

Introduction

Fiona Arney and Dorothy Scott

The challenge of ending child abuse is the challenge of breaking the link between adults' problems and children's pain.

(UNICEF, *A League Table of Child Maltreatment Deaths in Rich Nations*, September 2003)

This book is about working with vulnerable parents so that we may prevent child abuse and neglect and enhance the wellbeing of our children.

Who are 'vulnerable families'? In this book, when we refer to families we are talking about children and the adults who care for them, be they mothers, fathers, grandmothers, grandfathers or other extended family members. If we are honest, all parents will acknowledge times when they have felt very vulnerable and when their feelings of vulnerability have impacted upon family life. The birth of a child is a joyous event but brings with it a time of significant change and disruption to families as well as the need for adjustment, which some parents may find overwhelming. Parents can also experience vulnerability when facing natural disasters such as fire or flood; stressful life events such as marital breakdown; the illness or death of a family member or friend; the loss of a job; or eviction. Life challenges such as these can overwhelm a family's ability to cope, but for some it may also provide opportunities for growth and positive change.

All families differ in their ability to manage difficult challenges and have different internal and external resources to draw upon. Internal resources (such as good family attachments, cohesion and communication) and external resources (such as good social support and financial security) have all been shown to help families manage difficult times. Some parents are doubly blessed. Those who have grown up in stable and nurturing families are more likely to have a supportive extended family to help them as they embark on raising their own children. Other parents are not so lucky. Many have not had a childhood grounded in a stable and nurturing family and this disadvantage may be compounded if they have to raise their own children without the support of an extended family. However, history, as we know, is not destiny and many parents who have suffered deprivation in their childhood do make strong supportive 'kin-like' relationships with friends and neighbours who provide support to both them and their children.

There are some situations in which a family's needs cannot be met from within their own resources or their kith and kinship networks, where services can make a valuable contribution to child and family wellbeing. In this new edition we revisit and further explore some of the knowledge, skills and strategies that service providers need in order to work successfully with parents and families, including those with multiple and complex needs who are trying to nurture young children in the face of adversity.

The knowledge and skills required for this work rest on a foundation of values. The values we bring to our work and those of the wider society are fundamental in determining the level of respect and compassion we show to families. In many of the interventions we look at in this book, you will find embedded the principles of 'relationship-based practice', which are founded on empathy, respect, genuineness and optimism.

The chapters in this volume are presented in such a way that those that are more preventive in their orientation and based in universal services come first and those that are more specialist and remedial in their orientation follow. The range of interventions examined in the book covers the spectrum of primary, secondary and tertiary prevention. These terms come from the field of public health. Primary prevention services are usually 'universal' or accessible to all families. For example, local child and family health services, preschools and primary schools are ideal settings for reaching all families. Secondary prevention services are offered to families who may be at greater risk or who already show signs of struggling in the hope that, with early intervention, a service may help to prevent the situation deteriorating. These can be offered from the 'platform' of universal services or from a more specialised service setting. Tertiary prevention services respond to the needs of families once there is already an established problem. These typically involve specialist or statutory services, with the objective to reduce the harm the problem has caused and to prevent its recurrence.

While we do not want to suggest that social problems such as child neglect should be thought of as diseases, we think that a public health approach is useful for three reasons. One, it draws our attention to the environment as well as to the individual. Two, it emphasises prevention as well as remediation. And three, wherever possible, it is based on evidence.

The opening chapters of the book are updated chapters from the first edition of this volume and provide broad concepts of working with vulnerable families generally, including within organisational settings and between different services, and with early intervention, such as in early childhood health and education settings. Some readers will already be familiar with some of this content, while for others it may be new.

In Chapter 1, Dorothy Scott, Fiona Arney and Graham Vimpani investigate the importance of considering the child, their family and community strengths and supports in working with vulnerable families. They explore the bio-psychosocial impacts upon children's development and wellbeing and describe the relevance of ecological and family-centred frameworks to practice with children and their families.

In Chapter 2, Dorothy Scott describes the way in which the 'think child, think family, think community' approach to working with families with complex needs requires enhanced practitioner skills and knowledge, as well as mechanisms for building bridges between services. In the latter half of the chapter, she identifies the potential conflicts (and suggested strategies) that can occur between and within organisations, between professions, and between and within individuals when working with families with multiple and complex needs.

In Chapter 3, Dorothy Scott describes the important role of early childhood services in working with vulnerable families to give children the best start to life. This chapter presents a range of innovative exemplars of working with families in early childhood settings.

