Contents

1

Responding to children at risk

Key Points

- Views about children and childhood have changed over time, resulting in a greater emphasis on children's rights.
- Parents are expected to both nurture their children's development and well-being, and ensure that their children reach a level of healthy adult functioning where they can contribute to society.
- Increased understanding of the diverse needs of children and their families has resulted in countries exploring public health approaches to service delivery which includes an emphasis on primary prevention.

How often has one generation looked askance at the parenting of another? What a parent considers spirited behaviour in a child looks suspiciously like audacious defiance to a grandparent. Responsive child-rearing to one generation can look like chaotic mismanagement to another. These are changing attitudes played out in Western families as each generation works out what they think is the right way to bring up their children. Childhood and the relationship between children and the family have undergone major transformations over the past two hundred years. Changes in contemporary family life also result in changing views about the ways in which society can protect and care for children at risk. In this chapter we will explore these changes in attitudes, the impact of family adversity, and the ways in which society has sought to provide services that will support good outcomes for children.

Children and childhood

Concepts of children and childhood are culturally and socially defined. The management of children and the practice of childhood are buffeted and modified by demographic, political, economic, religious,

and philosophical trends and debates (Baker, 2001; Harding, 1999). The history of childhood reveals changing patterns in the distinction between childhood and adulthood, the separation between the two being a fairly recent phenomenon (Baker, 2001; Harding, 1999; Knutsson, 1999).

The relationship between children and adults has also changed over time. Children were once viewed as 'property', where their well-being was the responsibility of their parents rather than society (Postman and others cited in Furman and Jackson, 2002). In the nineteenth century, however, particularly in the US, children of immigrants and the poor were removed from their parents when their well-being was considered to be at risk (Axinn et al. cited in Furman and Jackson, 2002). At that time, the prevalent focus was on the economic value of children in terms of their contribution to the family income; later, in the twentieth century, the focus was on the value of their emotional contribution to family life, in bringing 'love, companionship and enjoyment' to their parents (Cameron cited in Baker, 2001: p. 120). From being 'economically useful', the child has become 'economically useless' but 'emotionally priceless' (Hutchison and Charlesworth, 2000: p. 577). Childhood is viewed as a preparation for adulthood, with the family responsible for providing an environment within which the child can develop and grow (Furman and Jackson, 2002). And yet, even here, the economic value of children lingers in the subtle shift from the emphasis on the 'utility' of children to viewing them as 'a national resource or investment for the future' (Cameron cited in Baker, 2001: p. 120). Yet curiously, the emotional value of children is again captured as the dynamics between children and their parents take a further twist. With trends leaning toward transitional adult partnerships and the diversity of family structures, 'parent-child bonds are now often more enduring and less dispensable than partnerships' (Pryor and Rodgers, 2001: p. 1).

The separation of childhood from adulthood has led to the notion of children's rights as distinct from the rights of adults.

Children's rights

There are two theoretical positions – protectionist and liberationist – which explain this development (Baker, 2001). The protectionist view emerges from a traditional welfarist approach and focuses on the dependence and vulnerability of children. Their age and level of development

renders them less capable of self-determination; consequently, adults make decisions for them while they are cared for in the context of the family with the support of the state. This is not the more recent liberationist view, which considers adult power and the emphasis on the family and the state as key providers of child care as oppressive. Rather, this approach focuses on the competence of children, 'with children's greatest need being for more power and autonomy' (Harding, 1999: p. 64). There are some obvious dangers in the liberationist approach, particularly in that children may be 'cast adrift' as the degree of parental and state responsibility for their care lessens. The liberationist approach has brought some advantages for children, however, with the recognition that children do have the ability to contribute to decisions that are made for them (Harding, 1999). This is a subject that we will return to in Chapters 4 and 7 when we look at the child's experience of statutory services and the increased expectations of participatory practice with children. Both the protectionist approach, with its emphasis on the welfare of children, and the liberationist approach, with its emphasis on empowering children, are evident in the Convention on the Rights of the Child (OHCHR, 1989; 2003).

According to the Convention on the Rights of the Child, childhood is a time when children are 'entitled to special care and assistance' within the context of the family, which in turn, should receive support and assistance from the community:

> (T)he family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community, ... the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding, ... the child should be fully prepared to live an individual life in society ... . (OHCHR, 2003: p. 1)

While the convention stipulates that the family is the ideal place for children to be nurtured, it also affirms the individual rights of children. Children's rights, as espoused by UNCROC, focus on three main areas: provision, protection, and participation. The right to provision relates to such things as family, health, and education. The right to protection relates to protection from discrimination, violence, and all types of abuse. The right to participation relates to such things as

name, identity, consultation and freedom of speech. Summarizing the aims of the UNCROC, Knutsson (1999, p. 137) contends:

> The Convention has helped create a potentially new political situation in favour of children. It aims to alter perceptions about children and childhood and to foster the promotion of fundamental universal values in a world of far-reaching cultural, social, economic and political diversity. [...] The Convention ... represents a breakthrough in policymaking for the betterment of children. It indicates areas in which rights exist and should be protected and identifies goals and priorities for short- and long-term betterment strategies. Thus, the Convention stresses the continuum between child rights and child betterment.

The convention also has particular relevance to Indigenous communities. For example, provisions relate to: 'the right of children to preserve their own identity (Article 7) and the right of Indigenous children to enjoy their own culture, religion and language (Article 30)'. Furthermore, it encourages collective responsibility for children, representing values that resonate strongly with Indigenous communities. Concerns have been expressed at the Eurocentric concepts that idealize the individual and minimize collective practices, and challenges to their cultural fit have been raised (Ministry of Youth Affairs, 2000).

