



# How early is early intervention and who should get it? Contested meanings in determining thresholds for intervention



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## ARTICLE INFO

### Article history:

Received 12 February 2015  
Received in revised form 22 May 2015  
Accepted 22 May 2015  
Available online 28 May 2015

### Keywords:

Child protection systems  
Early intervention  
Engagement  
Thresholds  
Qualitative evaluation research

## ABSTRACT

The latest wave of reforms of the child protection system in Australia have been based on attempts to provide support to all families with vulnerable children, rather than increasing surveillance of 'at risk' families and forensic responses to incidents of maltreatment. This includes a drive to widen the remit of child protection from the statutory child protection agency and involve other government agencies such as health and education as well as the non-government sector in child protection. This paper reports on the effects of one such reform, the NSW initiative Keep Them Safe. It focuses on the classification of families as needing either early intervention or intensive support, using thematic analysis of qualitative interview data.

**Method:** Interviews and focus groups were conducted with practitioners and managers from human service agencies (total n = 115), and discussed their perceptions of the initiative and the changes it had introduced to service delivery.

**Findings:** Practitioners discussed family needs in ways which contested the policy meanings of 'early intervention': whether families are conceptualised in terms of their needs or risk; whether engagement with services should be voluntary or mandated; and whether the agencies to support them should be the statutory agency or an NGO. The implications for these tensions, in terms of policy and practice, are discussed.

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## 1. Introduction

The latest wave of reforms of the child protection system in Australia has focused on providing support to all families with vulnerable children, rather than increasing surveillance of 'at risk' families and forensic responses to incidents of maltreatment. This includes a drive to widen the remit of child protection from the statutory child protection agency and involves other government agencies such as health and education as well as the non-government sector in child protection (NSW Government, 2009). These attempted changes have significant implications for the design of policy and the delivery of services: which families should receive support, and from which services? How should intervention thresholds be designed to ensure that the choices and agency of vulnerable families are respected, but that children at risk of harm are protected regardless of their parents' circumstances? At a policy level, such questions are addressed by a focus on population-based, multi-pronged responses. Nationally, the subtitle of the National Framework for Protecting Australia's children is *Protecting Children is Everyone's Business* (COAG, 2009), indicating its universal reach. Service delivery and statutory child protection are delivered by states and territories rather than the national government. Recent changes in most states and territories have included a rhetorical emphasis on universal services

to support all families and children, and early intervention to support vulnerable families and prevent problems from escalating to maltreatment. This emphasis has been supported by the investment of new funding into these sectors, although most resources continue to be spent in statutory child protection and out-of-home care (SCRGSP, 2014). At a service delivery level, these reforms raise questions for practitioners about targeting support to families, and managing the distinctions between 'vulnerable' and 'at risk' families.

These changes in Australia parallel developments which have been attempted in many countries around the world over the past two decades, which started with the UK 'refocusing' initiatives in the mid-1990s (Cooper, Hetherington, & Katz, 2003), and are perhaps most strongly characterised by the Munro Review (Munro, 2011). This change in the policy direction of child protection systems is known in Australia as a move towards a 'public health' model of child protection (FaHCSIA, 2012; Higgins & Katz, 2008; Lonne, Harries, & Lantz, 2013) and is also described as 'family service orientated' (Jud et al., 2013) because all vulnerable families should be entitled to services, whether maltreatment is a risk or not. There are a number of reasons for these changes. Conceptually, the policies reflect a shift from the idea that maltreatment happens because of the 'harmful behaviour of malevolent parents' (Jud et al., 2013: 213), to an ecological account of maltreatment as a multifactorial phenomenon determined by harms at proximate and distal levels (Belsky & Vondra, 1989; Jack & Gill, 2010). They also reflect a demand management response to the pressures faced by child

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protection systems throughout Australia and internationally, intended to reduce the demands on statutory investigation responses and out-of-home care (Humphreys et al., 2010). The shift in emphasis has also been initiated in recognition that the child protection system cannot in itself address the problems of child maltreatment, and that multiple human services must be involved in the effort to prevent and address maltreatment (Wulczyn et al., 2010). On the other hand, the drivers of 'forensic' child protection policies and practices, media attention to high profile child deaths and child abuse 'scandals', risk averse agencies driven by neo-liberal management practices, punitive attitudes towards marginalised parents, and lack of human and financial resources to deal with challenging families, have not abated (Butler & Drakeford, 2005; Lonne, Parton, Thomson, & Harries, 2008; Parton, 2006).

In policy and practice, this results in categorising families in terms of their needs, risks, and involvement with statutory child protection. All families use universal services such as schools and primary health services; families with specific vulnerabilities (parents or children with disabilities parental mental health or problematic drug use, homelessness) also receive early intervention services; families who have an identified risk of maltreatment are subject to an investigative response and may also receive intensive family preservation services. In some Australian and international jurisdictions this categorising process happens via a 'differential response' track in child protection responses, where a triaging and assessment process identifies low or medium risk families for an assessment response, and those who are at high risk for investigation (Hughes, Rycus, Saunders-Adams, Hughes, & Hughes, 2013; Lawrence, Rosanbalm, & Dodge, 2011).

