical context, is culturally ‘safe’ and emphasises support for families. This is not a systematic review of all options, but rather, focuses on the principles of community development and culturally competent practices for Indigenous communities, and identifies some promising Indigenous programs and services. There are also non-Indigenous-specific programs that may be suitable for translation into an Indigenous context; however, the suitability of such programs would need to be determined in consultation with the local community, and program approaches and materials redeveloped to ensure cultural appropriateness.


Books

Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice


‘Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice’, is a new book on social and emotional wellbeing developed by the Australian Council for Educational Research and the Kulunga Research Network, Telethon Institute for Child Health Research with funding through the Office for Aboriginal and Torres Strait Islander Health, Australian Government Department of Health and Ageing. The book offers a high quality, comprehensive examination of issues and strategies influencing Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing. The ‘Working Together’ book contains 21 chapters and is divided into four parts. Part 1 contains four chapters that outline the historical, social, cultural, and policy contexts that have shaped Aboriginal and Torres Strait Islander mental health and wellbeing.
Part 2 contains seven chapters on a number of issues that are particularly relevant to Aboriginal and Torres Strait Islander mental health and wellbeing.

Part 3 contains five chapters that focus on practice within the field.

Part 4 presents examples of models and programs for practitioners working with different groups. The complete book is available as a single pdf or individual chapters and sections can be downloaded separately.


Websites/resources

NSW Government launch of domestic violence guide to legal justice processes - ‘Your court, Your safety’

The NSW Government has launched a statewide guide that will assist victims of domestic violence through the legal justice process and help them obtain the necessary safeguards they need against their abusers. The guide was launched as part of the State Government’s $50 million Domestic Family Violence Action Plan, Stop the Violence End the Silence.

http://www.lawlink.nsw.gov.au

Conferences

Health, hope & resilience: Fostering better health for Australian children and young people in out-of-home care, 18-19 October 2010

New draft national standards for out-of-home care (OOHC), released in July 2010 by the Commonwealth Minister for Families, Housing, Communities and Indigenous Affairs, mark a turning point in Australian approaches to achieving better health outcomes for children and young people for whom governments have statutory responsibilities. The draft standards propose comprehensive health assessments for all children and young people entering OOHC and address ongoing health service provision and health record management.

http://www.gp.unimelb.edu.au/

Children Communities Connections Conference

‘Developing effective integrated place-based support for children and families’

25-26 November 2010

Communities for Children is part of the new Family Support Program which provides prevention and early intervention programs to families with children up to 12 years, who are at risk of disadvantage and who remain disconnected from childhood services. The initiative works towards ensuring that children have the best possible start in life by focusing on well-targeted early intervention approaches that bring about positive outcomes for young children and their families.

http://www.cnet.ngo.net.au/

e-couch

The original version of e-couch was co-funded by Australia’s beyondblue: the national depression initiative and the Centre for Mental Health Research at the Australian National University.

e-couch has continued to be expanded and delivered by the Centre for Mental Health Research with funding from the Australian Commonwealth Department of Health & Ageing, as part of its ‘Funding for Telephone Counselling, Self Help and Web-based Support Programmes’ measure.

e-couch provides information about emotional problems - what causes them, how to prevent them and how to treat them. It includes exercises to promote self understand and the understanding of others. It also provides a set of strategies aimed to promote mental health functioning. All interventions are drawn from cognitive, behavioural and interpersonal therapies as well as relaxation and physical activity.

http://www.ecouch.anu.edu.au/welcome

Children’s Research Centre

Structured Decision Making (SDM) is being implemented in Community Services. Much information on SDM is available on the Children’s Research Centre (CRC) website. CRC based in Wisconsin, US was established to help federal, state, and local child welfare agencies reduce child abuse and neglect by developing case management systems and conducting research that improves service delivery to children and families. CRC is a division of the National Council on Crime and Delinquency, which was established in 1907 to perform a similar role for private and public agencies serving delinquent children.

http://www.nccd-crc.org/crc/crc/c_index_main.html
Virtual Global Taskforce (VGT) Conference. 2-3 December 2010

In addition to international law enforcement, Non-Government Organisations, Internet Service Providers, academia and industry partners will converge on Sydney for the Conference. It will provide an excellent opportunity for the VGT to collectively forge strategic outcomes as part of this global effort, and provide agencies a forum to engage and foster new and existing networks. Combating online child sex exploitation is a global effort involving the commitment of all relevant agencies, not just law enforcement.

http://www.vgtconference2010.com/

Disclaimer

This Update has been compiled by the Centre for Parenting and Research as part of the Research to Practice Program. It has been developed to facilitate access to research publications and resources. The content contained within these publications is provided for your information only and should not be seen as a directive or endorsement by Community Services.