Whilst the issue of children's rights has moved to the forefront of public and professional concern in recent years, the overlapping needs and interests of children and their parents nevertheless create tensions, primarily played out within the family, but also critically impacting on the development of family social policy and the delivery of children's services (Connolly and Ward, 2008). Emerging within the context of family rights and responsibilities, this tension is crystallized in the debate relating to the corporal punishment of children.

Within this debate three positions have been identified: the pro-physical punishment lobby which is based in a firm conviction that it is a parent's duty to correct their children and support laws that allow them to do so; the 'conditional corporal punishment' (Taylor, 2005: p. 14) position which considers that the effects of punishment are not necessarily good or bad – physical punishment can have a positive impact in the context of a caring and nurturing environment; and the anti-physical punishment lobby which sees such punishment as an infringement of the child's human rights, which is degrading and inhumane (Taylor, 2005; Newall, 2005).

Whether parents have a right to physically punish children is a question that many countries have confronted. Twelve countries have fully abolished the corporal punishment of children: Sweden (1979), Finland (1983), Norway (1987), Austria (1989), Cyprus (1994), Latvia (1998), Denmark (explicitly in 1997), Croatia (1999), Germany (2000), Israel (2000), Iceland (2003) and New Zealand (2007); and others are considering whether reform is desirable (Connolly and Ward, 2008).

KEY PRACTICE QUESTIONS 1.1

1. How has the UNCROC created the possibility of what Knutsson describes as a new political situation favouring children?
2. How might tensions relating to family rights and responsibilities be played out in the home situation?
3. What issues might confront a country considering the abolition of the corporal punishment of children?

Child-rearing and parenthood

Characteristics of families, their structure, organization, roles and expectations, dynamics and expected lifestyles, differ across cultures (Pecora, Whittaker, Maluccio and Barth, 2000). Cultural values influence approaches to parenting, the ways in which children are supervised, parent/child relationships and the role of the extended family in the care of children, the ways in which children are supervised, and the division of parenting tasks and roles. In the context of cross-cultural perspectives, there is little agreement that any particular set of child-rearing standards have universal applicability (Connolly and Ward, 2008). Cultural knowledge and practices are passed down through generations of parenting, shaping beliefs and influencing behaviours over time. Responses considered abusive in one cultural environment may not be considered so in another (Fontes, 2005).

Increased diversity of family structure characterizes the modern family, with family members having responsibilities across households and generations. Blended families make family reunions larger and more complex, whilst changing demographics and kinship structures change the nature of familial relationships (Grundy and Henretta, 2006). The dichotomy that has separated parenting roles, allocating men to legal guardianship of children and women to the responsibility for child caring, has also undergone change. Yet as the structure of

families devolves into a greater diversity of relationships, the role of the mother continues to be valued as the primary caregiver responsible for child-rearing (Hogget, 1993; Pryor and Rodgers, 2001). That said, as sole parent families become more common, opportunities for fathers to be involved with the day-to-day care of their children diminish. For children in divorced, separated, or sole parent families, the time spent with their fathers varies, with some children having no contact at all. Yet indications are that there are positive benefits for the well-being of children when fathers are motivated to spend time with them and provide them with care and nurturing (Kost, 2001; Pryor and Rodgers, 2001).

Dichotomous categories of 'good' and 'bad' parenting are based on social expectations of the ideal family; ideals, often based on myths, may not be attainable in reality (Munford and Sanders, 1999). Sole parents and those dependent on state income support, for example, tend to be judged as not fitting the 'norm'. Parenting difficulties are, however, contextual and are not of themselves an indicator of 'bad' parenting. What constitutes 'good' parenting centres around meeting the emotional and physical needs of children. Yet in an environment where economic disadvantage limits access to resources, parents can have difficulties in meeting their child's health and developmental needs.

Parents not only have a responsibility to attend to aspects of the developmental process that positively contribute to their children's well-being, they also have a responsibility to society to ensure that their children reach a level of healthy adult functioning where they can contribute to society. In order to achieve this, parents are responsible for ensuring the child's identity, safety, access to adequate medical care and education, and the development of appropriate behaviour patterns. The state is responsible for assisting parents by ensuring all children have access to publicly-funded and supported welfare, education, and medical services. The state also has a responsibility to set minimum standards for parenting, and to provide alternative care for children when these standards are not achieved and the child is at serious risk of harm (Hogget, 1993).

Children, families and adversity

Adversity has many faces, and while a single adverse event may have little impact in the long-term, the accumulation of harm can create ongoing

problems for children in terms of their development and behaviour patterns (Smith, 1999; State of Victoria, 2007). The effects of adversity are particularly evident when there is an accumulation of negative experiences and circumstances. A number of stressors can affect children and their families, including poverty, parental conflict and violence, mental health issues, and parents' misuse of drugs and alcohol.

Poverty

Poverty has been identified as a contributing factor in the escalation of adverse family circumstances that can compromise the well-being of children (Berger, 2005). Low income over long periods is likely to have a negative effect on outcomes for children, with studies highlighting the effects of parental income throughout childhood into adulthood in terms of cognitive development, educational attainment, and finally employment and adult income levels. Research exploring the relationship between low income, contact with the benefit system, and children in sole parent families, indicates that, 'more than half of children born in the mid- to late-1990s may have been exposed to low income for at least part of their early years' (Ball and Wilson, 2002: p. 114). Clearly, financial factors alone may not affect the type of parenting children receive – other problems may also be implicated, such as psychological and physical health, low parental cognitive ability, and the parents' use of drugs and alcohol (Mayer, 2002). Nevertheless it needs to be acknowledged that these factors may also have their basis in low levels of income and indicate the cyclical impact of intergenerational poverty. Further, children from ethnic minority groups and sole parent families are particularly vulnerable to the health and developmental problems associated with poverty. Social isolation compounds the problem and is a contributing factor in child neglect.

