

The Too Hard Basket?



The work of the Family Help Trust's
child abuse prevention services



Breaking the cycle for New Zealand children

Introduction

Family Help Trust child-abuse prevention services were established in 1990 by a group of health and welfare professionals. The aim was to confront the causes of family dysfunction and to provide high-risk families with the skills they need to improve their lives, and those of their children.

Service 1: (New Start) The Trust's initial service targeted a group of chronic offenders, focusing on the children in the family and providing intensive home-visiting family support and mentorship. This pilot service achieved encouragingly low levels of re-offending and measurable improvements in child outcomes, including health, safety and pre-school education attendance.

The New Start service is the longest running intensive New Zealand home-visiting service targeted at multiple-problem families. Additionally New Start is currently this country's only service of its kind catering for chronic offenders and their families and which targets the young *child as the primary client*.

Service 2: (Safer Families) Initiated in March 2001, as a result of a generous donation from The Community Trust (Christchurch), this service targets high-risk pregnant women, receiving referrals through Lead Maternity Providers and other health professionals. The service was established as a joint venture between the Family Help Trust and the Christchurch Women's Hospital Community Midwifery Services. A Vote Health financial contribution is not yet forthcoming and nor is it expected in the foreseeable future.

Service 3: (New Start Plus) Mothers and Babies in Prison. Initiated in 2008 by invitation from Christchurch Women's Prison as a result of the new legislation that allow infants to remain with their incarcerated mothers until they were two years old. 2012 Family Help Trust won the contract for this service in Christchurch from Department of Corrections.

Service 4: (Hippy Hoon Hay) (Home Interaction Programme for Parents and Youngsters) operating out of Rowley Avenue Primary School in Hoon Hay. HIPPY builds brains, bonds and bridges between children and parents. It is a two-year home-based parenting and early childhood enrichment programme that builds the confidence and skills of parents to create a positive learning environment through which to prepare their child before they enter the primary school system. It is run under the umbrella of Great Potentials in Auckland but hosted by Family Help Trust. A co-ordinator and three tutors are employed to operate Hippy.

Concern for our nation's children

All our early intervention services grew out of the same professional concern that poor parenting, violence and abuse were producing second, third and fourth-generation criminals, long-term state dependents, inter-generational child abusers and children having children.

There is now significant paediatric research (Dr. Bruce Perry) that suggests that those children raised in violent and abusive environments develop with neurological disadvantages that are less likely to be overcome once the child has reached the age of three years. Our own New Zealand research has found that those responsible for 80% of New Zealand's crimes come from abusive and/or neglectful homes (Department of Justice). Children from these homes are also disproportionately represented amongst youngsters with suicidal tendencies, and those with mental health and substance abuse problems (Christchurch Health and Development Study).

Given the above, it makes good sense to target high-risk mothers during pregnancy, which is an ideal opportunity to maximise good outcomes for infant/child bonding and breastfeeding difficulties, and to deal with a raft of social problems in order to improve the outcome for the unborn child.

Despite research (notably the Roper Report) identifying family- and early-childhood intervention as one of the keys to lowering New Zealand's crime rate, early-intervention services are still struggling to receive funding parity with crisis services. Given the social cost they generate, this makes poor economic sense.

Working from the inside-out

At the heart of our child-abuse prevention services are qualified, trained and experienced Social Workers who visit client families in their own homes, providing comprehensive and practical support.

The frequency of these visits depends on the individual family situation, and range from daily monitoring to quarterly visits. All families begin with, at least, weekly visits and initially visits are used to build trust and help establish a mentoring relationship with the family. Through this relationship with their

clients, Social Workers assist, advise and support families to address a wide range of difficulties, which may include substance abuse, anti-social behaviours, inadequate or abusive parenting, home management, child health, budgeting and self esteem.

Many families, when they engage with our services, face crises with housing, food, finances and family relationships. One of the Social Worker's first priorities is to resolve these difficulties, so that the client can then focus on the wider issues that have been making life chaotic and unmanageable. Frequently the mother/father may have attracted the attention of child protection services in relation to other children, and she/he may well be fearful that this could happen again. Alternatively, anecdotal information suggests that in some cases pregnancy may have been motivated by the woman's desire to be enrolled in the Methadone programme in order to receive service priority. This in itself will bring extra concern for the unborn child who is likely to suffer drug withdrawal symptoms once born.

