

Boys aged 9-12 years using the services of Anglicare Victoria

A three month population study

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This study was conducted in response to the concerns of staff within Anglicare Victoria about the presenting problems of boys aged 9-12 years across the various agency programs and the lack of systematic data about them. Under the umbrella of the Anglicare Victoria/ University of Melbourne Social Work Partnership Program, a study was undertaken with the assistance of social work students on placement within the agency. A census-style survey was completed by AV staff members for any boy aged 9, 10, 11 or 12 years in an agency program during a three-month period. Non-identifying survey forms were returned for 203 boys and this article reports the major descriptive information and service implications derived from those returns.

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ORIGINS OF THE STUDY

This paper reports an in-house, descriptive, research project conducted by Anglicare Victoria (AV), a large child, youth and family services agency that provides primarily family support services (in-home and office-based support, counselling and group work), foster care (often called 'home-based care' in Victoria), some limited residential care, and youth services for young people over the age of 12. The study was conducted with the assistance of students on field placement from the University of Melbourne School of Social Work, as part of the Anglicare Victoria / University of Melbourne Social Work Partnership Program.

In the child and family services field in Victoria there has been considerable attention paid to the early years of childhood and to adolescence. However, in discussing research options, AV staff members expressed concern about the personal and social problems experienced by a group of children between these extremes – boys aged 9-12 years. Violent behaviour was of particular concern, whether the boys were in the direct care of the agency or at home in the community. Boys in this age group are found across most AV programs, and the agency wanted to capture both the diversity and commonalities of this group, and wanted workers to learn from the different perceptions and strategies of workers in different programs and regions. The purpose of the study was, then, a modest one: to establish some baseline information about the range of issues these boys present across the whole agency, and about how the agency is responding to them across different types of programs. To achieve this, a census-style survey was completed by AV staff members for any boy aged 9, 10, 11 or 12 years in any agency program in the months of May, June and July 2000. The study drew only on workers' analyses of case files; this distillation of existing agency knowledge was seen as a first step in a process of enquiry, with a view to longer-term research with more consumer participation.

Survey forms were returned for 203 boys (whose anonymity was maintained) across 27 teams of Anglicare. These forms yielded a mass of qualitative, descriptive data, from the workers' perspective, about their personal and family circumstances, services provided, and associated professional and service system issues. The data (largely qualitative and descriptive) were analysed by program, and then cross-cutting themes were identified.

WHY 9-12 YEAR OLDS?

This four-year age span captures a time of enormous change. Nine to ten years is a critical time for consolidating core skills for later life – literacy and numeracy, social skills, self image and self management. At this age children typically acquire interests, skills, habits and networks that will sustain them through the turbulent times ahead, via such activities as sports, music, arts and hobbies. At 9-10 years, children are developing more emotional and social independence and physical strength, and are moving beyond the parental orbit. At 11 and 12 years this movement is taken further. This time of bodily, cognitive and emotional upheaval coincides with the critical shift from the relatively safe and contained world of the primary school to the complex and turbulent environment of the secondary school where challenging behaviour finds a wider audience and begins to be more risky and anti-social.

In Victoria, there has been considerable attention given by government to high-risk adolescents and to infants. Often part of sibling groups, the needs of primary school-aged children can get lost. This is not merely a local phenomenon. A recent publication from the United Kingdom (Madge, Burton, Howell & Hearn, 2000) dubbed the 9-13 age group 'the forgotten years'.

While the pathways to later problematic adjustment are laid down early (Kelley, Loeber, Keenan & De Lamatre, 1997; Prior, Sanson, Smart & Oberklaid, 2000), each stage of development offers a preventive opportunity. Children's ability to adjust to their environment and regulate their own behaviour, in particular attention and impulsiveness, has been linked to genetic factors (Prior et al, 2000) and the impact of early trauma on brain development (Garbarino, 1995; Barkley, 1997; Clarke et al, 2000; Tripp & Sutherland, 1999; Wender, 2000). These appear to interact with the environment, notably through:

- early maternal stress (Forgatch, Patterson & Ray, 1996; Prior et al, 2000);
- experience of violence (Daniel, Wassell & Gilligan, 1999; Paterson, Luntz, Perlesz & Cotton, 2002; Schissel, 2000; Garbarino, 1999; Harrison, Boyle & Farley, 1999; Prior et al, 2000); and
- ineffective parenting (Daniel, Wassell & Gilligan, 1999; Harrison, Boyle & Farley, 1999; Prior et al, 2000).

