



DRIVING SYSTEM CHANGE TO SUPPORT VULNERABLE CHILDREN AND THEIR FAMILIES

Dr Diana Hetzel
 Chair, Council for the Care of Children
 Member, Child Death and Serious Injury Review Committee



Outline

- Information about the deaths of children in SA, focusing on markers of vulnerability
- Principles for effective ways of working with highly disadvantaged families
- Recommendations to government for system change to support vulnerable children and their families.



Child Death and Serious Injury Review Committee (CDSIRC)

Functions:

- Review all cases in which children die or suffer serious injury with a view to identifying legislative or administrative means of prevention, and
- Make, and monitor the implementation of, recommendations for avoiding preventable child death or serious injury.



Child Death and Serious Injury Review Committee (CDSIRC)

Fifteen members covering paediatrics, public health, youth issues, social work, psychology, forensic pathology, law, Police, Aboriginal issues, rural medicine, Attorney-General's Dept., SA Health, Dept. Families and Communities, and DECS.

Mix of community and governmental members



Council for the Care of Children (CCC)

- 10 Community members including 2 youth advocates + CEOs of SA Health, DECS, DFC, AAR
- Promote and advocate for the rights and interests of all children in South Australia; report to government on how children are faring; and inform the South Australian community about the best care and support for children. Particular focus on Aboriginal children, children living with disability, and those under guardianship or in custody of Minister
- Website: www.childrensa.sa.gov.au



What do we mean by 'highly disadvantaged families'?

Disadvantage is 'a range of difficulties that block life opportunities and which prevent people from participating fully in society.'¹

'... marginalised and vulnerable families ... those who are receiving little support in their family and parenting roles either from personal support networks or from community-based support services.'²

1. Vinson T. *Dropping off the edge: The distribution of disadvantage in Australia*. Melbourne: Jesuit Social Services.
 2. Centre for Community Child Health, the Royal Children's Hospital Melbourne. *Engaging Marginalised and Vulnerable Families*. Policy Brief No 18, 2010

Families who experience ...

- restricted life opportunities
- lack of social support & parenting skills
- poverty and social exclusion
- family violence, abuse and neglect
- physical and mental health issues
- drug and alcohol problems

Social Policy Research Centre, UNSW (2010) "Brighter Futures Early Intervention Evaluation" Interim Report

Vulnerable families and child deaths in SA:

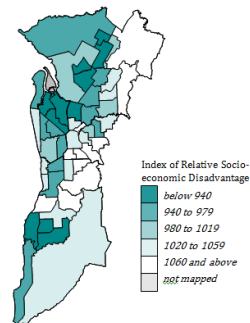
- CDSIRC collects information about the circumstances and causes of child deaths in SA since 2005
- CDSIRC recognises the characteristics of highly disadvantaged, vulnerable families and identifies the Index of Relative Socio-economic Disadvantage (IRSD)¹ as a key marker for vulnerability in the deaths of children in SA.

1. One of the ABS' Socio-economic Indexes For Areas (SEIFA)

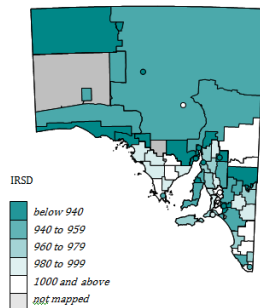
Based on the IRSD:

- SA's most disadvantaged areas range from Ferryden Park and Taperoo, to Elizabeth and Munno Para in Adelaide; and areas such as Ceduna, Cooper Pedy and APY Lands
- The least disadvantaged areas include Parkside, Netherby and Blackwood in the city; and the Adelaide Hills and the lower South-East

IRSD, Adelaide, 2006



IRSD, South Australia, 2006



Death rates

(accounting for the number of children living in each area)

- 2.7 deaths per 100 000 children in the State's least disadvantaged areas; compared with
- 4.3 per 100 000 children in the State's most disadvantaged areas.

- Children who are vulnerable because of socioeconomic disadvantage, are at greater risk of dying
- Our Aboriginal children have a much higher rate of death compared to non-Aboriginal children
- CDSIRC estimates the rate of death for Aboriginal children to be about three times the rate of death for non-Aboriginal children.

