

# Effective child protection casework with young parent families

Learning from child death reviews

This Research Note presents key findings from the Community Services Child Deaths 2011 Annual Report. As part of that Annual Report, a review was undertaken of practice with a cohort of children who died between 2006 and 2011 and had young parents. The purpose of the review was to identify the challenges for practice and strategies Community Services staff are using to deliver effective child protection services to this group. This Note summarises the key themes concerning the deaths of children with young parents drawing on data, national and international literature and the lessons emerging from case file reviews.

### Child death reviews

Since 2006 Community Services reviews its involvement with the families of children where a report was received about the child who died and/or their sibling/s, in the three years preceding the death, or where a child was in statutory care at the time of their death. Reviews are conducted using a rigorous and academically supported methodology by a central team, independent of the Community Services Region which provided services to the child. Reviews make recommendations for practice and systemic improvement, and are used to support professional learning.

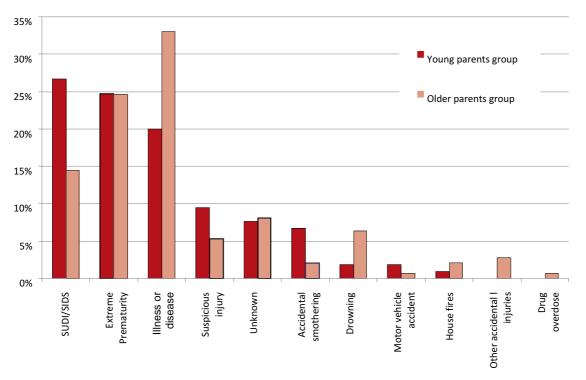


Figure 1: Parent groups by circumstances of death, 2006 to 2011. Source: Community Services, 2012.

# The deaths of children of young parents 2006–2011

The 2011 Child Deaths Annual Report considered 105 children who died between 2006 and 2011 and one or both parents were less than 22 years old. The data from this cohort was also compared to 285 children who died within the same period, where both parents were aged 22 years or older at the time of death. Figure 1 compares the young parents and the older parents group by the circumstance of death of the child.

A higher percentage of children in the young parents group were in the Sudden and Unexplained Deaths of Infants (SUDI) or Sudden Infant Death Syndrome (SIDS), suspicious injury, and accidental smothering categories. A considerably lower percentage of children in the young parents group died of illness, disease or drowning. In addition, a higher percentage of children in the young parents group died while co-sleeping (21% or 22 cases), in comparison to the older parents group (14% or 39 cases). The majority of the co-sleeping deaths in the young parents group featured a history of reports about parental substance use (19 of the 22 cases). Deaths due to circumstances involving suspicious injuries were particularly high in the young parents group - 10 (10%) children of young parents died in these circumstances, compared to 15 (5%) in the older parents group.

The findings about higher rates of SUDI/SIDS and/or co-sleeping related deaths in young parent families are also supported by research.<sup>1 2</sup> Research has also found that young parents' inexperience can be a risk factor in child fatal assault.<sup>3</sup>

### Characteristics of the children who died in the young parents group

The vast majority (85%) of the children who died and had young parents were under the age of one at the time of their death. The

average age of children in this group was some five months. In comparison, 70% of children who died in the older parents' group were aged under one and the average age was 13 months. This difference highlights the vulnerability of infants when combined with the vulnerability of young parents.

The gender of the children who died in both the young and older parent group did not differ significantly.

Aboriginal and/or Torres Strait Islander children are over-represented among those children who died between 2006 and 2011 and were known to Community Services, accounting for 25% of deaths. There is further over-representation among the young parent age group where 41% (43) of the children who died were recorded as being Aboriginal and/or Torres Strait Islander. In comparison. 27% (77) of children who died in the older parents group were recorded as being Aboriginal and/or Torres Strait Islander. The over-representation of Aboriginal and/or Torres Strait Islander children in the young parents group may be partly explained by the higher rates of births for Aboriginal and/or Torres Strait Islander teenage mothers.<sup>4</sup>

#### Characteristics of the young parents

Of the 105 families in the young parents group, 103 (98%) had a mother who was less than 22 years old; and 38 (36%) children had a father who was less than 22 years old at the time of the child's death.