In turn, socio-economic disadvantage, social isolation and negative life events exacerbate other vulnerabilities within the family system, impacting on the child.

WHY BOYS?

In proposing the study, Anglicare's practitioners reported that in parenting and family services, many mothers were coming for help with their boys' behavioural problems at home and at school. Earlier onset drug use was becoming a

concern. For some boys prolonged exposure to male violence had serious developmental ramifications, and in a society where family violence has become a major social issue, prevention of inter-generational repetition of family violence was on workers' minds. Some suggested that some of these children experienced inconsistent and unacceptable care at home for too long before being referred for foster care, where they are hard to place and hard to hold. These impressions had not been systematically tested nor documented by the agency prior to this study, but they were consistent with themes in the literature.

Over the past decade there has been increasing attention to the question of 'bringing up boys' – for example, in the popular parenting literature (Biddulph, 1997); in the relatively feminised environment of the school classroom (Browne & Fletcher, 1995; Hawkes, 2001) and in responses to serious juvenile offending, such as the USA's schoolyard killings (Pollack, 1999; Garbarino, 1999).

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Core research studies such as the Australian Temperament Project (Prior et al, 2000) bear out the anecdotal evidence that boys are more likely than girls to display forms of anti-social behaviour, particularly violence and aggression. Boys are more likely to have problems with classroom behaviour, peer relations, academic achievement and more hyperactivity and aggression. Boys are less likely to ask for help than girls (Daniel, Wassell & Gilligan, 1999; Garbarino, 1999; Madge et al, 2000; McKay, Gonzales, Quintana, Kim & Abdul-Adil, 1999; Pollack, 1999; Prior et al, 2000; Schissel, 2000). These problems are variously attributed to:

- repressive male socialisation (Cabe, 1999; Forgatch, Patterson & Ray, 1996; Garbarino, 1999; Prior et al, 2000; Schissel, 2000);
- the absence of fathers and other male role models (Braucher, 2000; Garbarino, 1999; Pollack, 1999; Browne & Fletcher, 1995; Hawkes, 2001);
- mothers' difficulties in distinguishing between expected 'boy exuberance' and unacceptably aggressive behaviour, due to social constructions of motherhood as well as masculinity (Hawkes, 2001; Howard, 1998; Prior et al, 2000); and

- peer pressures in the context of school failure (Garbarino, 1999; Hawkes, 2001; Kelley et al, 2001; Prior et al, 2000; Gilligan, 2001).

SERVICE RESPONSES

Service responses, like explanatory approaches, focus variously on child, family and wider social context. Two general themes emerge from the literature on the types of family service that are successful. First, while short-term assistance is suitable for families who normally cope but are temporarily in crisis, families challenged by multiple problems often benefit from long-term work. Long-term intervention is vital in helping children build resilience and in preventing the development of behaviour problems (Cleaver, Unell & Aldgate, 1999; Daniel, Wassell & Gilligan, 1999). Secondly, a holistic focus, both in assessment and intervention, is important – both the child and his living conditions need attention. Successful interventions are distinguished by a multi-faceted, interdisciplinary and collaborative focus (AASW (n.d.); Bagley & Mallick, 2000; Burt, Resnick & Matheson, 1992). Services to both parents and children appear to be more effective than those which focus on one or the other (Harrison, Boyle & Farley, 1999). Structured skills training groups for parents and children, modelling different ways of interacting, are reported to be effective in reducing the risk for behaviour problems and poor school outcomes (Bagley & Mallick, 2000; Harrison, Boyle & Farley, 1999; McKay et al, 1999). McKay et al. found that groups run for 6-8 families at a time, where peer support was an integral part of the structure, had improved outcomes in terms of retention, as well as being effective in helping families to change (McKay et al, 1999).

Gender-sensitive group programs have also been developed specifically for mothers. Two local examples are a program developed to support mothers raising boys to age 12, and a program for mothers of violent adolescents. The two programs are both based on a narrative approach and use solution-focussed methods. They both encourage participants to examine how social expectations of masculinity and femininity affect their parenting and their

children's adjustment and behaviour. (See Howard, 1998, program developed at Monashlink; Paterson, Luntz, Perlesz & Cotton, 2002, program developed at Anglicare's Eastern Youth Services). One local program for the boys themselves is Anglicare's 'Peaceful Warriors', a program for boys aged 9-12 and a father or significant male in their life, which recognises the need for mentors and aims to strengthen existing bonds between the boys and their menfolk, through recreational activities and a narrative approach facilitating conversations about issues such as coping with separation, loss, disappointment, anxiety and anger. However, while interest is increasing in the particular needs of boys, the main focus is on early childhood interventions and on adolescence onwards. Very little attention has been given to the years immediately preceding adolescence. Although there is a great deal that we do not know (Little & Mount, 1999), it appears that the most effective family interventions are holistic, collaborative, flexible and potentially long-term, while group programs for parents are widespread.