Vulnerability and cause of death

Causes of death are classified by CDSIRC using three broad categories:

- Illness and disease
- SIDS and undetermined causes
- External causes

- The rate of death from SIDS and undetermined causes is five times higher for children living in the State's most disadvantaged areas
- Socioeconomic disadvantage is known to be associated with sudden and unexpected infant death

Aboriginal children and area of residence

- 22 Aboriginal children who died lived in the State's most disadvantaged areas, but
 - no child who died and lived in the State's least disadvantaged areas was Aboriginal
- These associations between death and socioeconomic disadvantage are key considerations for CDSIRC and give weight to the work of CCC to find ways to support highly disadvantaged, vulnerable families.

Other measures of disadvantage include:

- income level and source
- low educational attainment
- unstable or overcrowded housing
- high levels of social isolation and lack of support from family, friends and community
- health and capacity of parents
- high prevalence of children with behavioural problems, a medical condition, a developmental condition or a disability.

Wellbeing

- "The state of being or doing well in life; happy, healthy, or prosperous condition; moral or physical welfare (of a person or community)" (OED).
- "An everyday resource – the capacity to adapt to, respond to, or control life's challenges and changes" (Frankish et al. 1996).

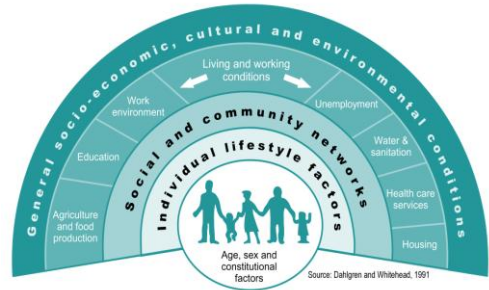
Health, capability and wellbeing are inextricably tied together – and embody basic human rights.

Wellbeing for Aboriginal and Torres Strait Islander peoples

“Not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community. This is the whole-of-life view and it also includes the cyclical concept of life-death-life.”

National Aboriginal Health Strategy Working Party (1989)

The determinants of wellbeing



Key determinants of wellbeing

1. Income and socioeconomic position
2. Culture and kinship
3. Education and training
4. Employment and working conditions
5. The physical environment
6. Social support networks
7. Early life factors
8. Individual behaviours and attributes
9. Access to effective services
10. Biologic factors and genetic inheritance

Four areas of research

- *Parenting by fathers* – indications of the importance of fathers to children;
- *The impact of intergenerational multiple disadvantage on young men's capacity to parent* – young age; traumatic childhoods; living 'on the margins'; poorly prepared for parenting and lack of confidence in this role; pressure to meet their own survival needs; difficulty in negotiating a relationship with the child's mother; limited knowledge or access to parenting support; feel hopeless rather than hopeful, which in turn limits their capacity to parent; poverty; joblessness.
- *Child-rearing practices*
- *Factors for successful engagement by services*

Recommendations

- Improving parental competence to strengthen early childhood development be given a much higher priority in government policy, especially social inclusion initiatives, because it is an essential element in efforts to intervene in the cycle of intergenerational disadvantage.
- Rather than continue to base programs on the notion of 'good enough' parenting, policy and services should aim for 'better parenting' through improved ways of engaging young, multiply disadvantaged families.

For 'better parenting', we need a mix of:

- sustainable, targeted programs within a framework of universal service provision across a range of life domains;
- effective initiatives to reduce unplanned teenage pregnancy;
- antenatal and post-natal care (the antenatal period offers a window to assess most families' need for support and to engage those who are already overburdened, during pregnancy);
- responsive early childhood services;
- information about relationships provided in school settings;
- early intervention and family support to prevent family violence, child abuse and neglect;
- recruitment of support services for children in out-of-home care;
- awareness campaigns to stop corporal punishment; and
- the promotion of child- and youth-friendly communities.

Ways of engaging young, highly disadvantaged families

- Go to where the families are;
- Promote and deliver services in a non-stigmatising and non-threatening way, and be persistent with outreach;
- Employ strategies that empower families, and engage them in service design;
- Develop and sustain relationships through practical support;
- Consider waiving requirements for formal referrals;
- Consider age and other restrictions on some group activities (e.g. only young parents 15-25 yrs); and
- Build the capacity of other local services and groups to meet these families' needs.