There were significant intergenerational risk factors present for the young parent families. The majority (86%) of the 105 cases had one or both parents who were known to Community Services as children, including one-quarter of cases where one or both parents were in out-of-home care, or had left out-of-home care.

In the majority of cases in the young parents group (84%) the mother was known to Community Services as a child. This includes 21% of cases where the mother had recently left, or was still in care at the time of the child's death. In 43 (41%) cases the fathers were known to Community Services as children, including 10 (9%) fathers who were in care, or had left care.

In comparison, 34% of the mothers in the older parents group were known to Community Services, including 7% who were in care; and 17% of fathers in the older parents group were known to Community Services, including 5% who were in care.

# Key practice themes identified in reviews of child deaths in young parent families 2006–2011

Three key themes and lessons for practice improvement emerged from the review and these are summarised below.

- 1. Assessing risk in young parent families
- 2. Engaging young parents to build parenting capacity
- 3. Keeping a focus on the child in a young parent family

The Child Deaths 2011 Annual Report includes detailed case studies.

### 1. Assessing risk in young parent families

Key lessons for practice improvement:

- Children born to young parents are at greater risk of negative outcomes.
- Assessing risk in young parent families has its own complexities, and will often require a unique approach, especially when intergenerational risk factors are present.
- It is critical to recognise that young people may experience additional challenges in adjusting to the parenting role due to the likelihood that they are still developing physically, cognitively, and emotionally.<sup>5</sup>

 The young parent's developmental stage also needs to be considered in light of their own history, particularly how both factors may impact on their parenting capacity and support needs.

The literature discusses positive changes that parenthood can bring to young people's lives however, there is also evidence that children born to young parents are at increased risk of a range of adverse outcomes. For example:

- Infants born to young mothers are more likely to be premature and/or have low birth weight, and are at greater risk of dying in the perinatal period.<sup>5</sup>
- Children of young parents are more likely to have academic difficulties, school adjustment problems, and are at greater risk of developmental delay.<sup>5</sup>
- Children in young parent families have higher rates of maltreatment and injuries resulting from accidents.<sup>6</sup>
- Children of young parents are also at increased risk of substance abuse, of early sexual activity, of themselves becoming a young parent, and of ongoing cognitive and behavioural problems.<sup>5 6</sup>
- There is also strong evidence that young parents, including those leaving out-ofhome care, can experience negative outcomes, including the risk of enduring disadvantage and long-term social exclusion.<sup>7</sup>

Comprehensive risk assessment in child protection is internationally recognised to be one of the enduring challenges of child protection work.<sup>8</sup> For young mothers and fathers with a child protection history, early parenthood can represent the continuation of an intergenerational pattern of early parenthood <sup>9</sup> disadvantage, abuse and neglect, and other associated factors.<sup>6</sup>

A holistic approach to intergenerational risk issues is particularly important for young parent families. If young parents are to be supported in overcoming the cycle of intergenerational abuse and neglect, it is critical that assessments consider the impact of their history on parenting capacity.

Community Services' reviews involving young parent families have found that the assessment process is often limited to providing practical support for young parents, rather than considering the experiences of the parent and how this may link to their parenting capacity. An overly optimistic assessment of the young person's ability to effectively parent without the appropriate supports is a common feature.

### 2. Engaging young parents to build parenting capacity

Key lessons for practice improvement:

- The earlier the engagement with young people, the greater chance they have of making a successful transition to parenthood.
- The establishment of an effective, childfocused case plan during pregnancy, developed in conjunction with young parents, is one key success factor.
- A key step to building trust and effectively engaging with a young parent is having an understanding of normal adolescent development and behaviour.
- Including fathers in casework is particularly important given findings that young fathers can experience great difficulty coping with fatherhood.

The research literature<sup>10</sup> and international child death reviews<sup>11</sup> consistently show that the earlier service providers engage with young parents, especially during pregnancy, the greater chance they have of making a successful transition to parenthood. Intervention with young pregnant women who are at risk of long-term involvement with child protection services can capitalise on this unique window of opportunity.