Parental conflict and violence

The environment of care that children experience within the context of the family is provided predominantly by their parents, or parental figures. Few households are conflict free, and it is unlikely that children will entirely escape the experience of conflictual dynamics within the home. Increasingly, however, conflict results in the separation of parents, resulting in losses for the child associated with diminished contact or a lack of contact with the non-custodial parent. Research indicates, however, that:

> (C)hildren can survive and flourish after family change, when their parents are not isolated and unsupported, and can provide a warm, accepting but consistent and firm family environment. There are many examples of families who do cope and whose children are resilient and doing well. (Smith, 1999: p. 286)

Clearly, regardless of the circumstances preceding separation and divorce, children differ in their responses: 'some children suffer ... others recover and thrive' (Pryor and Rodgers, 2001: p. 3). Children do not always know why separation has occurred and may blame themselves. They may experience a raft of emotions: bewilderment, sadness, confusion, despair, anger, fear, and anxiety. Where a parent is absent, children may experience loss and abandonment, which can lead to feelings of rejection and low self-esteem. Where family dynamics have been typified by conflict and violence, children are often caught up in the paradox of feeling relief that the conflict is over, anger at the abusing parent, wanting the family to be reconciled, and longing to be with the absent parent.

Where children have witnessed parental violence, these repeated events can also compromise the child's emotional, cognitive and social development:

> Lack of critical early life nurturing, chaotic and cognitively impoverished environments, persisting fear and physical threat and, finally, watching the strongest most violent in the home get what he wants ... these [children] have been incubated in terror. (Perry, 1997: p. 10)

A number of factors have been identified that can ameliorate the impact of family violence on children including the parenting style, the degree of stress that the mother is exposed to, the child's gender, the child's relationship with the abuser, and the degree to which the child is resilient. Yet in situations of adult violence, helping services often overlook the needs of the child, and thus risk perpetuating the trauma rather than assisting children through the recovery process (McIntosh, 2002).

Parental mental health issues

According to Monds-Watson and her colleagues (2010) sixty per cent of women who experience ongoing mental health issues have children under 16 years. Most parents with mental health problems, however, look after their children effectively and well (Parrott et al., 2008). It is clear nevertheless that their vulnerability is high – they are more likely

to experience unemployment and poverty, poor physical health, social isolation and stigma (Monds-Watson et al., 2010). Not surprisingly, these multiple stressors can impact on the vulnerability of children, and can be potentially exacerbated if they have less formal contact with school and their broader social network (Parrott et al., 2008).

In a summary of the research, Slack and Webber (2007) note the increased risk for children whose parent has a mental illness: parental negativity; family discord; attachment insecurity and parental affective style; ineffective discipline; and a child's future risk of an affective disorder. Because of the transactional nature of family life and parenting, the effect of parenting with mental health problems can clearly be an issue for children. In the context of child protection, the diagnostic condition of the parent is arguably less important than their behaviour toward the child and the child-rearing environment they provide (Monds-Watson et al., 2010). That children can experience distress in the context of maternal depression is more to do with the transitional impact it can have on attachments and the provision of care as opposed to the mother experiencing depression per se.

Although parenting in the context of mental illness presents challenges and can be unpredictable, there are nevertheless factors that build resilience for parents. Cultural strengths can support families, and parenting capacity can be enhanced in the context of 'satisfying employment, good physical health and professional, community and personal support' (Parrott et al., 2008: p. 1).

Parental misuse of drugs and alcohol

Parental misuse of drugs and alcohol can create an environment of potential harm for children. It can result in parents being physically and emotionally unavailable to their children, and increases the risk of child maltreatment and child welfare intervention (Jeffreys et al., 2006; Knoke, 2009). According to Jeffreys and her colleagues (2006: p. 3) 'drug and alcohol misuse is not a peripheral issue but a core component in a substantial majority of situations where children enter care'. Summarizing Knoke (2009: p. 1) parental misuse of drugs and alcohol can:

- Induce or increase negative feelings such as depression, anxiety or irritability;
- Interfere with the amount of control that the parent has over his or her emotional reactions;

- Impair a parent's mental functioning, problem solving and judgement;
- Interfere with parents' capacity to provide adequate care and supervision;
- Be associated with lifestyles that are harmful for children;
- Increase a family's stress in ways that tax a parent's abilities to cope effectively with child-rearing challenges.

When parents are not in control of their behaviour, children are inevitably at risk, and the younger the child the greater their vulnerability. If a parent is in a substance-altered state their capacity to make sure that their child is safe is likely to be compromised. Children can be exposed to abusive people, left unsupervised, or they could be physically hurt in a range of ways, for example, being laid upon by a parent in an alcohol-induced sleep. Precious family resources could be spent on satisfying their addiction resulting in the child being malnourished and neglected.

Working with drug and alcohol addiction in the context of child protection is one of the most difficult areas of practice where often families are struggling with a range of associated adversities that can include poverty, homelessness, violence and mental health problems. Taken together they create significant vulnerability for children:

> Substance abuse rarely occurs in isolation but typically coexists in combination with a constellation of issues which create high levels of risk to children. (Jeffreys et al., 2006, p. 4)

KEY PRACTICE QUESTIONS 1.2

1. What factors can negatively impact on a parent's ability to meet their child's health and developmental needs?
2. In what ways can the accumulation of harm create ongoing problems for children?
3. How might communities work to ameliorate key risk areas for children?