RESULTS

While we are unable to say how many clients were missed with our strategy, we know the coverage was good, with 27 teams across all regions returning results. The distribution of returns across the agency is shown in Table 1.

This shows that most of the 203 cases came from either the home-based care (foster care) or family services, with only a handful (to be expected) in the youth and residential care programs. A further 27 cases were reported from the *Parentzones*, which are 'shop-front' advice and information services, where parents who had little formal involvement with services sought help through advice, brief counselling or parenting groups. Other community services programs, such as gambling help and financial counselling, did not submit returns, so we do not know whether some of those clients had 9-12 year old sons also getting or needing other AV services. While it is concerning that boys with complex needs and troubled family lives do appear in the residential care cluster and in the youth services (both of which usually target an older group of clients), the following material focussed on the more numerous home-based care and family services cases, with some reference to *Parentzone*.

HOME-BASED CARE

It was surprising to find that of the 74 boys in home-based care (foster care), about half (34) received respite care, and a further 10 received a mix of respite and other forms of care over the 3 months, even though this has not been a priority for government funding of foster care. Respite care was usually planned and regular, often one weekend per month, and its purpose was to support isolated, poor and vulnerable

Table 1: Boys 9-12 – program x region

| Program | East | Gippsland | North | South | West | Total |
|-----------------|------|-----------|-------|-------|------|-------|
| Home-based care | 25 | 5 | 16 | 9 | 19 | 74 |
| Residential | 6 | 0 | 3 | 0 | 0 | 9 |
| Youth | 4 | 0 | 3 | 0 | 0 | 7 |
| Family | 12 | 3 | 28 | 38 | 5 | 86 |
| Community | 7 | 0 | 0 | 20 | 0 | 27 |
| TOTAL | 54 | 8 | 50 | 67 | 24 | 203 |

parents who were often struggling with difficult child behaviour. At the other end of the spectrum of care, there were 23 boys in long-term care and 7 in permanent care as a result of serious abuse, neglect or chaotic family lives, or as a result of their own extremely hard to manage behaviour or serious disability. The Eastern region programs were dominated by these longer term protective placements as required by their Department of Human Services funding agreement, while one program in the Northern region and another in the Western region showed sizeable respite caseloads, which they attributed to the difficulty of recruiting longer-term caregivers. (This calls to mind the old child welfare maxim, 'Children get what's available, not necessarily what they need.')

There were several clusters of concerning behaviour among these boys in home-based care: anger/violence/aggression; ADHD or impulsive behaviour; self-harming and risk-taking behaviours; and high care needs, due to disability. They had many problems at school. Among the boys with complex needs and severe behaviour problems were several in permanent foster care and a group who needed, but did not have, a plan for their permanent care.

FAMILY SERVICES

Eighty-six boys were reported to have been involved with the family services over the three-month period, concentrated in the Southern and Northern regions. Almost half of them were the main focus of the family's referral. These boys and their families received a variety of inputs – counselling and support, advocacy, mediation, parent education and crisis intervention were all mentioned. Some services were provided direct to the child, some focussed on the parent, and some combined family and child direct work; some were office-based and some home-based. Groupwork accounts for almost half of all services mentioned. The agency responded to the parents in the Eastern, Northern and Southern regions with at least seven different group programs – women's domestic violence groups, fathers' groups and parenting groups. (The *Parentzone* easy access information and advice services, classified as 'community services' rather than 'family services' by the agency, undertook considerable additional groupwork.) In addition, children in the Northern, Southern and Western regions were included in children's self-esteem, social skills, and grief and loss groups, both in the agency and through outreach to selected children at risk in specific schools.

These boys and families had widely varied and sometimes highly idiosyncratic needs. Typically, the boys lacked emotional support and education, responsive and consistent parenting, and they needed more social skills, social support, self-esteem and confidence. Family violence, family breakdown and bullying were each also present in at least one quarter of the cases. Other serious challenges also faced

the families – such as bereavement, illness, separation and financial crisis.