For vulnerable young people, early parenthood is often the continuation of an

intergenerational pattern of young parenthood and disadvantage. <sup>10,12</sup> There is a growing body of research suggesting that the period before and just after the birth of a baby can present valuable opportunities for services to engage with a young mother to address child protection concerns, which may assist in stopping a cycle of intergenerational abuse and neglect. Research studies have found that some young parents, especially young mothers, view parenthood as a life-changing event that can enable them to move towards a more positive and settled lifestyle. <sup>13,14,10</sup>

Early intervention services can be an alternative approach for young mothers and fathers who have had a long history of involvement with statutory services and may struggle to establish trust with child protection caseworkers. A key step to building trust and effectively engaging with a young parent is having a clear understanding of normal adolescent development and behaviour. For example, closed communication, 'arguing for the sake of arguing', presenting as 'mecentred' and being overly dramatic or exaggerating their opinions are all normal stages of adolescence.<sup>15</sup> However, for a professional who is trying to work with a young parent to address child protection concerns, there is a risk that this behaviour can be interpreted as the parent being resistant or hostile to support or intervention.

Including fathers in casework is particularly important given findings that young fathers can experience greater difficulty coping with the transition to fatherhood and are more likely to become depressed compared to older fathers. They are also more likely to be dissatisfied with life in general compared to young mothers.<sup>10</sup>

### 3. Keeping a focus on the child in a young parent family

Key lessons for practice improvement:

 Over-identification with a young parent can result in case planning that is unrealistic.

- Maintaining a balance between addressing the needs of the young parent and the needs of a child can be exceptionally challenging.
- Supervision can ensure that intervention is successful in achieving a balance between an empathic, supportive approach to a young parent, and a clear objective picture of the experience of the child.
- If the child is removed, child focused and safe contact between a child and his or her family has a range of advantages to the child.

Killen (1996) discusses the difficulties that child protection workers face when trying to understand child abuse and neglect, particularly when facing these realities from the perspective of a parent's disadvantage. Killen argues that over-identification with parents is one of the most common mechanisms that workers use to protect themselves from this challenge. While empathy and an understanding a parent's history is essential to effective casework, practitioners must be alert to the danger that this may obscure risks to the child, with efforts to create positive change in a family resulting in a focus on improvements that are not actually increasing safety.<sup>16</sup>

A further challenge in avoiding overidentification with parents is how to manage dual clients within the same family - the child and the young parent. Both clients require very distinct supports and services, and their needs and wishes may not align. A caseworker may feel conflicted when the focus of the case needs to change from supporting a young person at risk, to the safety and wellbeing of that young person's new infant. It requires caseworkers to have the skills to form supportive relationships with potentially distrustful parents and to consider how casework may prevent the family from continuing down the spiral of further disadvantage and vulnerability, while

at the same time ensuring that a child remains safe.

Community Services' reviews consistently found that good quality professional supervision plays a key role in navigating the intellectual and emotional challenges of child protection work for practitioners. This is equally the case when working with disadvantaged young parents.

There are occasions when despite best efforts to keep children with their families, a young parent is not able to create a safe environment for their child. If this occurs, Community Services may remove a child from their family and bring the matter before the Children's Court. However as reviews outlined in the Annual Report (2012) illustrate, the removal of a child does not need to signify the end of the relationship between the child and their parents. A successful outcome sometimes means that the parent is supported to maintain a positive relationship with their child after removal.

# Effective intervention with young parent families

Three critical success factors for effective intervention with young parent families were found. Positive outcomes are more likely to be achieved when practitioners:

- Recognise how a young parent's own childhood experiences, including a history of abuse and trauma, and their developmental stage, may impact on their parenting capacity.
- Understand a young person's motivations, goals and aspirations for their own children and target engagement strategies towards a shared aspiration that the child will have a better experience of childhood than their young parents.
- Provide support to young parents to increase their parenting capacity coupled with a persistent focus on the child.

For almost all of the cases considered in the Child Deaths 2011 Annual Report, the young parents were reported to have experienced a history of abuse and/or neglect in their childhood. The provision of early intervention services, especially to young parents leaving out-of-home care, is particularly important.