Service Provision Entry Criteria

To ensure quality of service, the New Start and Safer Families caseworkers have only a limited number of families at a time (approximately 15-18).

To qualify for the service, clients must be:

- Parenting a child (or children) under the age of 6mths
- Or pregnant, post 24 weeks
- Have received a criminal conviction in the previous two years - **(New Start)**
- Be considered by maternity providers (as a result of having a cluster of identified risk factors) to be at high risk of having a detrimental environment and/or abusing and/or neglecting their child. Such risk factors may include young maternal age, substance addictions, family violence, and previous involvement with Child, Youth and Family Service. - **(Safer Families)**
- Living in Christchurch
- Willing to work with a Social Worker
- Willing to make a commitment to their children and to creating a safe home environment

Service Goals

New Start, Safer Families and New Start Plus aim to:

- Increase ante-natal attendance, maternity ante-natal and foetal health
- Improve child health and preventative medicine (immunisation etc.)
- Assist families to access additional services for babies with special medical needs
- Improve early childhood education usage
- Reduce child neglect and abuse
- Reduce parental offending
- Reduce violence and substance abuse
- Improve parental social and parenting skills
- Improve home management and budgeting skills
- Improve family self-reliance and family functioning
- Reduce use of emergency and social services (women's refuge, police etc.)

Why we need help too

Family Help Trust cannot continue to fight the cycle of child abuse, violence, poverty, state-dependency and crime without the financial support of donors.

We appreciate the generosity of the companies, charities, organisations and individuals who make our work possible: Thank you. Your involvement gives families fresh hope and our community a chance to see what can be achieved when we fight crime and abusive parenting at its roots.

We have a very active fundraising committee that holds at least one function each year. Raising funds this way is extremely challenging, as it is necessary to have a constant stream of fresh ideas. Our website, found at www.familyhelptrust.org.nz, has a donations page and regularly advertises our events.

Our goals of expansion to provide more services to more children are currently restricted by insufficient funding, as both services rely on the generosity of charitable trusts, businesses and individuals. There is a waiting list for our

services and concern from referrals agencies that families on this waiting list are chronically in need and invariably experiencing family violence, so increasing the risk to the (unborn) infant or other children.

Child-abuse prevention services are the Cinderella of social services in terms of acquiring corporate or community funding. Our children are born into seriously disadvantaged homes. They do not generally have life-threatening illnesses or wealthy relatives, so they tend to be invisible to the philanthropic community – it is not “cool” to give to this group. Yet if we don’t, the repercussions to the community will be relentless and our negative statistics will continue to horrify social commentators. Most adults who murder, rape, abuse, burgle and rob come from homes similar to those of the clients that we work with.

Forward Plans

Family Help Trust is totally dedicated to the provision of early-intervention services for high-risk families. This commitment was made back in 1990 when the agency was first established. The Trust acknowledges the need for many crisis intervention services to ameliorate and minimise the harm of generational family dysfunction. The Trust’s long term view is that there will be sufficient appropriate effective services in the district of Christchurch to provide a safe and healthy start for every child born that, through their family circumstances, is likely to be abused, neglected or have other poor outcomes.

The potential saving in public funds is highly desirable. If we were able to acquire sufficient funds to accept every high-risk child born in Christchurch, it would cost approximately \$600,000 for the first year, accumulative up to year three when it would stabilise. *(Note: There are 400-500 “at risk” babies born into the Christchurch district each year, at least 10% of these meet our “high risk” criteria and are our target group)*

Christchurch is small enough for child abuse to be prevented with such an investment.

Cultural commitment

The Trust has a commitment to the Treaty of Waitangi. This commitment includes

employment and service equity, board representation and Kaumatua support. Every attempt is made to attend to the cultural needs of all races. The Board is advised by cultural representatives on all cultural matters. Our current staffing level includes 50% Maori social workers and one social worker with strong Pacific Island affiliations.