The maltreatment of children

Over the past twenty years there has been a series of child death reports that bring sharply into focus the vulnerability of children. We do not know how many children are abused and neglected, but we do know that it has been going on for a very long time. In the 1950s and 60s professionals became increasingly concerned about intergenerational neglect (Horwath, 2007). In 1962 Henry Kempe and his colleagues brought community and professional attention to the

plight of physically abused children (Tomison, 2002). From that time, the *battered child syndrome* became a term used by professionals, and child physical abuse was projected into the spotlight. Once alerted to the issues children face, systems of welfare worked to develop their protection services for children. It was increasingly recognized that responding to child abuse required skilled intervention by trained professionals.

Over time, professionals became increasingly aware of child abuse and protection issues (figure 1.1). Women began talking about their experiences of childhood sexual abuse, and society began to take notice. A determined effort was made to seek more knowledge – people began to undertake research and write about this violent phenomenon that threatened the innocence and safety of children. While the sexual abuse of children had been an aspect of human history for generations, it did not fully become an issue of professional concern until the 1970s. As awareness grew, more complex understandings of the nature of adult offending began to emerge, as well as that of adolescent abusers and children who molest other children. In addition, the risk to children accessing the internet began to create concern. The prevalence of sexual exploitation of children through this medium has been raised as an increasingly serious problem, and from an Australian perspective Stanley (2001: p. 16) notes, 'given the dramatic growth in internet usage ... it is imperative that safeguards be put in place now, rather than in a decade's time, when it may well be too late'. These issues stretched community and professional knowledge and expertise. Knowledge, however, evolved relatively slowly over time:

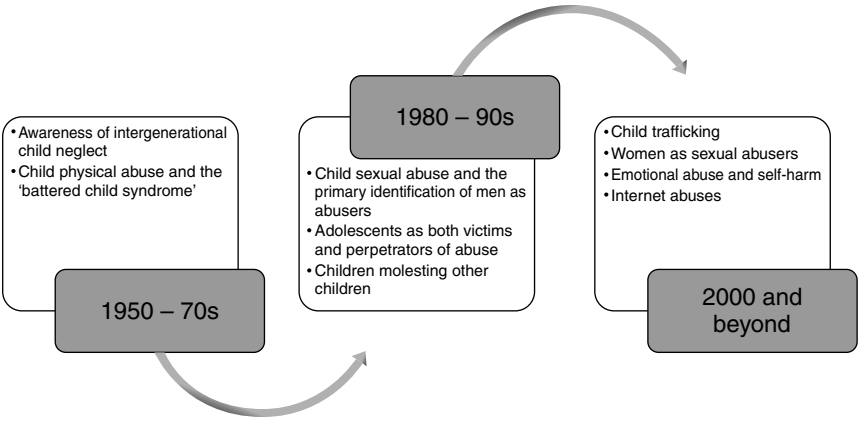

Figure 1.1 Developing knowledge of child maltreatment

In the context of contemporary practice, each area of child maltreatment presents challenges in definition, assessment and response. Legal definitions of abuse and neglect tend to be nominal definitions (Gelles, 1982). They are broad and guiding rather than specific. Legal definitions establish the parameters of abuse and are vague but flexible (Chan, Elliott, Chow and Thomas, 2002). In contrast to these nominal definitions, practice definitions are operational definitions, found in professional guidelines and protocols (Gelles, 1982). These are typically more detailed, for example as shown in table 1.1.

Table 1.1 Types of abuse (adapted from Fanslow, 2002)

Child physical abuse	Any act that may result in injuries being inflicted on a child or young person, including but not restricted to: bruises and welts; cuts and abrasions; fractures or sprains; abdominal injuries; head injuries; injuries to internal organs; strangulation or suffocation; poisoning; burns or scalds.
Child sexual abuse	Any act that results in the sexual exploitation of a child or young person, whether consensual or non-consensual, including but not restricted to: non-contact abuse; exhibitionism; voyeurism; suggestive behaviours or comments; exposure to pornographic material; contact abuse; touching breasts; genital/anal fondling; masturbation; oral sex; penetration of the anus or vagina; encouraging sexual acts; involvement in activities for the purposes of pornography or prostitution.
Child emotional abuse	Acts of omission resulting in impaired psychological, social, intellectual and/or emotional functioning and development of a child or young person, including but not restricted to: rejection, isolation or oppression; stimulation and affection deprivation; inappropriate expectations; inappropriate criticism, threats, humiliation, accusations; exposure to family violence; corruption (e.g. illegal or antisocial activities); impact of substance abuse or negative caregiver characteristics (e.g. emotional condition).
Child neglect	Acts or omissions that result in impaired physical functioning, injury and/or the impaired development of a child, including but not restricted to: physical neglect (failure to provide the necessities of life and health); neglectful supervision (failure to provide supervision leading to increased risk of harm); medical neglect (failure to seek, obtain or follow through with medical care); abandonment; refusal to assume parental responsibility.

