

Evidence Based Practice Resource Series



“Supporting Best Practice in Western Sydney”

Literature Review: Key Evidence Messages for Working with Families at Risk for The Prevention of Child Abuse



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FWTDP Core Goals:

- > Achieving learning outcomes
- > Increasing strength based practice
- > Increasing knowledge of evidence base
- > Increasing confidence to apply knowledge
- > Increasing conscious work practice



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Literature Review: Summary of Key Messages for Working with at Risk Families for the Prevention of Child Abuse

Effective Program Characteristics

- Programs need to adopt a holistic approach, be flexible and comprised of multiple components (Barlow, Simkiss & Stewart-Brown, 2006; Flannery, Watson & Tully, 2008; Tomison, 2004).
 - Families require integrated services that are flexible, innovative, provided by highly trained professionals, offer a range of resources, and are complete packages tailored to their needs (Darlington, Feeney & Rixon, 2005, p.246)
- Many service models (including family preservation service models) report much greater success with reducing physical abuse than with reducing neglect (Berry, Charlson & Dawson, 2003, p.16).
- Interventions are most effective when caseworkers establish a trusting and empathetic relationship with their clients, they assist families to build and maintain support networks outside the professional working relationship, are strengths-based and provide skills training and parent education (Berry et al, 2003, p.19).
- Early intervention services focused on providing families with basic concrete needs or which provide mentoring services were more effective than other service models (Chaffin, Bonner & Hill, 2001, p.1285).
- Programs that used modelling, role-playing followed by feedback and reinforcement, and various self-control interventions (eg. behavioural or cognitive-behaviour strategies) were nearly twice as effective as programs that used primarily non-directive strategies such as counselling or group discussion (FRIENDS, n.d).
- Programs that matched program designs to the needs of the client group have proven greater success (Higgins, Bromfield & Richardson, 2006, p.9).
- Programs that operated from a strengths-based approach were more effective than programs that operated from a deficit perspective (Holzer, Bromfield & Richardson, 2006, p.10).
 - Programs that focus on family strengths and resilience instead of family weaknesses, reinforce existing protective factors to prevent the occurrence or reoccurrence of child abuse and neglect (Centre for the Study of Social Policy, 2003, as cited in FRIENDS, 2008a).
- Clear program goals and continuous evaluation and quality improvement are crucial for program success (FRIENDS, 2008a, p.2).
- Family support strategies need to be based on strong coordinated cross-sectional planning and service provision (Tomison, 2004, p.36)

Types of Programs

- The most commonly used prevention and early intervention strategies are home visiting, child care, parenting programs and multi-component programs (Flannery et al, 2008, p.2).

Home visiting:

- The key features of effective home visiting programs include (Holzer, Higgins and Bromfield, 2005, as cited in Flannery et al, 2008):
 - Accurately targeting those families who require more intensive support
 - Services delivered by highly trained and qualified home visitors
 - Home visitors experienced in working with the complex needs of many 'at risk' clients.
 - Sufficient duration to impact upon the parenting risk factors that contribute to child maltreatment.
 - Match the program designs to the needs of the client group.
 - Focus on improving both maternal and child outcomes.

High quality child care:

- Proven to be the most effective and cost beneficial single early intervention strategy to enhance child development outcomes (Watson, White, Taplin &Huntsman, 2005).
 - However, positive outcomes are dependent on the level of quality of the child care provided, with factors such as staff qualifications and training, lower child to staff ratios and smaller group sizes being associated with higher quality of care (Winsler et al, 2008, as cited in Flannery et al, 2008).
 - Outcomes are strongest (ie. larger and longer lasting) for children from disadvantaged families (Winsler et al, 2008, as cited in Flannery et al, 2008).
- High quality child care acts largely as a strategy to offset the effects of maltreatment and to promote the developmental health and wellbeing of these children (Flannery et al, 2008, p.3).
- The effectiveness of this strategy is increased if it is also combined with a strategy that also targets parents, eg. home visiting or parent education programs (Flannery et al, 2008, p.3).

Parent education:

- The risk of child maltreatment is increased when parents lack necessary parenting skills, social supports and knowledge of child development, hence parenting programs aim to address these key issues (Tomison, 1998, as cited in Flannery et al, 2008, p.3).
- Key features of effective parent education programs include (Flannery et al, 2008, p.3):
 - Inclusion of a home visitor.
 - Provide a combination of centre-based and home-based settings.
 - Provide a greater number of sessions.
 - Provide a combination of individual and group components (Lundahl, Nimer & Parson 2006, as cited in Flannery et al, 2008).

- The most effective parenting programs are those based on behaviour management principles (Flannery et al, 2008, p.3).
- High risk families are less likely to enrol in parenting programs and have higher drop out rates (Lundahl, Risser & Lovejoy, 2006, as cited in Flannery et al, 2008).
- Father involvement in parent training leads to better outcomes and promotes family cooperation and cohesion (Lundahl, Tollefson, Risser & Lovejoy, 2007, as cited in FRIENDS, 2008a).
- Programs that offer opportunities for parental peer support have a positive impact on children's cognitive outcomes (Layzer, Goodson, Bernstein & Price, 2001, as cited in FRIENDS, 2008a).

Multi-component strategies:

- No single intervention strategy is as effective as a combined approach which targets both the child and parent/s. eg. when high quality child care is used in conjunction with a home visiting or parent education program (Gomby, 2005, as cited in Flannery et al, 2008, p.3)
 - No one initiative, in isolation or at only one point in time, can be expected to support families adequately (Tomison, 2004, p.36).
- Providing a multi-faceted approach is generally more effective, especially with parent education – research indicates that in order for parent education to be effective in improving parents' child-rearing skills, it needs to be offered in conjunction with other services (Durlak & Wells, 1997, as cited in FRIENDS, n.d).
- The most successful parenting programs offer a combination of interventions, eg. parent skill training, cognitive retraining, child development information, employment assistance and access to medical care (Holzer et al, 2006, p.9).

