13.
Practice Principles for Working with Children in a Family Oriented Approach

A Supplement to the Case Management Resource Kit for SAAP Services

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INTRODUCTION

The *Case Management Resource Kit for SAAP Services* was distributed in late 1997. Since that time a number of services expressed the need for more assistance in undertaking case management with particular groups. These include:

- children accompanying adults in SAAP;
- people from a culturally and linguistically diverse background (NESB); and
- people living with a mental illness.

In response, the National Case Management Working Group on behalf of the National SAAP Coordination and Development Committee (CAD) prepared this document as a supplement to the *Resource Kit*. In developing the document, the Working Group has drawn significantly on the *Working with Children: Case Management Resource Kit*, prepared by Joan Fuller for the Queensland Department of Families, Youth and Community Care.

While each SAAP agency should continue to apply the same case management approach they have devised for working with clients in their service, this supplement provides additional information about issues that need to be considered when working with children. (In this document, the term "children" refers to children accompanying adults to a SAAP service). Essentially, children need to be considered within the context of a family oriented approach.

A family oriented approach is based on the premise that all members of a family should be taken into account when working with a child. The impact of different family circumstances will have a significant effect on the child. For example, the effect on the child of having a father as a perpetrator will create significant support issues for the child, even where there is to be no contact with the father.

A family oriented approach recognises that individual family members have different needs, and recognises that these needs may not always be in harmony. At times the needs and interests of the child and parent(s) will be in conflict and the best interests of the child may be best served by services outside the family. It is important that workers and services are aware of State-based child protection guidelines and procedures. There may be times when workers will need to advocate for the child as the more vulnerable party.

This supplement provides some specific case studies and questions that may be worked through as a team or by individual staff to assist in developing your agency's practice and policies for working with these clients.

BACKGROUND

Children constitute a significant proportion of the people using SAAP services. The National Client Data Collection (1996-1997) estimated that nationally, over 40,000 accompanying children were provided with assistance. In addition, the Unmet Demand Collection (14-27 November 1996) showed that families and couples were significantly less likely to be assisted than single persons. This raises significant concerns for the safety and security of children when they cannot be accommodated in a SAAP service.

Australia has acted to protect the rights of all its citizens including people who are homeless or at risk of being homeless. In the case of children this has included participating in international agreements, including the ratification of the International Convention on the Rights of the Child.

There is increasing recognition amongst SAAP service providers that the needs of accompanying children should receive a high priority and appropriate support. This concern has been prompted by an appreciation and understanding of the damage likely to have been inflicted upon children who have experienced family violence or abuse and by the perception that many young people now seeking assistance from SAAP were themselves formerly accommodated in SAAP services as accompanying children. It is imperative that SAAP services focus upon the special needs of this group as one means of breaking the cycle of homelessness and general deprivation. However, it is important to recognise that not all children who come to a SAAP service are homeless as a result of family violence; other factors such as poverty, neglect, long periods of unstable family life (including living with serial parental partners), and personal factors such as alcohol, drug usage and mental illness can also contribute.

Accompanying children are the least powerful group in SAAP. This is because they have arrived at a service in the company of a parent(s), not of their own choice. The most valid response is to provide assistance to minimise the dislocation and trauma of the crisis situation and homelessness. This requires more than just providing play equipment and child minding. Consistent with the SAAP approach to the provision of support to adults, assistance to children should also be provided within a clear case management framework. For families with accompanying children this framework should be 'family oriented'.

The implementation of a case management approach within a family context requires all workers in services that accommodate or support children to develop the skills to support them. The challenge is for all services to provide appropriate responses, recognising that many children come to SAAP services having:

- experienced family violence;
- experienced sexual assault, physical, emotional or material neglect or abuse;
- experienced long term unstable family life;
- experienced breakdown of the family unit; and/or
- experience of long term homelessness.

Particular issues have been identified for children escaping family violence situations. A research report, *Raising the Roof, Issues and Opportunities in Responding to Child Witnesses to Domestic Violence*, reports that despite limited documentation, there is

enough evidence to support the contention that children who witness domestic violence are profoundly affected. The report identifies a range of short and long term behavioural and emotional problems including low self-esteem, adjustment problems, stress related problems, poor school performance, aggressive behaviour and an inability to form stable adult relationships. There is also evidence that violence may be repeated over generations. There is little doubt that children who witness family violence in the home learn destructive patterns of relating and resolving (or not resolving) problems.