While guidelines and protocols provide important information about risk decision-making in child welfare, in practice, much depends on the professional's own personal and professional judgement. Professionals bring their own beliefs about parenting, child care and abuse. Like everyone else, they are members of a socio-cultural environment, and this inevitably influences their professional decisions. According to Chan and her colleagues (2002: p. 363), this can have far-reaching consequences in terms of children's outcomes:

> (P)rofessionals' differing definitions of child abuse and child discipline have led to different intervention actions being taken in similar child abuse cases. ... They assess levels of abuse differently, make disparate decisions about placement or removal of the child from the home environment, and/or suggest dissimilar treatment programmes for the abusing adult or the abused child even when cases are similar.

Further complicating matters, some aspects of child abuse, emotional abuse in particular, are extremely difficult to assess. Styles of parenting differ, and it is difficult to draw an absolute line when it comes to acceptable and unacceptable psychological parenting (Corby, 1993). This has raised considerable debate and tensions in practice, particularly when working cross-culturally. Chan et al. (2002: p. 361) captures this tension nicely:

> Accepting claims of ethnocultural differences in raising children increases the possibility that corporal punishment of children by family members, for example, may be further legitimized. This may then prevent professionals from intervention in cases of abuse, resulting in them doing too little too late to protect children. ... Yet to dismiss cultural differences may result in professionals doing too much too soon, thereby irreparably harming families.

In addition to definitional and assessment complexities, each area of child maltreatment presents challenges with respect to response.

Child neglect

Parental neglect of a child usually reflects an ongoing or chronic lack of care that is often associated with cumulative developmental problems for the child (State of Victoria, 2007; Horwath, 2007). Neglect does not, however, appear in a single form. Carers can neglect children in a range of ways. *Physical neglect* is perhaps most familiar to practitioners (Horwath, 2007). In these situations the child lives in a poor and unhealthy living environment described vividly by Horwath, 2007: p. 33):

> At its worst the smell of dirt, decay and excrement hits you as you enter the home. The floor is filthy and your shoes stick to the surface. There are children, dogs and cats everywhere. Clothes, stale food and the general detriment of daily living lie around you. There is little furniture and what is there is broken or damaged. [There is] evidence of damp and other health hazards in every room.

Responding to child physical neglect requires that the worker carefully assess the adequacy of the parenting environment and use their professional judgement to decide the nature and type of professional intervention required. Value judgements are made, and it is not unusual for workers who are continually confronted with the effects of poor physical environments to become desensitized to poor conditions and the impact these can have on the child.

A lack of adequate nutrition creates situations of *nutritional neglect*. In essence this is where a child does not receive enough nourishment to thrive and grow. In some situations this may result in what is called *failure to thrive,* where a child's growth is interrupted and they remain well below their expected milestones. In responding to suspected nutritional neglect it is essential that a good medical assessment is undertaken to ensure that there are no physical or medical barriers to the child developing as might be expected.

Failing to provide medical treatment for a child can have serious effects and is referred to as situations of *medical neglect*. Parents may not recognize their child's medical needs, or they may ignore problems. Sometimes a parent may hold religious beliefs that cause them to refuse treatment which is a difficult issue to deal with, particularly when the parents otherwise appear caring.

Parents may also provide inadequate supervision and guidance for their children. In these situations, children can find themselves in harm's way without a protective adult to look out for them. Being left home alone, or a child's experience of abandonment are good examples.

Neglect can have a damaging impact on a child's physical, emotional, cognitive and behavioural development (Horwath, 2007), and the more pervasive, the more harmful it becomes (State of Victoria, 2007).

The physical abuse of children

Although child neglect is generally the most frequently reported form of maltreatment, it is child physical abuse that creates community

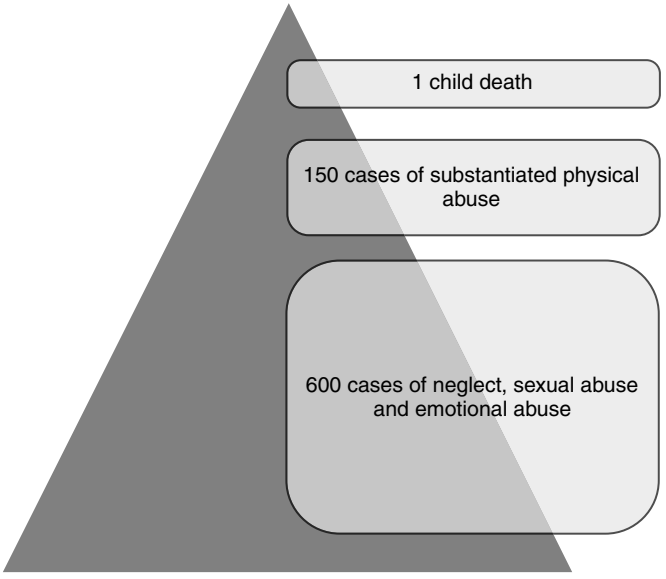

Figure 1.2 Australian estimates of abuse relative to one child death from maltreatment (adapted from UNICEF, 2003)

outrage, particularly when a child dies through homicide (Connolly and Doolan, 2007). The numbers of children who die from maltreatment represent the 'tip of the iceberg' of children who are maltreated, neglected or abused. UNICEF (2003)[1] reports an Australian study that found that for every child death from maltreatment there is likely to be on average 150 substantiated cases of physical abuse, and 600 cases if neglect, sexual and emotional abuse are included (see figure 1.2).