One of the key underlying assumptions in the public health model is the idea that maltreatment follows a similar trajectory to diseases such as breast cancer or diabetes: that is, that risk generally escalates over time, eventually reaching a point where tertiary intervention is required. In this model it is far more effective, and cost effective, to intervene early in this process in order to avoid tertiary (statutory) intervention. The neatness of this assumption is belied, of course, by the inevitable messiness of people's lives. Families do not fall readily into categories, and nor do they stay in one category until they travel predictably to another. Some children are born into families where there are already high levels of risk; in other cases families face sudden, unexpected but significant risk. Despite this, differentiating between families who are merely 'vulnerable' and those who are 'at risk', and responding differentially to these two 'groups', is a critical practical and conceptual activity of modern child protection systems and has created a veritable industry of assessment tools and processes (Barber et al., 2007; Barlow, Fisher, & Jones, 2012). The decision to provide families with either support or investigation has important effects, not least on whether families can consent to or decline involvement with a programme or service. The experience of child protection investigation is distressing for families regardless of the outcomes, so the decision to involve statutory services is always consequential (Healy, Harrison, Venables, & Bosly, 2014). Recent research has also identified concerns that the separation of statutory and early intervention responses is cementing a distinction between practice that is supportive and strengths-based with some families, and practice that is forensic and risk-based with other families with very similar characteristics and needs (Hughes et al., 2013). That is, although policy reforms are specifically intended to underline that all families have some degree of need for support, their implementation tends to give new life to distinctions between identified as needing child protection interventions rather than family support (Featherstone, Morris, & White, 2013). This raises an important issue for child protection systems. While it may be possible at the system level to develop a differential response, practitioners have to engage with families who do not fall into easily identified categories of 'risk' and 'need'.

There is now a significant research literature on the struggle of front line practitioners in child welfare to keep both the 'risk' and 'support' functions of the child welfare system in mind, stretching back to landmark studies by Dingwall et al. (1983), Dale et al. (1986), and Cooper

et al. (1995). The literature testifies to the continual struggle to align practice and policy to ensure that children are protected, while at the same time families are provided with the support they require in order to provide a safe and supportive environment for children. Despite countless attempts at policy and practice reform in every child protection system, this struggle is still the most challenging aspect of practice (McCrae, Scannapieco, Leake, Potter, & Meneffee, 2014).

This paper investigates the effects of recent attempted reforms in NSW, which have particular relevance to these tensions. It contributes to knowledge on practice and policy perspectives on 'hard to reach' families, and of the experiences of service providers in managing reforms towards a public health approach to child protection.

The aims of this paper are therefore to:

- Examine how families are assessed, conceptualised and defined by practitioners in the context of 'differential response'
- Explore the implications of this for developing holistic systems to protect children and support parents who are not able to provide adequate care to their children.

## 2. Policy context

The paper is drawn from the evaluation of Keep Them Safe (KTS) (Cassells R et al., 2014), the NSW Government's response to the Special Commission of Inquiry into Child Protection Services in NSW. The Special Inquiry reported on several areas of concern, relating to reporting of suspected harm, responses to those reports, and the capacity of the service system to support children and families.

The Special Inquiry found that too many reports were being made to Community Services, the statutory child protection agency, which did not require a statutory response. This placed the system under pressure, and prevented some children from receiving assistance. Universal and early intervention services were poorly coordinated and agencies were reluctant to share information due to perceived legal barriers around consent and client confidentiality. This prevented many vulnerable children from receiving the appropriate services.

KTS was introduced in 2009 with a \$750 million funding package. Its key changes included an increase in the threshold for reporting children and young people to the Child Protection Helpline from 'risk of harm' to 'risk of significant harm' (ROSH). This was intended to ensure that Community Services received reports about only the most serious cases and had resources to investigate. To manage the changes in reporting obligations, new referral and advice services (Child Wellbeing Units) and an online Mandatory Reporter Guide were established, to assist in determining whether a concern should be reported as suspected ROSH. To encourage mandatory reporters to seek support for families about whom they had concerns for safety and well-being (but whose children were not at risk of significant harm), intake and referral services (Family Referral Services) were established across the state (New South Wales Government, 2009).

Importantly, although it adheres to the overall philosophy of differential response, KTS is not a classic differential response system and there is no formal Alternative Response (AR) in NSW; while there is a single system for families with children at ROSH, there is no single or universally available pathway for families with lower levels of risk. In Differential Response terms, NSW has an investigative track (for which Community Services is responsible) but not an assessment track. That is, there are multiple ways for families that do not meet the threshold for a statutory response to be referred to services, but no agency has responsibility for ensuring a response. Families may be referred directly to an early intervention service by a mandatory reporter, or via a Family Referral Service, or via a Child Wellbeing Unit, or they may not be put in touch with a service at all. Nevertheless, the issues faced by practitioners and policy makers regarding child protection and differential response in Australia are similar to systems in all English

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