Holding the risk workshop: Child-centred and safety-centred practice

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Turn to the person next to you & share what 2 or 3 of your biggest challenges that you are hoping to have today's workshop help you think through.

If things were better – what would the situation look like?

(a useful family therapy tool… that can be employed in organisations too!)

Possible challenges include:

- Knowing whom to target

- Knowing why you're doing what you're doing

- Knowing where and how to engage with them

- Knowing what to do with them when you do engage with a family

- Knowing whether what you've done has worked

- ## What does the research tell us about the principles of child-centred practice?

  …based on a report from the Institute of Child Protection Studies at ACU (Winkworth, 2006):

  - ◆ Timely

  - ◆ Developmentally appropriate

  - ◆ Participatory

  - ◆ Collaborative

1. Special attention should be given at every opportunity to link **very young children** and their families with services and supports to strengthen children's physical, cognitive and social functioning

2. Every effort should be made to assist and support children and young people **as early as possible in the emergence of problems** by linking them with services to strengthen child, youth and family functioning

3. Assessment processes, actions, decisions and planning involving children and young people should take account of their developmental level across a spectrum of 'life worlds' including health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self care (UK LAC project).

Winkworth (2006)
<http://www.acu.edu.au/__data/assets/pdf_file/0011/583382/Child_Centred_Report_Final.pdf>

4. Children and young people, in contact with the care and protection system, should be provided with direct and indirect opportunities to express their feelings and wishes.

5. The settings, language, and timing of participation should take into account their age, cognitive and social development, gender, socio-economic background and ethnicity.

6. Models of Family Decision Making such as Family Group Conferencing should be used wherever possible to maximise the participation of children and young people.

7. Children/young people should be told how to make complaints.

8. Children/young people should be informed ASAP of legal decisions affecting them.

9. Knowledge and expertise should be actively shared between professionals who are involved

10. All interventions should as far as possible seek to create and strengthen the positive everyday networks which surround children and young people, incl. provision of appropriate information to enable these networks to increase protection and support.

How has your work reflected the research on being child-centred?

- Recognising **critical time frames** in childhood and adolescence including assisting children and young people as early as possible –early in life and early in the life of the problem (National Crime Prevention, 1999);

- Taking into account the **developmental needs** of children and young people in all interventions

- Providing children and young people with appropriate **opportunities to participate** in decisions that affect them

- Promoting a **collaborative approach** to influencing children's multiple environments (family and home, school, community and society) as well as the interactions among these environments.

- Share your personal examples
- Collate examples – and feedback 2 or 3 positive examples, and one 'heroic failure' (no names mentioned!)

- Child abuse prevention is predicated on:
    - Identifying risk factors
    - Implementing strategies across the entire community to address risk factors
- Aim:
    - To reduce the 'burden of disease' by altering the risk profile of the entire population:

    "a rising tide lifts all boats…"

- How to support parents and communities to promote child safety and wellbeing?

- What is a truly public health approach… or progressive (proportionate) universalism?

- How to identify which families might be struggling and need extra services or support?

- Do we know definitively the risk factors for child abuse… or poor child outcomes?

- How do we invert the pyramid of investment/effort?

- Who's responsible? Where to base these interventions?

- Child protection systems focus on the 'high-risk' end of the continuum of families in need

- Public health approaches suggest focusing effort on universal services – but also need to target families who have a range of needs

  - This means addressing risks as they present within mainstream service systems like health, education & childcare, with capacity to screen & refer for more intensive supports where needed

- Marmot review of the social determinants of health inequalities in the UK

- Actions must be "proportionate to the degree of disadvantage, and hence applied in some degree to all people, rather than applied solely to the most disadvantaged" (Lancet, 2010, p. 525)

- Universal services provide the platform for the ramping up or integration of services that would then be classified as "targeted"

Core elements of a safe and supportive family environment:

- Parenting:
  - Warm parenting
  - Angry/hostile parenting
- Parent-child interactions:
  - Shared activities like: reading; playing indoors/outdoors; music, other creative or everyday activities
- Parent-parent relationships:
  - Low conflict

Mullan & Higgins (2014)

- How do I promote and support "**cohesive**" family environments (characterised by warmth, shared parent-child activities, low parental conflict, and low parental anger)?

- Where can those activities best be located to engage families?

- Reflect on the key implications I outlined in my keynote earlier today [next 2 slides]…

- Messages for parents:
  - be warm, don't be hostile, engage in your children's activities, reduce conflict with partner
- Messages for service providers:
  - Problematic family environments can be readily identified
  - Children's family environments can change – and when they improve, wellbeing improves
  - Middle-childhood in separating families can be a vulnerable time for children

How do we achieve positive 'transitions' when risks are identified?