Exposure to child physical abuse, like child neglect, can have a significant impact on a child's healthy development, impairing physical and mental health, impacting negatively on psychosocial adjustment, cognitive ability, and the capacity for the child to form strong attachment bonds (Marie et al., 2009). Short-term physical effects of abuse may be relatively minor, for example, cuts and bruises. They can also, however, be severe, causing broken bones, internal bleeding, or death. Long-term consequences of babies being shaken have been

[1] Australian Institute of Health and Welfare, Child Protection Australia, 1999–00, Canberra 2001, cited in UNICEF, 2003.

identified as blindness, learning deficiencies, intellectual disability, cerebral palsy, and paralysis (Conway, 1998). Brain development can be negatively affected, and research has linked abuse with a range of poor health outcomes (NAIC, 2004). Summarizing the literature, NAIC report a number of psychological and behavioural consequences (table 1.2).

Assessing and responding to child physical abuse, whilst to the uninitiated may seem straightforward, is in fact an emotionally charged and highly complex endeavour. Indeed Munro (2002: p. 44) has argued that 'since risk assessment is, by definition, making judgements under conditions of uncertainty, there is an unavoidable chance of error. It is impossible to identify infallibly those children who are in serious danger of abuse'. This is an issue we will return to later in the chapter.

The sexual abuse of children

Since the increased awareness of the prevalence of child sexual assault within society, considerable attention has been paid to the potential effects of childhood sexual abuse on the developing adult. Research into the consequences of child sexual abuse has been wide-ranging, and findings have indicated significant negative outcomes for victims of abuse. This has included an association with a range of mental health problems: 'depression, anxiety, anti-social behaviours, substance use,

Table 1.2 Consequences of abuse (adapted from NAIC, 2005)

Psychological Consequences	Behavioural Consequences
Poor mental and emotional health: • depression, anxiety, eating disorders, suicide attempts, panic disorders, dissociative disorders, attention-deficit/hyperactivity disorders, post traumatic stress disorder	Difficulties during adolescence: • delinquency, teen pregnancy, low academic achievement, drug use, mental health problems
Cognitive difficulties: • language delays • lower cognitive capacity • lower academic achievement	Juvenile delinquency and adult criminality: • increased likelihood of arrest • increased likelihood of adult criminal behaviour
Social difficulties: • poor attachment patterns • relationship difficulties with adults and peers	Alcohol and other drug abuse: • increased likelihood of smoking • increased likelihood of alcohol and drug abuse • abusive behaviour towards others

suicidality, and other psychiatric problems' (Fergusson et al., 2008: p. 608). A history of child sexual abuse has also been associated with other adult concerns including problems with communication (Blum and Gray, 1987), behavioural problems and antisocial conduct (Watkins and Bentovim, 1992; Luntz and Widom, 1994).

Over time, knowledge regarding the perpetration of child sexual abuse has expanded to include men and women who sexually offend, a growing appreciation of adolescent sexual offending, and sexually aggressive children. Each of these areas now has a well developed body of knowledge that seeks to better understand the sexual exploitation of children (in particular see: Hunter, 2006; Woodiwiss, 2009; and in the context of disability, Higgins and Swain, 2010).

Behavioural issues and child welfare

Although services for children at risk are most commonly associated with responding to child abuse and neglect, they also respond to childhood conduct and behavioural problems. Managing difficult behaviour can cause immense difficulties in family life, and there is a significant body of research that explores disruptive and antisocial behaviours in childhood and adolescence (Utting et al., 2007; Tremblay et al., 2008). Conduct problems can disrupt home and school life and when overstepping legal boundaries can draw children, young people and their families into criminal justice systems.

In general children show signs of physical aggression early, but then it diminishes as the child grows and gains new skills that help them manage their emotions. According to Tremblay et al., (2008: p. 8):

> About five to 10% of children maintain highly aggressive behaviours as they grow out of their preschool years. Children who do not learn from an early age to replace their physical aggression with more socially appropriate behaviours, such as communicating verbally, compromising and cooperating with others, are at a considerably increased risk for school troubles and school drop-out, delinquent and criminal behaviours, substance abuse problems and unemployment.

Services are provided to children and families across the family life-course. The more entrenched the behaviours become, the more difficult it is to find solutions that positively support the retention of children and young people within their family system.

KEY PRACTICE QUESTIONS 1.3

1. How might service responses to neglectful parenting differ from child physical abuse interventions?
2. How might difficulties in defining the abuse and neglect of children create problems from a service intervention perspective?
3. How might insights into the effects of childhood abuse and neglect assist workers assessing childhood behavioural problems? How might they also create misleading assumptions?

Good outcomes: well-being, attachment and resilience

Good outcomes for children are measured in terms of their social and intellectual competence, and their physical and psychological well-being. Good outcomes are achieved through positive parenting, a stable family life, strong family and kin relationships, community involvement, and supportive social networks. As Bronfenbrenner (cited in Knutsson, 1999: p. 130) puts it:

> The effective functioning of child-rearing processes in the family and other child settings requires public policies and practices that provide place, time, stability, status, recognition, belief systems, customs and actions in support of child-rearing activities not only on the part of parents, caregivers, teachers and other professional personnel, but also relatives, friends, neighbours, co-workers, communities and major economic, social and political institutions of the entire society.

Interest in good outcomes for children has led to studies that have explored the correlation between attachment patterns, emotional and behavioural attributes, and the development of resilience in children as indicators of their well-being.

Well-being

Well-being is defined in terms of the ability of families to access emotional and material resources within the social and economic environment (Munford and Sanders, 1999). Family well-being depends on the capacity to care for children and fulfil their basic developmental, health, educational, social, cultural, spiritual, and physical needs; children's well-being depends not only on having their basic needs met but also on having 'the opportunity to grow and develop in an environment that provides consistent nurture, support and stimulation' (Pecora et al., 2000: p. 5). The nurture of children is the central function of

most families, where 'warm and reciprocal affective relationships' allow children 'to progress from dependence to independence' (Smith, 1999: pp. 268–69). In other words, for children to grow and thrive in the world they need love, protection, support and the opportunities that will help them develop the skills they need to succeed. Sadly, the close-knit communities that once provided families with mutual support and assistance in their child-rearing roles rarely exist (Smith, 1996). More and more the state is required to develop formal methods of providing families with the support communities were once able to offer.