The bottom line

Overseas studies (and our own data) indicate that early, family-based intervention is one of the most successful and cost-effective opportunities to lower the crime rate. (A 1992 Michigan study estimated that intervention is up to 19 times less costly than non-intervention.)

Providing the service to one family for one year costs approximately \$6,000 compared with:

- Care for one abused, and injured, child at an average of \$8,400 for every admission to hospital.
- Care for one troubled youth, in residential care, of \$80,000 per annum.
- Housing one offender in our prison system at \$30,000 - \$90,000 per annum.
- And, in 1995 alone, domestic violence cost to the country of 1.2 billion dollars.

A 2008 study by Infometrics suggests that every year child abuse and neglect generates a long term bill that is equivalent to around \$NZ2bn (or over 1% of GDP).

Checking-up on ourselves

Detailed and fully transparent documentation is an essential part of Family Help Trust's delivery of its services.

The Trust strongly believes in high levels of accountability throughout all areas of its service, and that funding bodies have a right to expect that their money be spent on services that have measurable results. In order to achieve this, comprehensive and efficient methods of internal quality control have been developed across all services to provide evidence of service effectiveness.

The agency has a strong commitment to evidence based practice and in order to provide funders with credible outcome data; information is collected from all clients at key service points. Once the client has consented to participate in the service, an Intake Interview is administered to the primary caregiver of the enrolled child by the assigned Social Worker. Information contained in this interview is background in nature and therefore static by definition. During the following two weeks a second questionnaire gathers dynamic information. The first of these provides a baseline and is repeated every six months to show progress over time. This enables us to report to funders on a regular basis. Additionally, service monitoring includes the regular review of family plans, family functioning, client safety and social work competence through weekly on-site professional clinical supervision.

Evaluation

In July 2002, Christchurch Safer Community Council, now named Safer Christchurch, donated the funds for Family Help Trust to evaluate the Safer Families service. This evaluation was conducted by the University of Canterbury, Social Work Department and completed in August 2003.

It showed the service to be effective in the following ways: High levels of service satisfaction by both clients and referral agencies; and significant decreases in parental risk factors across a range of parameters which included criminal behaviour, family violence, partner conflict, care and protection involvement, alcohol and drug use, unsuitable housing and smoking around infants, all within 12mths of service provision.

On the basis of the evaluator's recommendation, Family Help Trust acquired additional funds from the Christchurch City Council to employ a researcher to advise, assist and develop robust collection methods that will allow for more reliability of data collection. This was completed in March 03, at which time further funds were acquired from the City Council and the Lion Foundation to build an entirely new database.

In June 2004 an independent audit was completed in order to reassure the board of trustees that the University recommendations had been adequately carried out. The review concluded by stating "Family Help Trust meets all the requirements of a well organised and efficient service. Through its financial reporting it

demonstrates an attention to financial detail and responsibility. In providing a service to their difficult client group they are not only making a positive contribution to their clients but also the well-being of the Community”.

In 2006, from additional funds donated by the Lion Foundation, researcher Dr. Mark Turner conducted a more comprehensive evaluation. The findings from this evaluation ¹ are summarised below.

Summary of Findings - 2006

It is clear the socio-demographics recruited by Family Help Trust service is similar to, or worse than, many other accounts of high-risk families. These families were socially disadvantaged, the mothers reported a background of adversity in childhood, and there were relatively high levels of criminality, substance use and mental health problems. Of significance, a high percentage of Family Help Trust’s mothers of target infants had prior Child Youth and Family (CYFS) involvement.

Outcomes – 12mths after service enrolment

The evaluation findings associated with key child related outcomes are extremely encouraging and point to improvement in a number of areas including parental behaviours associated with child rearing and the health and safety of children in the household.

In addition the researcher found significant improvements in social supports, reductions in family violence and of particular note, was a significant decrease in CYFS involvement and reported maternal violence toward children over the first twelve months. These are extremely encouraging results, when seen in the context of high-risk factors associated with these families.

Areas where there was less evidence of positive changes in lifestyle behaviours and that need further examination included: smoking around children, mental health and family economic circumstances.

