

# New approach needed to helping neglected children

Linda West and Gina O'Donoghue

Child abuse and neglect tend - at least in the public mind - to be run together, as if they were the same problem, and in each case, the solution is often thought to be the same - that is, we need to change the behaviour of parents; or failing that, remove the child.

This paper argues that children growing up in chronically neglecting families may be better served by a different approach; one that recognises that behaviour change may be beyond the reach of the family - and yet the child should not be removed. It may be more effective, and cheaper, to provide long-term family support so that the child can remain at home.

Such an approach would require a radical change in social work attitudes. It is clear, however, that our present case management approach to chronically neglecting families is not working and something new needs to be tried. These issues were extensively canvassed at a Forum organised in Melbourne last November by the Mission of St James and St John. The Forum *Chronic Neglect - the hidden face of child abuse*, brought together some 260 professionals and other interested people.

Speakers included the Hon. Michael John, Minister for Community Services Victoria; Mr Justice John Fogarty of the Family Court of Australia; Robin Clarke and Penny Armytage from the Department of Health and Community Services Victoria; Jan Mason, Head of the Social Work and Welfare Studies Department, University of Western Sydney; Di O'Neil from St Luke's Family Care, Bendigo; Marg Matters from St John's Careforce; and Dot Hoffmann, Manager of the CHOICES Centre for young women and their children, Mission of St James and St John. Media commentator Phillip Adams, chaired a 'Visions for the Future' session, and a

panel discussion; and later interviewed a number of the speakers on his Radio National 'Late Night Live' program.

Most nights, eight-year old Peter\* organises something to eat for his young brother and his Mum. He has to - no-one else is likely to. Carmel, his mother, has a drinking problem and a history of mental illness. The house is littered with food scraps and dirty washing, and the family lifestyle is chaotic. In spite of this, the family is very close. Carmel loves her children, even though she doesn't provide much day-to-day care for them.

From time to time, various boyfriends move in for a while. The last one got very violent when he was drunk and would threaten Carmel and the kids. All this is affecting Peter's behaviour at school where he is constantly in trouble for fighting and 'acting out' in class. The youngest child, aged 3, is already showing signs of developmental delay through being left to his own devices most of the time.

\* names have been changed

Dealing with families like Peter's presents a major challenge. We have to find ways to improve the situation for children living within families where day-to-day care is minimal but the family relationships themselves are quite strong.

Rather than removing the children into long-term care which can be very traumatic for them, it may well be better to put in a range of family supports in order to ensure that the needs of the child are met. This can be a long-term undertaking, but in the end may be more effective than putting the child into care

In her presentation to the *Chronic Neglect* Forum, Dot Hoffmann from the Mission's CHOICES Centre, detailed the case history of 'Amy', an eighteen year old

single parent of two children. She concluded:

With hindsight, it was clear that the level of emotional pain Amy was experiencing was such that it would be beyond the scope of any short to medium term welfare agency involvement to facilitate the changes required to ensure the children's safety.

What was seen during Amy's time at CHOICES was a woman who was always about to start some significant emotional growth. The opportunities were there, and she was indicating a willingness to change. What also became evident, however, was that the effects of her early trauma were considerably stronger than her motivation and at this time, could not be overcome, or at least not overcome fast enough for the safety of the children'

## HOW SHOULD WE APPROACH SUCH DEPRESSING SITUATIONS

The children in chronically neglecting families have the same needs as other children - food, safety, encouragement stimulation, health measures, predictability and education. We need to develop a case management approach which responds to these needs using a range of care options, both commercial and professional. Such options include:

- in-home housekeepers;
- laundry services;
- family day care;
- after-school care;
- school holiday programs;
- voluntary foster care;
- professional foster care;
- volunteer support.

Rather than sending a worker to induce the mother to change her behaviour - something many chaotic, chronically neglecting parents are incapable of doing - the worker would co-ordinate the services required for the child, from school lunches to camping holidays. This approach flies in the face of usual social work

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practice and training which views social workers as agents of change. But the reality is that some families cannot or do not want to change. Until we recognise this, we will not be able to improve the situation for children living in situations of chronic neglect.