Attachment

The early years of a child's life, long recognized as the most formative, are also years when the child develops secure attachments that will strengthen his or her ability to cope with adversity.

> There is no doubt that children's experiences in the early childhood and primary years have a lasting effect on their development. The first 6 or 7 years of life are fundamentally what determines the kind of people we become. (Smith, 1996: p. 6)

Attachment between the child and the primary caregiver is pivotal to the developmental process. Among other things, secure attachment is linked to intellectual and language development, exploratory and socially appropriate behaviour, autonomy rather than dependence and the ability to form relationships, and can serve as a 'buffer against stress'; the securely attached child will have a positive relationship with the parent, while the parent is less likely 'to act in ways that are detrimental to them' (Atwool, 1997: pp. 158–60).

Children also have the ability to form multiple attachments, and this serves them well when alternative forms of care are needed. For children who have experienced abuse or neglect, however, their ability to become securely attached to a caregiver may be disrupted or compromised. Studies reveal that this group of children risks developing a range of maladaptive and antisocial behaviour patterns. Thus they may have difficulty in forming relationships, have poor problem solving and coping skills, and may be prone to aggressive and violent behaviour (Finzi et al., 2001; Lawson, 2001; Robinson, 2002).

Resilience

The notion of resilience shifts the perspective from viewing children as 'at risk', to acknowledging their capacity for 'resilience' in overcoming

the effects of adversity. It is closely associated with the concept of attachment:

> It is clear that resilience is not an isolated individual characteristic [nevertheless it] is difficult to see how ... protective factors could be acquired outside the context of secure and consistent attachment. (Atwool, 2007)

Positive parenting, along with protective factors based on family cohesion, belief systems, coping strategies, and communication skills contribute to the development of resilience, while the adverse effects of risks, such as single parenthood, teenage parenting and poverty, can be mediated by the parenting behaviour and how the family copes when managing on few resources (Mackay, 2003). Other factors associated with positive parenting include participating, being involved and having 'high expectations' of children (Bernard cited in Johnson, Howard and Dryden, 1997).

Resilience may not necessarily be a 'discrete quality' (Johnson et al., 1997: p. 168) but may fluctuate across the lifespan depending on circumstances (Atwool, 2007). Nevertheless, intervening early provides an opportunity to provide support before problems become entrenched. The arrival of a new baby, for example, provides a 'window of opportunity' (Atwool, 2007: p. 17) to work with parents to improve the quality and strength of attachment bonds.

Developing services for children at risk

Creating positive outcomes for children is a shared responsibility. Parents, families and communities provide care and nurturing for children. But it is clear that whilst the majority of children are cared for well, there are some that are subjected to abuse and a lack of care. This is where community and professional services play a role in supporting good outcomes for children, and state systems provide the safety net for those children most at risk. Yet many writers have noted the increased intensity of child protection and family welfare work over the past thirty years (Birmingham, Berry and Bussey, 1996; Briar-Lawson, Schmid and Harris, 1997; Pecora, Whittaker and Maliuccio, 1992) arguing that, internationally, child protection systems have experienced a multi-dimensional crisis (Barter, 2001; Scott, 2006). A dramatic rise in the number of children reported to authorities in English speaking jurisdictions has raised significant issues with respect to how services will cope with increased expectations that they will

take responsibility for all concerns relating to the care and protection of children (Connolly and Doolan, 2007).

The pressure from this increased demand is evident across international jurisdictions. In the US during the fiscal year 2007 child protection services received an estimated 3.2 million referrals of suspected child maltreatment (5.8 million children), approximately a quarter of which were substantiated as abuse (US Dept of Health and Human Services, 2007). In England social workers receiving and investigating concerns of child abuse and neglect have experienced a rise in the numbers of cases referred for attention since 2007. Research undertaken by the Association of Directors of Children's Services, revealed that safeguarding activity by social workers had increased by an average of 21 per cent in two years (ADCS, 2010).

Australia and New Zealand have also seen a continued rise in the number of notifications of concern for children considered to be at risk. In Australia from 2004/5 to 2007/8, notifications increased by 26 per cent to 317,526 (Australian Institute of Family Studies, 2009). Substantiated abuse increased from 46,154 in 2004/5 to 55,120 in 2007/8, and children on care and protection orders rose by more than 100 per cent, from 16,449 in 1998 to 34,279 in 2008. In New Zealand notifications have increased from 25.4 per 1,000 children in 1997 to 96.4 per 1,000 children in 2008. Indigenous children in both Australia and New Zealand continue to be overrepresented in the numbers of children receiving statutory services and care.

Over two decades, a complex set of drivers, including this increase in demand, shaped the way in which contemporary services have been provided for children at risk. High profile cases in the media have placed child protection at the forefront of public concern, and a new managerialism reinforcing the bureaucratization of child protection have been instrumental in reducing responsiveness to children and families (Ferguson, 2004; Munro, 2011). Response became increasingly forensic and uniform – a 'one-size-fits-all' protection response to children at risk (Munro, 2002; Scott, 2006). Screening the population for at risk children, undertaking more and more child abuse investigations and destabilizing families, writers argued, had the potential to actually *increase* the risk of child abuse for many children (Scott, 2006). As a consequence Western systems have developed 'like a giant Casualty Department required to respond to a flood of patients, the vast majority of whom do not require hospitalisation and would be

much better managed by the local GP' (Scott, 2006: p. 6). So what might the equivalent of the local GP look like in the context of child welfare service delivery? In part, the answer lies in the research relating to *early intervention*.