A study undertaken in Victoria on the impact of family homelessness on children's health and well-being, found that children in transient families do not have the same opportunities to take part in educational and recreational activities as other children do[1]. This lack of participation in activities, and the lack of benefits from them, impacts negatively on the child. In addition, the study found that many of the children had witnessed or experienced family violence; are socially isolated; have parents who have substance addictions or poor physical or mental health. Many children in this situation have major behaviour problems and the experience of violence, abuse and poverty may be greater issues than housing itself.

Links to Other Services

It is acknowledged that SAAP services form part of a range of health, education, welfare and community services with responsibility for assisting children. Effective case management relies on the facilitation of client access to mainstream childcare and schooling and the catering for other needs through assessment and referral processes. It is not envisaged that SAAP should duplicate these services, but rather that the necessary links should be made to allow access to mainstream services.

SAAP is not funded to provide clinical or specialist services, but a growing number of people (including children) using SAAP services, require such support. As a safety net, SAAP has to consider its responsibility to those who come to SAAP services with multiple and complex needs. It is therefore important that there is clarification of the role of SAAP in direct service provision, advocacy and in the coordination of service provision to children by other services.

SAAP cannot function in isolation, linkages are vital to the ability of services to ensure that the needs of children are met, both within the service and after exit from the service. The complexity and variety of needs are such that an exhaustive list of other services is not possible. However there are services that commonly interact and protocols covering these linkages are essential. These services include: schools; childcare centres; family counselling centres and support services; children's mental health services; providers of parenting courses; infant and children's health services; and child protection agencies.

SAAP services need to maintain a current list of agencies and government departments that respond to the needs of children. A service may choose to keep such a list up-to-date by allocating portfolio responsibilities to individual staff, giving them responsibility to keep abreast with developments in a particular area and for bringing this information back to the staff team.

[1] *Can We Stay Here?,* Hanover Welfare Services, 1996.

Regular networking with the listed agencies is a first step to facilitating linkages. This could take the form of inter-agency meetings, attending joint training sessions and activities designed to maintain community and agency awareness of the services offered by individual agencies.

The development of protocols involves each agency identifying the needs of children in their service and identifying and agreeing on the means by which access to relevant services may be streamlined. The development of protocols will help avoid potential conflict due to the competing interests of the various services supporting the child.

Case coordination is an area that requires much stronger attention to ensure that children do not have a high number of case managers and case plans which may contradict one another.

The coordinating role of the case manager will serve to draw together and clarify the role of each agency included in a support plan for the child, based on the agreed protocols.

NATIONAL SAAP CASE MANAGEMENT PRINCIPLES

The National Case Management Working Group identified nine core practice principles for SAAP case management service delivery. The following good practice examples are intended to underpin those principles.

When working with accompanying children in a family context, special consideration must be given to culturally and linguistically diverse families. Children should not be asked to interpret for parents. Interpreters or specialist support services should be used throughout the entire case management process. Unsuccessful attempts to obtain an interpreter should be recorded. It should not be presumed that, if a child can speak English, he/she does not have cultural needs.

When working with Aboriginal and Torres Strait Islander families it should be acknowledged that there are many different kinds of Aboriginal and Torres Strait Islander families and many different ways of bringing up children. The following should not be used to stereotype, but rather to help non-indigenous workers to understand some cultural differences, including other ways of thinking and communicating.

Dr Merridy Mailin suggests that "… affiliation is a highly valued attribute for many Aboriginal and Torres Strait Island Families. This is evident by children:

- knowing who they are in terms of family and heritage;
- knowing their obligations to immediate family and kin; and
- caring for each other, particularly younger kin both physically in terms of food, clothing and safety, and emotionally, in terms of love and caring".

In addition, many Aboriginal and Torres Strait Islander families value autonomy in their children. This is demonstrated by a high priority being placed upon:

- independence and self reliance;
- the ability to stand on their own two feet from as young an age as possible;
- the ability to defend themselves when threatened;
- the ability to sort out their own disputes without going to adults; and
- being uncomplaining and able to laugh at themselves.