- Be 'attuned' to different family environments

- Target *behaviour* (parental behaviours & family dynamics) rather than *people* (based on socio-demographic characteristics)

- Recognise that families can change for the better

- Public-health approaches can be applied to promotion of safe and supportive family environments across a range of universal platforms

What would an **ideal context** be for working with families in need?

- assume no funding silos

- assume no jurisdictional silos

- assume no inter-organisational competition for resources

- assume no professional/discipline silos

Discuss innovations in small groups.

- Asking myself: "How am I part of the problem?"
  - Is the way I work part of the problem?
  - Am I perpetuating the status quo?
- If I believe universal services is the platform for engaging the widest range of families:
  - How is my agency, my program, or my service and skill set being deployed in, and actively engaging with MCH; ECEC, health, education?

- Contemporary work with families means not seeing it as *their* problem: Why aren't those responsible in *those services* doing more:
  - Maternal and child health
  - Early childhood education and care
  - Education
  - Health & mental health services
  - Other adult-focused services (drug & alcohol; family violence; mental health; disability)

- Do I offer one-on-one therapy or programs for parents who already know they are struggling and come to a family/relationships service for support?

- Or do I work with early childhood/school educators to equip staff with the knowledge and skills to managing challenging behaviours, and in turn model and support parents to do the same at home? Am I available for more intense services when needed?

- *The challenge*: to find opportunities for unintentional service delivery – intervention by stealth!

To cover:

- Key tenents of child-safe organisations

- How to think through risks and implement prevention strategies to ensure that we are working in contexts that are also child-safe.

1. Screening for known perpetrators
    - Preventing infiltration - national overview of working with children checks

2. Managing situational risks
    - Overview of research on risk factors, and strategies for prevention

3. Creating positive cultures
    - Clarifying unacceptable behaviour
    - Encouraging disclosures
    - Involving police and child protection authorities

- Grooming process prior to the act of abuse is a precursor to offending that relies upon relationship and trust building between the victim, the perpetrator, and the institutional community.

- The modus operandi of perpetrators may differ between institutional contexts, as different settings allow for different opportunities for, and facilitators of, abuse.

- New technology, mobile phones, and social media open up new avenues for communication, and therefore grooming, for potential abusers

- Climate, culture and norms in organisations can facilitate abuse

Kaufman et al., 2016; van Dam (2001) cited in Irenyi, Bromfield, Beyer, & Higgins, 2006, p. 10)

"Just as children are 'groomed' by adults to allow them to perpetrate sexual acts, other adults are also 'groomed' (or desensitised) to perceive potentially risky behaviour as harmless" (van Dam, 2001)

Underlying premise:
Under the right circumstances, anyone could offend

Situational crime prevention approaches:

- address the limits of both pre-employment and ongoing screening/suitability assessments
- focus on creating safe *environments* rather than safe *individuals*
- have been successfully applied to reducing a range of criminal behaviours

Key focus is on *opportunity reduction*:

- making crime more risky
- making crime more effortful
- reducing rewards
- removing excuses
- preventing—and not tolerating—potential 'grooming' behaviour

- What are the key risks to children in my organisation or context?

- Where might I observe grooming – and how could it be interrupted?

- How would a robust, well-articulated child-safe policy that was regularly updated and engaged with by all within my organisation help support **safety-centred practice**?

"A journey of a thousand miles begins with a single step"
Lao Tzu – father of Taoism

To move closer to this ideal, what can I do?

- ◆ This week?

- ◆ This month?

- ◆ This year?

- What do I need to help me on the journey?

- Who can I enlist to assist?

- **Parenting programs and supports** – to address problematic parenting practices
  - Evidence-based programs for CfCs (children 0-12 in disadvantaged communities) <apps.aifs.gov.au/cfca/guidebook/programs>
  - <chs-wa.org/Our_Services/Family_Support/Parent_Education.html>
- **Public information campaigns** – to educate parents about the influence the family environment they create has over children (linked to concrete actions/supports)
- **Intensive family support** such as home visiting

- Triple P (Positive Parenting Program)

- Parent-Child Interaction Therapy

- Nurse-family partnership (home-visiting); MOVE, etc.

- What Were We Thinking (WWWT)

- Talk Less Listen More e-parenting difficult behaviours

- 123 Magic

- Parents Under Pressure

- Project SafeCare

- Incredible Years