Increasingly, research indicates that intervening early in the life of a child or a problem brings the best long-term results (Scott, 2009; Wiggins et al., 2007; Bannon and Carter, 2003). Early intervention helps children do better socially and educationally, improves health and well-being, and has the potential to reduce violence with the family over the long-term by providing support for new parents that is focused on prevention:

> There is widespread consensus that the best way to protect children is to prevent child abuse and neglect from happening in the first place. There is also widespread consensus that this requires robust primary and secondary systems for protecting children that provides families with the assistance they need before they come into contact with the statutory child protection system. (Allen Consulting Group, 2008: p. 3)

Moving away from the ambulance at the bottom of the cliff response that has typified child protection services' responses in recent decades, a *public health* approach supports the building of preventative solutions that have the potential to reduce the accumulation of risk factors over time. Most families need support at one time or another. Many families call upon their own resources at these times, or seek to access universal services that are designed to respond to the adverse challenges that modern families face. Some families, however, remain isolated and struggle to manage alone. Increasingly service systems are refocusing their responses to include an emphasis on early intervention (Axford and Little, 2006). In a public health approach an emphasis on primary prevention has been integrated with targeted and tertiary responses across the sector (figure 1.3) as a way of strengthening whole-of-system of service responses.

KEY PRACTICE QUESTIONS 1.4

1. How might risk-averse child protection responses impact on the delivery of services for children and families?
2. What impact might the development of a public health model have on service delivery?
3. What are the strengths and weaknesses of the primary, targeted and tertiary services within your locality?

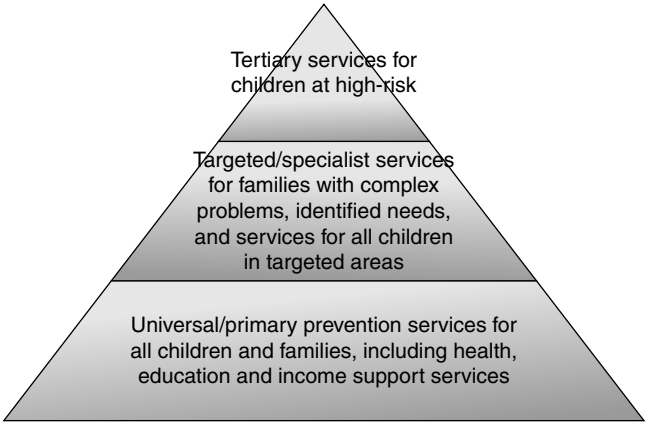

Figure 1.3 Integrated service system reflecting a public health model of service delivery

Yet, early intervention as a strategy for supporting families has also been the subject of critical analysis, particularly with respect to the privacy implications of monitoring a whole population in order to identify children at risk (Parton, 2006; Munro, 2007; Munro and Parton, 2007). These are issues of significance moving forward:

> The relationship between human rights, early intervention, and the perceived need for public surveillance mechanisms to further preventative aims is a complex one. It is, however, one that is likely to rest at the heart of future human rights debate as human services seek to take advantage of developments in technology and governments seek to balance meeting the interests/needs of individuals with addressing the broader interests and concerns of society. (Connolly and Ward, 2008: p. 181)

Conclusion

Family structures continue to adapt and evolve new forms within the social, economic and political environment of the Western world. Cultures influencing each other have introduced conflicting attitudes towards standards and expectations regarding the relationship between parents and their children. While the UNCROC has highlighted a number of issues that affect the health and well-being of children, countries bring their own perspective to these. Across the globe, in terms of health, education, and well-being, children of disadvantaged

cultural groups are frequently over-represented in welfare statistics. Nevertheless, how well families are able to provide for children depends on a number of factors. These include supportive family relations and social networks, and access to social capital and economic security. Within this context, children are able to develop secure attachment patterns, which, in turn, can provide the basis for building resilience or the capacity to cope with adverse circumstances. Despite experiences of conflict, trauma and deprivation, good outcomes can be achieved. This knowledge can provide hope and instill confidence that children who have suffered abuse and neglect can be nurtured and supported through their pain and their struggles in their journey towards well-being and independence.

In recent years child welfare systems have explored ways in which services can be provided to address diverse family needs. This has included developing alternatives to the one-size-fits-all statutory child protection service response. We will now look at some of the different ways in which countries have approached the care and protection of children, and will consider the development of service models that increase the range of service responses.

FURTHER READING

Arney, F. and Scott, D. (2010) *Working with Vulnerable Families: A Partnership Approach*, New York: Cambridge University Press.

Howe, D. (2005) *Child Abuse and Neglect: Attachment, Development and Intervention*, Basingstoke: Palgrave.

Parton, N. (2006) *Safeguarding Childhood: Early Intervention and Surveillance in a Late Modern Society*, Basingstoke: Palgrave.

USEFUL WEBSITES

The National Child Protection Clearinghouse, accessible at: http://www.aifs.gov.au/nch/

The New Zealand Child, Youth and Family website, accessible at: http://www.practicecentre.cyf.govt.nz

United Nations Human Rights: Office of the Human Rights Commissioner, accessible at: www.ohchr.org/EN/Pages/WelcomePage.aspx

Index