Service intensity was usually a very modest one hour per week (71%). Many boys and families were thought to have had no or little prior service involvement, and a few were known to be already heavily involved with a variety of services, especially if the child had a developmental disability or the family had multiple problems of family functioning. Overall, the proportion of boys and families presenting serious issues did not seem to match with the low-level intensity of the services offered in many cases.

CROSS-CUTTING THEMES

SEGMENTATION OF AV SERVICES

Although allowance must be made for possible data gaps, it appears that in 2000 AV services were still very much fragmented along program lines, with little evidence of cross-listing of these cases between programs. The agency needs to explore whether the potential to provide more holistic care within the agency could be realised.

GROUPWORK

Workers drew attention to the therapeutic contribution and preventive potential of groupwork for boys and parents, but also to the lack of funds to resource the group sessions and to keep them continuously available. For the boys themselves, groups build on the sociability, peer orientation, and competency drive of this age span; for parents, they fit with principles of adult learning, mutual aid, and empowering parents in their family roles. There was little evidence, however, of groupwork being used for children in care or their parents, even though the kinds of groups offered in family services might be relevant – for example, for the boys, groups around social skills, or dealing with loss; for the parents, groups dealing with parenting or family violence recovery.

CLIENT NEEDS

It had been anticipated that aggression and violence would be the major issue. While this was true for about one quarter of the boys, other emotional problems were just as prevalent. In crude terms, there are at least three broad groupings of boys represented in this client group:

- Boys reacting to family and other crises, who are exhibiting behaviour or emotional problems at home and/or at school, but who are not clients of the Child Protection Service. They may be socially inept, perhaps depressed, and at risk of school failure. These boys are encountered in family services, in outreach programs to schools, sometimes in respite care, and at *Parentzone*.

Figure 1: Risks and strengths juxtaposed

| BOY – RISK FACTORS | BOY – STRENGTHS |
|---|---|
| Lack of social skill; history of violence towards self; troubled behaviour patterns. | Engaging; eager to learn & incorporate new ideas. |
| Out of control at times; hates being told 'no'. | Able to think & discuss options when calm; reads information & learns strategies. |
| Non-attendance at school; violent behaviour; lack of peer/ social networks; family isolated; poor social skills; severe physical, emotional & sexual abuse; low academic functioning. | Sense of humour; good at articulating needs and emotions; easy to engage. |
| Some developmental delay – 'simple'; gets confused & repetitive when anxious; isolated except for mother. | Likes to be good and to be liked; able to talk about feelings; friendly; amiable. |
| Alcohol, marijuana use; failing subjects at school in year 7. | Loves his guitar; intellectual – bright but unmotivated at school. |
| Suicidal ideation at times, becomes depressed, has absconded; aggressive outbursts; danger of harm to others and self. | Good social skills; enjoys school; good cognitive skills; has regular positive contact with family; developing capacity to trust adults & to form friendships with peers. |
| Aggression; self-harm; school suspension/expulsion; depression. | Likeable; helpful; cooperative; sense of humour. |
| Absconding; unstable environment; diagnosed with ADHD, intellectual disability & conduct disorder. | Loves helping others; likes music, sports and horses. |
| Physical abuse; risk-taking; lack of family supports; social isolation; lack of stimulation in home. | Thrives on activity & outings; energetic; responsive; engages with others. |
| Experimenting with drugs; poor school results. | Friendly; outgoing; mature; happy; funny; very concerned for others. |
| Sexualised and aggressive behaviour; intellectual disability. | Engageable; artistic; creative; strong link to mother & workers. |
| Low self-esteem; ADHD; poor social skills; identity issues; unresolved grief; anger; impulsivity; past rejection by family. | Creativity; kindness; sense of humour; loves talking; well mannered; can express needs astutely at times. |

- Disabled boys with complex and significant behavioural and developmental problems. These boys are often clients of Child Protection, and are encountered chiefly in foster care, respite care and residential care, but also occasionally in family support or intensive family preservation services. They require specialised additional services to be maintained at school.

- Severely troubled child protection clients from abusive, neglectful or conflictual family backgrounds. They may be aggressive, self-harming, sexually acting out, and are difficult to manage whether at home or in care without additional skilled help for carers. Their education is under severe threat.