Building on the concepts and ideas introduced in the first three chapters, we then examine the specific needs of population groups such as fathers, refugee families and Aboriginal and Torres Strait Islander families. These population groups have been selected because of their need for approaches that differ from those typically developed in child and family services, which may be geared more towards working with mothers or with children, parents and carers of white Australian descent.

Richard Fletcher presents the rationale for working with fathers in vulnerable families in Chapter 4, including the unique contribution they can make to their children's development and wellbeing. In this chapter he describes strategies and programs for working with fathers in a range of settings, including home-based programs for fathers whose partners have postnatal depression, and a program to end violent and abusive behaviours.

In Chapter 5, Kerry Lewig, Fiona Arney, Mary Salveron and Maria Barredo describe the contextual and cultural challenges in relation to parenting in a new culture for families from refugee backgrounds. They describe the results of qualitative research with child protection practitioners and members of eight community groups with refugee experiences, examining the role of the Government in parenting, the need for culturally sensitive and family-inclusive practice in child and family services and strategies to support parents from refugee and migrant backgrounds in Australia.

The focus on early intervention in early childhood is continued in Chapter 6, with a specific focus on culturally appropriate ways of working with Aboriginal and Torres

Strait Islander children and their families. In this chapter, Gary Robinson and Sarah Mares describe a group-based approach developed and delivered in the Northern Territory to promote the development of young Aboriginal children.

In Chapter 7, Fiona Arney, Alwin Chong and Kate McGuinness describe the impact of past child protection policies on Aboriginal Australians today, and examine an approach for incorporating family members in decision-making about Aboriginal and Torres Strait Islander children involved with the child protection system.

The next three chapters focus on aspects of working with families where children remain in the care of their parents but face serious risks from child neglect, alcohol and drug misuse and family violence.

In Chapter 8, Elizabeth Reimer describes practices and approaches that can build family strengths and momentum for change through relationship-based practice. Drawing upon a significant piece of new research, this chapter focuses on the characteristics of the practitioner, and the role of supervision and support, in working with families where child neglect has been identified as a concern.

In Chapter 9, Sharon Dawe and Paul Harnett describe an integrated approach to working with families where there are concerns about the welfare of children and where parents have a history of problematic drug and alcohol use. Examples from the Parents Under Pressure program are used in this chapter to highlight the relevance and applicability of the integrated approach to assessment and intervention with families.

Cathy Humphreys and Menka Tsantefski also explore working with families with complex needs in Chapter 10 by focusing on parenting in the context of family violence. In this chapter, they describe the impact of family violence on children and on the mother–child relationship, and explore practices for supporting women and children in these contexts.

Later chapters in the book focus on two issues relating to children who have been placed in out-of-home care (foster and kinship care) and apply concepts relating to attachment to understanding the needs and behaviour of these children, and the experience of parents who have had their children removed from their care.

Chapter 11 examines the application of attachment theory to children who have experienced frightening or stressful caregiving relationships. In this chapter, Sara McLean describes how children's behaviour with caregivers may be interpreted and how the concepts of attachment and trauma are understood and applied with children who have experienced abuse or neglect.

Chapter 12 focuses on the experiences of parents who have had their children removed from their care. Drawing upon research undertaken by Mary Salveron as part of her postgraduate studies, she and Fiona Arney explore the destruction and

reconstruction of parental identity and the role of practitioners in supporting this transformational process in child protection services.

The final chapter of the book considers the role of research and other forms of evidence in influencing child protection policy and practice development and implementation. Using insights from Australian policies and programs, Fiona Arney, Kerry Lewig, Robyn Mildon, Aron Shlonsky, Christine Gibson and Leah Bromfield describe the factors that enhance and inhibit service development and delivery in this field.

This book has been written with a diverse range of readers in mind – for students and practitioners from different disciplines and fields of service, including the health, education and social services, and encompassing both traditionally ‘child-focused’ and ‘adult-focused’ sectors, who are interested in family-focused, child-sensitive practice. We also hope that the book will be of interest to supervisors, team leaders and managers of services, as well as policy-makers and professional educators.

All contributors to this book bring research to bear on the challenges of working with vulnerable families while appreciating that working with families requires a special synthesis of head, heart and hands. We hope we have captured something of our deep respect for this complex and creative work, and for the compassion and commitment of those who work with, and walk alongside, parents who struggle in the face of adversity to nurture their children

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Think child, think family, think community

Dorothy Scott, Fiona Arney and Graham Vimpani

■ Learning goals

This chapter will enable you to:

- **BE AWARE** of some of the bio-psychosocial factors and conceptual frameworks that affect child wellbeing and the capacity of families to nurture young children
- **‘THINK** child, think family and think community’ in the way you might work
- **APPRECIATE** the centrality of ‘relationship-based practice’
- **IDENTIFY** the values, knowledge and skills you bring to working with vulnerable families, and reflect on areas in which you may have gaps.