PRACTICE PRINCIPLES AND INDICATORS OF GOOD PRACTICE IN CASE MANAGEMENT FOR CHILDREN ACCOMPANYING ADULTS

This section focuses on practical application of case management principles for working with children accompanying adults in SAAP. It is recommended that the following case studies[2] are worked through in a forum involving both staff and management, however, it is also a useful exercise and tool for individual workers.

Working through each of the case studies you will apply case management principles, discuss good practice and identify issues concerning service delivery and possible areas for change in your unit.

1. ENTRY/SCREENING

Good Practice Examples

- Each child's details are recorded on the initial entry form. A separate form may be used or the details may be entered on a parent's form.
- The immediate crisis/needs of the child are dealt with promptly.
- Survivors of domestic violence with accompanying children, including adolescent males, are referred to a service that can accommodate the family unit as a whole.

CASE STUDY 1

A woman with three children is brought to a women's shelter by a worker who picked them up from a friend's house. It is late, the family hasn't eaten, they have only the clothes they are dressed in and the children are tired and fractious. The worker takes the minimum of information, having already determined that the family's situation is within the criteria of the service, provides them with food and nightwear and settles them in for the night. Nothing more will be done with the family that night.

Questions

- What strategies has your service put into place to ensure parents with accompanying children who enter your service after hours or at weekends are made to feel welcome and comfortable?
- Are all members of staff clear about your target group? Are there written criteria concerning the eligibility of clients, including those with accompanying children, to gain access to your service?

[2] These case studies and examples of good practice were developed as part of the Queensland Children in SAAP Project.

2. ASSESSMENT

Good Practice Examples

- Accompanying children are encouraged to take part in an assessment process (where age appropriate).
- Each child accompanying a parent(s) has a separate assessment form.
- Each child's separate assessment form is filed with, or attached to, their parent's assessment form.
- The cultural needs and issues of the child are addressed.
- This assessment addresses as a minimum, the following needs:
  - immediate/crisis needs
  - health
  - education
  - social skills
  - cultural needs
  - emotional needs
  - social needs
  - the child's needs within the broader family context.
- Worker concerns regarding possible abuse of an individual child should be referred to the appropriate authority, in accordance with State Mandatory Notification Legislation.

CASE STUDY 2

A family of Chinese descent entered a family accommodation service. An initial interview has been carried out with great difficulty because the family has limited English. A telephone interpreter has been arranged, but even this was difficult as it took some time to determine that Cantonese and not Mandarin was the language spoken by the family. This information was obtained from one of the children, who could speak English more easily than the parents, however an interpreter service was used as this is the service's policy. The needs of the parents and the children were able to be determined with the help of the interpreter.

Questions

- Do all the workers in your service know how to use the Telephone Interpreter Service?
- How do workers ensure that clients from linguistically and culturally diverse backgrounds are both understood and can understand any questions that workers may ask them for assessment purposes?

3. PLANNING

Good Practice Examples

- The needs of the child, determined in the assessment process, are addressed in the support plan.
- In a service where there is a designated child support worker, this worker is involved in developing the child's support plan.
- The child's support plan is developed in collaboration with parent(s).
- Each child has a separate support plan.
- Children's support plans are filed with, or attached to, their parent(s) plan.
- A copy of the children's support plan is available to parent(s).

CASE STUDY 3

A support plan was developed with input from the child, parent and worker. One of the needs expressed was the need to address the ongoing high level of the child's grief after the breakdown of the family unit. As the service did not have a worker with the skills to address this need, arrangements were made (with the consent of the parent) for the child to receive counselling outside the service. This strategy was written into the child's support plan.

Questions

- Does your service maintain an up to date list of other services to which you refer children?
- If you are using a new counsellor, have you ascertained that the counsellor has the skills required to help the child? Have any other services that you know used this counsellor?

4. DIRECT SERVICE

Good Practice Examples

- Each child is assisted according to the needs identified by the assessment process and addressed within the support plan.
- Age appropriate activities, recreation and homework areas are provided.
- Activities to assist children to deal with grief, loss, trauma and low self-esteem are incorporated into support plans as appropriate.
- If appropriate, each child is included in the activities provided for children within the service.
- Each child is enrolled in school, preschool etc. as soon as practicable.