Cutting across the programs, the age range, and the differences in period of service, there were several key developmental challenges identified for these boys:

- building a positive self-esteem;
- managing strong emotion and containing frustration and aggression;
- learning to negotiate difference and conflict; and
- dealing with loss and anxiety as a result of family trauma.

How hard they found these challenges seemed to reflect the seriousness of the family's situation, the level of child's disability, or the responsiveness of the care given by the primary carer/s.

CLIENT STRENGTHS

While the risks facing these boys were serious and daunting, workers were also asked to note the boys' strengths, and these answers capture some of the exciting potential for work with this age group. Reading these comments, one feels great respect for these troubled boys. The chart in Figure 1 juxtaposes workers' statements of risk factors and strengths for just 12 of these boys. Many others were described in similar terms.

This data illustrates why it is important to seize the day to try to help this client group use these attributes to make a difference while they are still in their primary school years and before the major upheaval of the transfer to secondary school.

SERVICE SYSTEM CONSTRAINTS AND OPPORTUNITIES

The major service system gaps identified were:

- insufficient education for workers in relevant interventions with children;
- the shortage of suitable care-givers willing to take boys of this age;
- a dearth of supportive and diversionary services to stop violence early;
- poor funding for a flexible planned response to voluntary clients with complex needs;
- frustration with delays at the Child Protection Service around securing the child's future in a permanent placement;

- rigid program funding instead of flexible packages of services appropriate to the child when and where he needs them;
- insufficient school-based support and intervention.

In most cases, however, workers were satisfied or very satisfied with the services given. For home-based care workers, the reasons for this lay in well-matched and stable placements, good quality care-givers, timely responses to families' needs, and good intra- and inter-agency collaboration. Examples of their comments were:

Dedicated foster carers who established a relationship of trust and acceptance of the child.

AV has provided the child with an environment which is safe and secure and is continuing to develop and reach milestones.

AV involvement resulted in further services being made available to the family which provided potential for a stable and secure environment for the child.

Family Services workers found satisfaction when there was positive engagement with the family and/or child; when they met the goals of intervention in a timely and flexible manner; and when there was good collaboration with other service providers.

To summarise, the workers' descriptive information from this study can be depicted as shown in Figure 2, as an overview of the process of service to 9-12 year old boys in this multi-program agency.

RECOMMENDATIONS

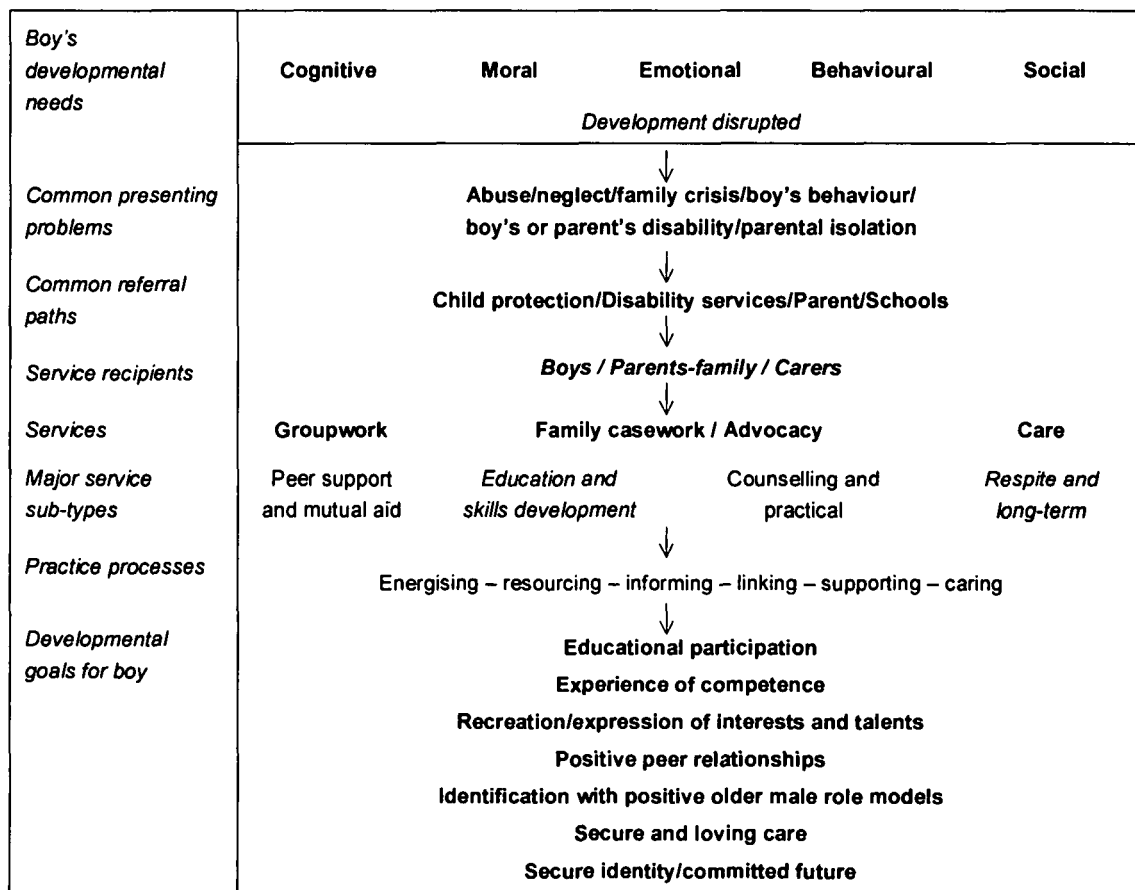
The report contains a number of tentative suggestions for practice, program and research development, to be considered as part of the agency's overall priorities.