The above data clearly indicates that the Family Help Trust’s sample of families is at the severe end of the risk continuum. New research on home visiting services from

¹ Evaluation of Family Help Trust 2006: Dr. Mark Turner

the United States of America makes strong recommendations for focusing such services on this severe end. ^{2, 3}

Dr. Turner concluded 'while the lack of a control group does not allow definite conclusions about causality, this evaluation shows that ultra high-risk families can make significant improvements in crucial child abuse prevention areas over twelve months. As such this research is the first evaluation to show that positive changes can occur in the lives of this ultra high-risk cohort.

Monitoring Vulnerable Families - 2009

Dr Turner has continued his research with a two-year outcome study that was published in May 2009. Additional families were enrolled into this study totaling 101. Those remaining in the services at the end of the two-year period numbered 59 (58%), not unlike other studies. When out migration and early graduations were removed from the recruitment losses, only 25% had dropped out as a result of refusal to comply with services or infants being placed in care for their own protection. The characteristics of this sample were similar to the first and also represented a highly disadvantaged group of families. 66% of mothers had no qualifications; 36% have never worked; 47% were first time mothers; 22% had had a previous prison term; 55% a mental health diagnosis; 54% had been placed in CYF care as a child and 74% had been exposed to childhood violence. 61% had CYF involvement prior to referral and of those with other children 75% had had prior CYF involvement.

The outcomes of this two-year study were pleasing with significant reductions found in family violence, completion of the methadone programme and ceasing all illegal drug use; convincing mothers to stop hitting their children. No differences were found in outcomes between Maori and non-Maori in any of the core indicators.

The Executive Summary can be found on our web site at www.familyhelptrust.org.nz

Dr. Turner concluded that *"this research is the first evaluation to show that positive changes can occur in the lives of the most vulnerable children, when a service is specifically geared towards working with those families at greatest risk of child abuse. It provides valuable information that can help improve the outlook for many more vulnerable infants and families. These findings can guide clinical practice, as well as providing governmental social agencies and policy analysts with an evidence base by which to improve family functioning, therefore reducing the incidence of child abuse and neglect among our most vulnerable families and infants"*.

² Chaffin M. Is it time to rethink Healthy Start/Healthy Families? *Child Abuse Neg.* 2004; 28:589-595

³ Duggan A, et al. Randomized trial of a statewide home visiting program: impact in preventing child abuse and neglect. *Child Abuse Neg.* 2004; 28: 597-622

Building on our strengths:

In July 2007 as a result of a generous donation from the Todd Foundation, Family Help Trust completed a joint project with Family Support Services Whanganui Trust, to publish a Best Practice Guidelines manual. This work sprung from the FHT 2006 outcome evaluation (Dr Mark Turner) and sought to explore issues of practice that were common to both agencies around their client groups. As is common in research investigations the results provided us with more questions than answers and in particular provided both groups with a strong desire to seek some solution to 'what works with for which clients under what circumstances?' As a result a national comparative study was planned that would involve two additional agencies. While the Ministry of Social Development financially supported a scoping study, they were unwilling to fund the project itself resulting in no ability for us to progress this project.

There is some urgency around this question, given New Zealand's shameful statistics surrounding child maltreatment and child homicide and the current international debate.

Family Help Trust:

Registered name of organisation: Family Help Trust
Date of establishment: 14 December 1990
Organisation's postal address: PO Box 22-126
Organisation's address: 1st Floor, 154 Carlyle Street, Christchurch
Contact person: Mrs L. Robins
Phone: (03) 365 9912 Fax: (03) 365 9913
Email: libby@familyhelptrust.org.nz
Website: www.familyhelptrust.org.nz

Board Members/officer holders:

Chairperson: Dr. Annabel Taylor, (Social Work University Lecturer)
Deputy Chairperson: Elizabeth Chesterman (CEO of the Cancer Society,
Canterbury West Coast Division)
Secretary: Jane Tappenden (Solicitor)
Treasurer: Charles Knibb (Chartered Accountant)

Committee:

Rae Ewing (Educational Researcher)
Judge Noel Walsh (Family Court Judge)
Inspector Dave Cliff (District Commander Police)
Therese Arseneau (Political Analyst)
Jim Anglem (Ngai Tahu)
Beatrice Cheer (Events organizer)
Janetta Skiba (Health Professional)

Funding Committee:

Beatrice Cheer (Chairperson)
Libby Robins
Belinda Callaway
Ali Moore (Retired Financial Adviser)

Kaumatua:

Vacant

National Patrons:

A J Becroft, Principal Youth Court Judge
Dame Lesley Max M.B.E.