CASE STUDY 4

During the assessment carried out with the child and the parent the need for the child to change to another school was identified. The worker arranged to take the parent and child to the new school after the parent has rung the previous school to arrange for the transfer. This action was written into the child's support plan.

Questions

- What strategies are used when a child refuses to go to school?
- Do service staff members have regular meetings with the local school or preschool, particularly with the Guidance Officer, to ensure that the special needs of children from the service (who may be enrolled for a short time) are understood?
- Are school staff members ever invited to team meetings?

5. COORDINATION

Good Practice Examples

- Each child, with his/her parent(s), is encouraged to access mainstream services.
- Each service maintains a comprehensive resource guide to services for children for referral purposes.
- Protocols are established to guide referrals of children to, and from, outside agencies.
- Referrals of a child to an outside agency are made with the understanding and consent of the child's parent(s).

CASE STUDY 5

The mother of a child in a women's shelter was enrolled in a self-esteem course which was held in a nearby neighbourhood centre. She requested that the workers in the shelter provide child-minding for her son while she attended the group. The worker explained that the shelter did not provide child-minding and assisted her to enrol her son at a nearby child care centre. The worker had visited the centre previously and had spoken to the Director about the needs of the children in the shelter and had ascertained that places were available in cases such as this.

Questions

- Does your service have a good working relationship with childcare, family day care, centre based childcare and after school care centres in your area?
- How can this be improved?

6. MONITORING AND REVIEW

Good Practice Examples

- Each child's plan is reviewed on a regular basis in collaboration with the child (where appropriate) and his/her parent(s) and they are offered the opportunity to make changes to the plan. The regularity of the review will depend on the length of stay in the service. The shorter the stay the more regular the review.
- The child and his/her parent(s) are given the opportunity to make changes to the plan.
- Staff of relevant services are made aware of the changes and what support, if necessary, they need to provide.

CASE STUDY 6

While the Support Plan for a child was being reviewed with the child and his parent, the parent said that he had changed his mind about taking his son to see a paediatrician about a turned foot. When this had been suggested at a previous meeting he said that he thought that it wasn't necessary and that he would grow out of the problem. Since that meeting he had been watching him trip when he was trying to walk and after talking to some other parents in the service, he thought he'd like to take him to the local GP and ask about a referral to a paediatrician. This new action was written into the support plan.

Questions

- Do your workers give clients and children ample opportunity to review their support plans?
- Does your service encourage workers to be flexible when working with clients and their children?
- Do your workers understand that a client with accompanying children may have difficulty in planning at a traumatic time in her/his life and may change the support plan many times?

7. EXIT PLANNING FOLLOW-UP AND CASE CLOSURE

Good Practice Examples

- An exit plan is developed for each child separately or within his/her parent's plan.
- Children are assisted to deal with the grief and loss associated with ending their relationships with others at the service.
- Follow-up with the child is arranged if necessary.
- Services to which the child has been referred, are informed of the pending SAAP service support completion.
- Case notes, records etc. about the child are finalised and retained or disposed of according to legislative arrangements and the service's policy regarding client records. See the *National Guidelines for the Management of Client Information in SAAP Services.*

CASE STUDY 7

At the exit planning meeting the parent of a child asked that the child support worker continue to visit the family as she wanted the worker's opinion on the parenting skills she had obtained while at the service. She thought these new skills would be easier to put into practice when the family had moved into their own accommodation and the children had their own rooms and play area. The worker in consultation with the coordinator agreed that the child support worker would provide follow up for three months. This was recorded on the Exit Plan for the child and family.

Questions

- How do you decide whether a client needs follow-up?
- If the child/support worker feels a child needs follow-up, is this discussed with the parent and the reasons why the worker feels the need for follow-up explained?

8. EVALUATION

Good Practice Examples

- Each child, in collaboration with his/her parent(s), is encouraged to provide feedback about the services received.

CASE STUDY 8

A twelve-year-old child in a family that had been accommodated in a service for six months had been given the opportunity to comment about the facilities in the children's area of the service. He had commented that it was very hard to read in the room when other children were playing noisy games. This comment was noted on the exit form. The worker took this comment to the next staff meeting where the staff discussed creative ways in which the needs of different age groups of children could be met within the existing space at the service.