### Conclusion

The Child Deaths 2011 Annual Report examined the significant vulnerabilities that many young parents and their children face. It shows the unique opportunities that practitioners have to support a young parent family to overcome the intergenerational cycle of disadvantage.

Children who are living in young parent families are a particularly vulnerable group in our community when the family is living with disadvantage, when there are intergenerational risks, when parents have a child protection history or where there are poor family and professional support networks. There is clear evidence that young parents from disadvantaged backgrounds can view parenthood as an opportunity to make positive changes and provide their children with a better upbringing than they themselves had.

Where caseworkers are empowered to customise their assessment and intervention with young parent families to take account of both vulnerability and opportunity, positive outcomes for the next generation can be achieved.

An understanding about what interventions assist young people to transition more successfully into parenthood extends beyond the involvement of Community Services. The extended family, the community and nongovernment agencies play a key role in supporting young parent families. It appears that the capacity of a young person to overcome this disadvantage is dependent on a number of factors, primarily the provision of practical and emotional support from family and professional networks.

#### Further reading

<u>Child Deaths 2011 Annual Report.</u> <u>Community Services, Department of Family</u> and Community Services, 2012.

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#### Endnotes

<sup>1</sup> Paterson, D. (2012). *Sudden Infant Death Syndrome* (*SIDS*). Boston: Children's Hospital Boston. Available <u>http://www.childrenshospital.org/az/Site1654/mainpageS1654</u> <u>P0.html</u>

<sup>2</sup> Fu, L., Colson, E., Corwin, M. & Moon, R. (2008). Infant sleep location: associated maternal and infant characteristics with sudden infant death syndrome prevention

recommendations. *The Journal of Pediatrics*, 153(4): 503-508. <sup>3</sup> Brown, K. & Lynch, M. (1995). The nature and extent of child homicide and fatal abuse. Child Abuse Review, 4: 309 – 316. <sup>4</sup> In 2009 the Indigenous teenage birth rate was five times that for other Australian teenagers (Steering Committee for the Review of Government Service Provision (SCRGSP), 2011).

<sup>5</sup> Beers & Hollo, (2009) Approaching the adolescent-headed family: a review of teen parenting. *Current Problem Pediatric Adolescent Health Care*, 39: 216-233.

<sup>6</sup> Vinnerljung, B., Franzen, E., & Danielsson, M. (2007). Teenage parenthood among child welfare clients: A Swedish national cohort study of prevalence and odds. *Journal of Adolescence*, 30: 97-116.

<sup>7</sup> Chase, E., Maxwell, C., Knight, A., & Aggleton, P. (2006). Pregnancy and parenthood among young people in and leaving care: what are influencing factors, and what makes a difference in providing support? Journal of Adolescence, 29: 437-451.

<sup>8</sup> Department of Family and Community Services, Community Services, 2011. Child protection and mothers in substance abuse treatment study: major findings. Community Services: Sydney.

 <sup>9</sup> Högnäs, R. & Carlson, M.J. (2012) "Like Parent Like Child?": The intergenerational transmission of nonmarital child bearing. Social Sci. Res. (article in press).
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<sup>11</sup> Ofsted (2011). Ages of concern: learning lessons from serious case reviews: A thematic report of Ofsted's evaluation of serious case reviews from 1 April 2007 to 31 March 2011. Manchester: United Kingdom.

<sup>12</sup> Högnäs, R. & Carlson, M.J. (2012) "Like Parent Like Child?": The intergenerational transmission of nonmarital child bearing. Social Sci. Res. (article in press).

<sup>13</sup> Quinlivan, J. (2004). Teenagers who plan parenthood. Sexual Health, 1: 201 – 208.

<sup>14</sup> Mendes, P. (2009). Improving outcomes for teenage pregnancy and early parenthood for young people in out of home care: a review of the literature. *Youth Studies Australia*, 28(4):11-18.

<sup>15</sup> American Psychological Association. (2002) *Developing Adolescents: A resource for professionals.* Washington: US.

<sup>16</sup> Cousins, C. (2005). "But the parent is trying...." The dilemmas workers face when children are at risk from parental substance use. *Child Abuse Prevention Newsletter*, 13(1):3-6.