Auditor:

Bruce Williams, Williams & Batchelor

Web Site Designer:

Jo Kinley (Hullabaloo)

Appendix 1

1. Findings from the Christchurch Health and Development Study. The Christchurch Health and Development Study (CHDS) is a longitudinal study of a birth cohort of 1265 children who were born in the Christchurch urban region during mid-1977. These children have now been studied at birth, four months and annual intervals for the last 16 years. A major concern has focused on identifying the family, social and related factors that were associated with children at high risk of developmental, psychological, emotional and related problems. Recent studies of the cohort have reviewed the childhood and family features of young people who are at risk of developing serious adolescent problems including substance use behaviours, mental health problems, juvenile offending and suicidal behaviours. These studies have produced a uniform set of results that have suggested that young people at serious risk of adolescent problems tend to come from families characterised by:

- social and economic disadvantage;
- family dysfunction and marital instability;
- impaired parenting skills;
- unstable residence and marital arguments.

In a recent study looking at young people with multiple problems it was concluded that young people from the most disadvantaged 5% of the CHDS population were over 100 times more likely to develop serious developmental problems than young people from the most advantaged 50% of the population. The study concluded that a major priority in reducing childhood and adolescent risk was to explore ways and means of reducing the problems and difficulties facing children from multiple need families.

References and short bibliography of Early Intervention Research Studies and reviews over the last decade and a half that have examined the extent to which family risk may be reduced by effective early intervention.

1. Schorr Lisbeth, Doubleday (1989); *Within Our Reach - Breaking the Cycle of Disadvantage*.
2. Seitz V, Rosenbaum LK, Apfel NH. (1985); *Effects of family support intervention: A ten year follow-up*. *Child Development*, 56: 376-391.
3. Johnson Z, Howell F, Molloy B. (1993). *Community mother's programme; Randomised controlled trial of non-professional intervention in parenting*. *British Medical Journal*; 306, 1449-1452.

4. Hawaii Department of Health. Healthy Start. Report to the 16th Legislature. State of Hawaii. (1992).
5. Fergusson DM, Horwood LJ, Lynksey MT, (1994); The childhoods of multiple problem adolescents: A 15 year Longitudinal study. *Journal of Child Psychology and Psychiatry*, 35 (6): 1123-1140.
6. Olds DL, Henderson CR, Chamberlain R, Tatelbaum R. (1986); Preventing child abuse and neglect: A randomised trial of home visitation. *Paediatrics*, 78: 65-78.
7. Olds DL, Kitzman H. (1990).; Can home visitation improve the health of women and children at environmental risk? *Paediatrics*; 86, 108-116.
8. Yoshikawa H. (1994). Prevention as cumulative protection: Effects of early family support and education on chronic delinquency and its risks. *Psychological Bulletin*; 115: 28-54.
9. Farran DC. (1990); Effects of intervention with disadvantaged and disabled children: A decade review. In SJ Meisels & JP Shonkoff (Eds.), *Handbook of early intervention* (pp. 501-534). Cambridge: Cambridge University Press.

Appendix 2

Government enquiries/documents/discussion papers over the last decade supportive of the case for intensive, targeted, comprehensive, long-term home visiting programmes for families with multiple difficulties.

1. PHC Parenting Paper, 1994/1995.
2. PHC Prevention of SIDS - 1995.
3. Ministry of Health (1994) Youth Mental Health and Suicide Prevention - recommended home visiting for high risk families.
4. Youth Offending Strategy (Ministries of Justice and Social Development, April 2002). Recommends intervening early.
5. "About Time" (Department of Corrections report, May 2001). Recommends intervening early.
6. Agenda for Children, "Making Life Better for Children", June 2002 (Ministry of Social Development). Recommends intervening early.
7. Te Rito New Zealand Family Violence Prevention Strategy, February 2002 (Ministry of Social Development). Recommends intervening early.