Questions

- Does your service want to know how children feel about the support they are given? Is their feedback as important as the feedback from the adults they accompany into the service?
- Is the provision of resources for children as important as those for adults? How is this made clear within the organisation?

OTHER GOOD PRACTICES

SAAP Management Committees have a duty of care to provide safe, healthy and positive working environments for staff in accordance with the *Workplace Health and Safety Act* in their state. Similarly, workers have a duty of care to their clients and also to the accompanying children of SAAP clients. Even though children remain the responsibility of the adult they accompany, services must ensure that they are provided with the safest and healthiest environment possible in a SAAP service. Policies and procedures should be written to cover these areas and to ensure that all staff are aware of correct procedures and staff responsibilities.

The following are areas of particular concern for children:

- Cots, child restraints in cars, high chairs etc. must adhere to Australian Standards.

- All equipment must be regularly checked for breakages, sharp edges etc., and if damaged either repaired promptly or discarded.

- Outdoor play areas should be checked regularly for hazards (glass or sharp objects in the grass or sand).

- Outside play equipment should be under cover to protect children from undue exposure to sun. Sunscreen use and the wearing of hats should also be encouraged.

- Some services have rented or purchased houses that have swimming pools and have negotiated to have the pool filled in. Failing this remedy, pools must be kept clean and securely locked at all times to comply with Council Regulations.

- Wading pools must also be covered, secured and emptied each day.

- Sandpits must be covered to protect them from cats dogs etc. and regularly inspected to keep them free from contamination.

- Indoor equipment must be checked for damage and washed regularly.

- Workers' hands should be washed with soap and water (and gloves worn when necessary) after:
  - (and before) giving first aid;
  - changing soiled clothes or nappies;
  - going to the toilet or touching the nose, head etc.;
  - cleaning contaminated areas, bathrooms and toilets; and
  - before preparing food.

- Sharing of cups etc. by children should be discouraged.

- Children should be encouraged to wash their hands before eating and after going to the toilet.

- Report any child with a communicable disease to the coordinator and take the necessary steps to prevent cross infection.

- Ensure that vaccinations for staff (eg. Hepatitis B) are up-to-date and good personal hygiene standards are maintained. Also check children's vaccination history with parent(s) and provide appropriate advice.

- Keep service vehicles well maintained and if children are transported ensure that adequate staff are in attendance and baby capsules and children restraints are available in every vehicle.

- Baby capsules, child restraints and seat belts should be used at all times when children are being transported in service vehicles eg. to schools, pre-schools or on excursions.

- When transporting children during an excursion, the following should be taken into consideration:
  - written permission should be obtained from parent(s);
  - optimum staff/child ratios should be maintained;
  - staff or volunteers assisting at excursions should be over 18 years of age;
  - the driver of a vehicle is not counted in the staff/child ratio whilst driving to or from the excursion's destination; and
  - if the driver is the person in charge of the excursion, other staff, parents or volunteers must have the children in their care any time the vehicle is in motion.

- If children have access to a kitchen, ensure that sharp utensils and chemical cleaners are stored safely.

- When turning on taps, turn the cold tap on first and the hot tap on last. The thermostat can be adjusted on many hot water systems and you can often do this yourself, although there are some which require the services of a plumber. Alternatively a heat regulator may be installed.

- Chemicals (and poisons) of any sort including cleaning products should be locked in childproof cupboards.

- Check electrical equipment regularly. Do not use any appliance that has a faulty connection, worn or frayed cords until repaired. Where possible have electrical outlets out of reach of children or use safety plugs. Your local electrical supplier has free appliance testing services. (This is done by contractors, they will test items and tell you if they are safe. They won't tell you what is wrong with them. You will then have to take the unsafe item to an electrician to find out what is wrong and whether it can be fixed).

- Install a smoke detector in the children's area (and also in offices and units of accommodation).

- Have regular safety drills to evacuate children and staff in emergencies eg. fire.

- A First Aid Kit must be available and should be regularly checked and maintained. At least one worker should have an up-to-date first aid certificate.

Every accident to a child should be noted on the *Accident Report Form,* and the parents and coordinator notified. The coordinator must also be notified of any worker accident that occurs within the service, and the accident duly noted on the service's *Accident Report Form.*

REFERENCES

Services need to be aware of the relevant child protection legislation in their state.

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