McDonald M. Are disadvantaged families 'hard to reach'? Engaging disadvantaged families in child and family services. AIFS Communities and Families Clearinghouse Australia, 2010.

For SA to become a child and youth-friendly State ...

- Focus on prevention and early intervention, and invest early;
- Target action to reduce inequalities in the outcomes for the most vulnerable children;
- Introduce earlier assessment of a family's needs during pregnancy and identify new strategies to engage fathers;
- Consider a Children's Plan for South Australia; and a Ministry for Children and/or Office for Children (or Children and Young People), and/or a Children's Commissioner to lead and monitor action at a population level;
- Consider pooled funding arrangements for children and young people in an area; and
- Continue to experiment with policies and programs for children and families, and rigorously evaluate them to see whether they enhance child wellbeing - reallocate money from programs that do not work, to those that do.

Professor Phillip Slee in *Families at Risk: the effects of chronic and multiple disadvantage*, observes that:

'...in order to achieve improved outcomes for families at risk, a paradigm shift is required so that unequal outcomes for families and children are seen as social injustices, rather than as products of individual dysfunction or deficit.'

Slee, P. (2006) Families at Risk: The Effects of Chronic and Multiple Disadvantage. Adelaide: Shannon Research Press.

Principles for the design of effective services working with highly disadvantaged families

Service responses should:

- sit within a framework of universal, non-stigmatising services but offer tailored services to address the specific needs of families;
- be holistic by responding to the barriers to and opportunities for wellbeing;
- focus on prevention, early intervention and social connection;
- build capacity in the most disadvantaged localities and populations; and
- entail continuous and coordinated commitment in all sectors and at all levels.

Fraser Mustard's organisational features for working with high-need families:

- warm and friendly settings;
- a culture of caring within the organisation;
- professional supervision of staff and support, including opportunities for debriefing for complex situations;
- a high ratio of workers to families, in order to promote relationship building over a long period; and
- accessible services for those with disabilities.

Research and practice focusing on early intervention

- establish a helping relationship prior to the birth of a child
- take strengths-based approaches to family support
- enhance protective factors for children and families to build resilience
- give encouragement for positive parenting
- use a community development approach and be informed by families, and
- where necessary, provide long term intervention and support to improve parenting, child development and family wellbeing and enhance parents' life skills.



Early intervention and prevention provide cost benefits in later years in terms of:

- reduced crime
- greater community stability and capacity
- reduced prevalence of mental health problems, family violence and drug and alcohol abuse, and
- better employment outcomes for parents.



Recommendations for system change

- Careful selection of leaders of integrated services
- A more streamlined and flexible funding and reporting process
- Service provision which focuses on enabling families to develop thriving behaviours
- Link families who are doing well with those who need more support



System change (continued)

- Consider redistribution of resources
- Actively seek high-need families not currently engaged with services
- Consider what would have to change to encourage families to seek support early
- Offer a range of supports for families



System change (continued)

- Services may need to adopt different understandings of their role
- Be mindful of unequal power relationships between service providers and families
- Use both universal and targeted services and adapt to individual differences
- Respect the knowledge and experiences of people leading their everyday lives



The Council for the Care of Children is interested in working with everyone across the service delivery sectors to establish more effective ways to address the needs of disadvantaged, vulnerable families ...

... so that all children, young people (and their families) have access to the full range of opportunities to lead fulfilling lives, which is their right under the UN Convention on the Rights of the Child.



Acknowledge the work of CDSIRC and CCC members and the other authors:

Ms Elizabeth Owers, Principal Consultant
Council for the Care of Children
on 8463 6450 or email

elizabeth.owers@dfc.sa.gov.au

& Dr Sharyn Watts, Executive Officer
Child Death and Serious Injury Review
Committee on 8463 6445 or email
sharyn.watts@dfc.sa.gov.au



Child Death and Serious Injury Review Committee

“ Save for the vagaries of birth, errant biology, class and status, or simply circumstance, we are all but a step away from the ‘other’ human beings who are our ‘needy’ or ‘at-risk’ clients. In the final analysis, it is not us and them; it is all of us together.”

Whittaker 1993