PRACTICE

There were some consistent messages about desirable qualities of good practice with boys in this age span.

- Enrich developmental and social opportunities through school liaison, groupwork and mentoring.
- Build confidence and competence through nurturing talents and interests.
- Offer consistent, accessible information to boys and their parents/carers about clear and effective strategies for managing emotions and building impulse control.
- Make sure the child's developmental history is recorded and available to carers.

Figure 2: Complex needs – multiple service pathways



- Enhance workers' developmentally-sensitive assessments, skills in interviewing and counselling children, and gender-sensitive practice.
- Make strategic use of male workers as role models who are willing to critique male violence.

PROGRAMS

A number of program and policy suggestions emerged from the data with respect to boys in this age group.

- More respite care, 'off the street' frontline family counselling, parenting groupwork, school-based groupwork on emotions and behaviour, and accessible children's counselling. Workers also identified the need for closer functional links between these interventions, and for low intensity case management for chronically vulnerable families.
- Expansion of supportive groupwork for children in longer-term agency care as appropriate.
- Funded interventions for and support to parents of children in care.
- Flexible funding packages for children with high and complex needs, in order to allow for specialist intervention.
- Enhanced educational liaison and mentoring programs.

FURTHER RESEARCH

The report suggests several further large and small areas of enquiry.

- A study of holistic models of child, family and community responses to stem patterns of violence, building more on consumers' views. Funding has been obtained for further research involving young boys themselves in discussing their needs, and possible solutions.
- Analysis of the outcomes of both respite care and groupwork.
- In-depth analysis of carers' needs for training, support and supplementary resources, especially when caring for boys with disabilities and increasingly unmanageable behaviour problems.
- A community study of potential carers for this age group, and opportunities to develop this pool.
- A cross-program analysis of training materials with respect to developmental and gender considerations and behaviour management strategies, with a view to optimising the information resources available to carers, parents and workers.
- An audit of children 'in limbo' in placement, with a view to advocacy for resolution of their futures.

CONCLUSION

The upper primary school years are years of great promise, for it is at this time that an outward looking, sensitive and active child builds a strong sense of personal efficacy and sets out on social, educational and recreational pathways that have long term ramifications for adult life. It is also a time of considerable risk, if these developmental attributes are not nurtured, or if the legacies of disturbances in earlier childhood are allowed to accrue interest. While these generalisations apply to both boys and girls, boys are more likely to be labelled as deviant at this life stage, and, should they proceed along a pathway of unchecked aggression, they may add to the social toll of family and community violence. Both preventive and remedial child and family service agencies can make a real and positive difference to the immediate quality of life and long-term life chances for such boys. This study suggests, however, that this requires behavioural interventions with boys and their parents or carers that are much better informed by child development theory and outcome research, and supported by enhanced educational resources for boys in trouble, a strong policy commitment to ensuring a secure and permanent home (whether with family or other carers) without delay, and enriched opportunities for social activities that build personal achievement and a positive masculine identity.

In Anglicare Victoria, these conclusions will be tested, developed and perhaps changed by both program development and by further research, drawing directly on the voices of the boys themselves and their families.

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