■ Introduction

PROMOTING CHILD DEVELOPMENT, wellbeing and safety relies upon the ability to ‘think child, think family and think community’. Our knowledge about how biological, psychological and social factors interact to influence the development and wellbeing of children has never been greater. In a growing number of countries, this knowledge has led to an intense interest in early childhood, motivated by social justice concerns as well as by an increasing awareness that the economic future of a society depends on the degree to which its children are healthy, educated and well adjusted.

Some children are exposed to a volatile mix of poverty, violence, parental mental illness and substance dependence that can erode the capacity of families to nurture their children, causing intense suffering and long-term harm. There are a number

of conceptual frameworks and ideas that enable us to understand this, including an ecological model of human development.

Family-centred practice is based on four elements: the centrality of the family as the unit of attention; maximisation of families' choices; a strengths rather than a deficits perspective; and cultural sensitivity. The quality of the worker–family relationship is the cornerstone of family-centred practice. The key practitioner qualities of empathy, respect, genuineness and optimism are vital to working with vulnerable families.

We each bring a unique combination of personal qualities and values, knowledge and skills to our work. It is important for us to identify our strengths as well as the areas in which further professional development or the expertise of others may be required if we are to serve families and their children well.

■ Descriptive knowledge

We now know a lot about the long-term consequences of different forms of childhood adversity (including child abuse and neglect, children's witnessing of domestic violence, parental mental illness and parental substance dependence) on adult physical and mental health (Middlebrooks & Audage, 2007). It takes only a little imagination and the willingness to listen to those who were, or are still, exposed to such adversity, to understand the intensity of suffering that children in such situations can experience.

We also know quite a lot about the factors associated with the resilience of some children to such adversity. In particular, there is a strong understanding of the vital role a concerned, caring and committed adult plays in the life of a vulnerable child in helping the child to survive, recover and thrive, despite adversity.

The breadth of the knowledge that helps us to understand the many influences on children's development and wellbeing is nicely captured in the title of the book *From Neurons to Neighborhoods* (Shonkoff & Phillips, 2000), auspiced by the US National Research Council and Institute of Medicine of the National Academies. Based on the work of 17 experts from a broad range of disciplines, the key conclusions of this publication are worth stating:

- The nature–nurture debate is obsolete.
- Early intervention can improve the odds for vulnerable children.
- How young children feel is as important as how they think.
- Nurturing and dependable relationships are crucial.
- Culture influences development via child-rearing beliefs and practices.
- There is little evidence that 'special stimulation' leads to 'advanced brain development' in infancy.

REFLECTIVE QUESTIONS

Do you know more about the biological, psychological or social factors influencing child and family wellbeing? What might be the advantages and disadvantages of your particular knowledge base? How might you address any major knowledge gaps you can identify?

■ Genetic influences

There is growing evidence that many of the long-term consequences of childhood adversity are, at least in part, a result of interactions between environmental experience and our genetic make-up. For example, Caspi et al. (2003) found that the risks of later depression in children who had been abused were greater in those who had two copies of the short variant of a gene involved in serotonin transmission (5-HTT). Those with two copies of the long variant of the gene had no increased risk of depression, while those with one of each had intermediate risks.

More recently, McGowan and colleagues (2009) found that individuals who suicided as adults following a history of childhood abuse had differences in a neuron-specific glucocorticoid receptor promoter that is associated with the functioning of one of the major stress response systems (HPA), compared with those who suicided without a history of childhood abuse or who died from accidental causes. Specifically, they found that hippocampal NR3C1 gene expression was reduced in suicide victims who had been abused as children compared with victims who had not been abused, or those who had died from accidental causes. The effect of this is to increase activation of the HPA stress response system.

■ Parent–child attachment

Innately, children behave in ways that enable them to stay close to adult caregivers who can provide a secure base from which to explore the world. Children are said to build ‘internal working models’ of their own self-worth from the way they experience and see their caregivers’ abilities and readiness to provide security and protection. In this way, children can build different types of attachment relationships with different caregivers. Children who are not provided with sensitive and responsive caregiving are unable to build working models that will result in secure attachment behaviours and will experience less adaptive forms of attachment to their caregiver/s. This is likely to influence not only their relationships with their caregivers but also subsequent relationships with significant others. However, attachment patterns in the early years, while associated with later outcomes, are not necessarily deterministic. Research has shown that children can still develop positively, despite receiving early caregiving that

was deficient, as long as subsequent caregiving experiences are warm and loving and provide a secure base (Bacon & Richardson, 2001).