The idea of supporting a family for years until the children can live independently, is anathema to many case workers. But in fact if the child is removed, they are provided with long-term or even permanent care: besides being traumatic for the child, the cost of these options can exceed that of providing a range of family supports enabling the child to remain at home.

It should also be pointed out that there is a strong connection between neglect and poverty; and that the supports suggested above - such as 'home helps' and after school programs - are routinely available to middle-class families where an under-

current of neglect may also be evident, but may not attract the attention of Protective Services officers. In her paper to the *Chronic Neglect* Forum, Dr Jan Mason notes that:

A further factor in placing children of the poor at risk is that poor parents frequently lack the support of family and friends, and do not have access, as do the more affluent, to resources to supplement their caring - resources such as babysitting or accessible child care...

#### CONCLUSION

The issue of how to work with mothers who are not able to provide the most basic nurturing needs of their children is one that has often been avoided by the social work profession. Social workers have stubbornly maintained faith in case-work intervention and the social change model, even when it has been persistently demonstrated that this is not effective in

assisting children within chronically neglecting families.

It is time we looked at, and trialed, different methods based on what we know to be the realities of working with chronically neglecting families - rather than what we would like the reality to be.

Papers from the Forum *Chronic neglect - the hidden face of child abuse*, held in Melbourne on 15 November 1994 are available for \$10 plus \$2.50 p&p from: The Mission of St James and St John, 12 Batman Street, West Melbourne 3003. Tel: 03 9329 6133 Fax: 03 9326 6169

## Case management

### Some notes and ideas from the national and international review conference

#### REFLECTIONS ON THE ASCENDANCY OF THE IDEA OF CASE MANAGEMENT

A recent Australian and International review conference, hosted by Victoria's Department of Health and Community Services confirmed the status of case management as an emerging convention across all the human services. This gathering attracted more than 800 delegates from across Australia. As well as high profile local presenters, participants heard from a number of international speakers. It was noticeable that the event generated significant media attention as well as commanding interest across historically distinct fields of practice. This is unusual as mental health, public welfare, juvenile justice, disability and other fields of practice have usually functioned as discrete and relatively closed archipelagos. Thus, case management has become a nomenclature, if not a specific methodology, that is dissolving boundaries within the human services.

It may therefore be useful to review the phenomena that case management has so quickly become. At one level it could be argued that case management is a new, perhaps even an exciting, organising principle for both service design and

direct practice. Advocates are pleased to point out that case management emphasises the need for single point case coordination and for service providers to think and act holistically across potential resource groupings so that the clients with complex needs are linked to an appropriate range of services. It could also be argued that formally establishing case management in fields such as juvenile justice is a way of codifying and building into practice a set of principles that are not new, but which need to be institutionally supported if they are to be realised. Surely it will be in the clients' interest to have practitioners and their services held accountable with respect to the clients' needs being matched to available resources, having practitioners attend to maintaining supportive relationships with clients as well as maintaining and reviewing their case plans. Moreover, it could be argued that it is (indirectly) in the clients' interest that services and their providers are accurately targeted without the goal drift that has historically characterised the gate-keeping of many services.

The currently ascendant position of case management could also be seen in other ways. Some practitioners perceive their

agency's interest in case management as less than benign, particularly in the emphasis given to cost containment and the locating of liability, if a case 'goes wrong', at the lowest level of the organisational hierarchy. Service users also have had some mixed responses, for example on protesting that they do not wish to be seen as 'cases' that need to be 'managed'. Given the definitional problems that arise in relation to the many ways case management has been described and implemented, it is also of interest that the enthusiasm of managers towards case management has not been restrained by difficulties that exist in being able to describe this product rigorously. Could it be that managers and their political supervisors are (in part) attracted to case management not so much because of its specificity, but because of its associations? Case management seems to hold the promise of predictability and greater control. It also might feel somehow more familiar and less mystifying to managers than the usual 'hocus-pocus' heard from their practitioners about professional ethics and standards, confidentiality and the need for client self determination.

(Continued on page 38)