For a long time there has been abundant evidence about the importance of parent–child attachment, which is itself influenced by complex biological, psychological and social factors. From the early work of John Bowlby in the 1950s on attachment and separation anxiety in infants and young children (Bowlby, 1953) to recent work on breastfeeding as a protective factor in relation to maternal neglect (Strathearn et al., 2009), researchers have helped to identify the factors that enhance or impair parent–child attachment. As Daniel Siegel says:

Human infants have an inborn, genetically determined motivational system that drives them to become attached to their caregivers. Although infants become attached to their caregivers whether or not those caregivers are sensitive and responsive, attachment thrives especially on predictable, sensitive, attuned communication in which a parent shows an interest in, and aligns states of mind with those of a child ... Early attachment experiences directly affect the development of the brain (Kraemer, 1992) ... Human connections create neuronal connections ... Caregivers are the architects of the way in which experience influences the unfolding of genetically pre-programmed but experience-dependent brain development ... These salient emotional relationships have a direct effect on the development of the domains of mental functioning that serve as our conceptual anchor points: memory, narrative, emotion, representations and states of mind. In this way, attachment relationships may serve to create the central foundation from which the mind develops. Insecure attachment may serve as a significant risk factor in the development of psychopathology (Jones, Main & del Carmen, 1996). Secure attachment, in contrast, appears to confer a form of emotional resilience (Rutter, 1997).

(Siegel, 1999, pp. 93–4)

Some of the implications of attachment theory and research for working with vulnerable families and children where there is impaired attachment have been identified (Howe et al., 1999). The preventive implications of this knowledge are also gaining greater interest. For example, Boukydis (2006) has outlined how health professionals can use ultrasound consultation to enhance the attachment of mothers to their unborn babies, decrease maternal anxiety and increase positive attitudes towards health during pregnancy.

Following birth, the Circle of Security Model, a video-based intervention aimed at strengthening parental capacity to observe and respond to their infants (<http://circleofsecurity.net>), is gaining currency. The Circle of Security Model is an early intervention approach that can be taught to a broad range of practitioners in health, early childhood education and social service settings. Chapter 11 further explores the application of attachment concepts to practice with vulnerable children.

■ Experience-based brain development

There have been great advances in our understanding of the way in which children's early experiences of their world continuously interact with genetic predispositions to shape the architecture and function of the brain. These experiences begin before birth and, if healthy and stimulating, can help establish brain architecture that 'operates at full genetic potential'. Conversely, adverse experience leads to 'weak brain architecture with impaired capabilities' (National Scientific Council on the Developing Child, 2007, p. 3).

Brain growth following birth is rapid and is made up of the establishment of myriads of connections between brain cells and supportive tissue. With the exception of brain cells in the hippocampus, a part of the brain involved in memory, new cells are not added after birth. As young children get older, the pathways between cells are pruned down on a 'use it or lose it' principle.

It is important to recognise that the parts of our brain that are responsible for different sets of functions (such as language, memory of recent events, memory of facial expressions, planning and emotional responsiveness) mature at different times. Sensitive periods in which different parts of the brain develop particular functions occur at different ages (Gogtay et al., 2004). Further, the pathways involved in processing lower levels of information mature earlier than those processing higher-level information (Burkhalter, Bernardo & Charles, 1993). The performance of higher-level pathways in turn builds on the functionality of lower-level pathways. Experiences encountered by young children need to be age appropriate, because children's abilities to interpret what they experience change over time as their pathways are built. For example, looking at pictures and not focusing on written words is important for a toddler.

The nature of the relationships in the child's world and the level of stress experienced have important roles in fine-tuning brain architecture. Adverse early experiences can have damaging effects on the way the brain develops (Nelson, 2007; Rice & Barone Jr, 2000; Siegel, 1999). Too much unpredictable and uncontrollable stress during the sensitive period when the stress response system (that is, the body's physical, emotional and cognitive responses to stress) is maturing in early life is likely to lead to the development of a dysregulated stress response system (Perry, 1997). This in turn affects the way children are able to self-regulate their impulses and behaviour and their ability to learn.

Excessive stress experienced by children recalibrates the stress response system, such that children's feelings may progress rapidly from calmness to anxiety and terror when confronted with a threat – moods that affect learning capacity and interpersonal behaviour. This is one of the reasons why abuse may affect young