Other strategies:

- It has been determined that there are five protective factors paramount in the prevention of child abuse and neglect (FRIENDS, 2008b, p.1):
 - Nurturing and attachment in children
 - Knowledge of effective parenting
 - Knowledge of child and youth development
 - Parental resilience
 - Social connections and solid support for parents
- Parent mutual support groups adhere to these guidelines and have been found to be effective in helping to increase protective factors in the prevention of child abuse and neglect. These groups promote shared leadership, empowerment, self-advocacy and community connectedness (FRIENDS, 2008b).

Target Group

- Prevention programs are most effective when they are tailored to the specific needs of the target population (FRIENDS, n.d)
 - Learning is enhanced when the participants of each program include a clearly defined group of people with common needs or identifying characteristics (Colosi & Dunifon, 2003, as cited in FRIENDS, 2008a).
- Prevention programs are most likely to have a direct impact when targeted at those families assessed as having the greatest need for such programs (Holzer et al, 2006, p.7).
- Home visiting programs have been found to be more successful when targeted towards ‘at-risk’ populations (Higgins et al, 2006, p.9).
- The timing of the intervention is also important – some programs are much more effective with people at specific stages in their development or during certain life transitions.
 - Eg. Affective education, which aims to increase children’s awareness of the link between their feelings and behaviours, was particularly effective for children 2-7 years old, but less for those 7-11 and significantly less for those older than 11 (Durlak & Wells, 1997, as cited in FRIENDS, n.d).
 - Also, intense involvement of parents in their children’s lives through the teenage years is critically important in enabling teens to avoid substance use and teen pregnancy as well as many other risky behaviours – programs that fostered caring and supportive relationships achieved dramatic changes in parenting, family management, bonding and communication skills (CSAP, 1999, as cited in FRIENDS, n.d).

Duration and Intensity of Contact

- The length of time over which the service is provided and the intensity (number of times it is provided in that period) are significant factors in effective programming (FRIENDS, n.d).
 - Higher service intensity and the amount of time spent in direct contact with families has been linked to more positive family outcomes (Berry et al, 2000).
- While some families seem to benefit greatly from short-term intensive intervention (ie. that often used in family preservation services), this approach appears less successful with high-risk families (Dore & Alexander, 1996, p.350).
- Programs need to be of long enough duration to impact upon parenting and the multiple risk factors that contribute to child maltreatment (Ethier et al, 2000; Holzer et al, 2005, as cited in Flannery et al, 2008).
- Home visiting programs are most successful if delivered in both the antenatal and postnatal periods (Holzer et al, 2005, as cited in Flannery et al, 2008, p.2).

Worker Skills and Qualifications

- Program success is in large part dependent on qualified staff (FRIENDS, 2008a)
- Staff require experience in dealing with complex needs of many at-risk clients – and the more complex the needs, the more highly trained staff need to be to effect change and achieve positive results (Higgins et al, 2006, p.9).
- Research identifies 4 sets of key skills for child protection workers: skills in clarifying their role, collaborative-problem solving skills, actions/comments, and relationship skills – when workers used effective practice skills, the clients had better outcomes (Trotter, 2002, p.48).

Family Engagement and Retention

- Successful engagement of families and higher retention rates are associated with:
 - Quick follow-up with families – ie. follow-up within a week of initial contact, and ensuring active follow-up after a missed appointment, with visitors attempting to re-establish contact at least three to four times (Flannery et al, 2008, p.4).
 - Maintaining frequent contact with families, for example weekly rather than monthly contact (Thornton et al, 2002, as cited in Watson et al, 2005).
 - Demonstrating respect towards families, through being punctual, reliable, and understanding (Flannery et al, 2008, p.4).
 - Matching participants and providers in terms of parenting status, age and ethnicity (Watson, 2005, as cited in Flannery et al, 2008).
 - Pre-program interviews explaining the level of commitment required and developing plans to overcome barriers to participation (Nock & Kazdin, 2005 cited in (Flannery et al, 2008).
 - Financial incentives for participants (Heinrichs, 2006, as cited in Flannery et al, 2008, p.4).
- Services targeted at disadvantage families need to avoid stigmatisation of the service and service users in order to attract and retain these families (Flannery et al, 2008, p.5).

Developing a Trusting Relationship

- It was found that the most important factor in retaining parents in parenting programs was the relationship between the parent and facilitator (NSW DoCS, 2005, p.2).
 - The relationship that forms between the client and the worker is directly related to positive outcomes – hence enhancing this alliance may lead to interventions being more effective with high-risk families (Dore & Alexander, 1996, p.350).

- Efforts need to be made to develop this relationship prior to initiating change and this may take significantly longer with clients with particularly problematic intellectual functioning (Dore & Alexander, 1996, p.357).
 - For disadvantaged families, this is more likely to occur when the worker is from a similar background (Watson et al, 2005).
 - The development of this relationship can be facilitated by:
 - Establishing the relationship before the baby is born – this has been linked with more successful outcomes in home visiting programs (Flannery et al, 2008).
 - Assisting parents to achieve change in something they see as their most immediate problem, as this conveys positive intent and usefulness (Flannery et al, 2008).
 - Conveying to parents that you are working with them rather than monitoring or judging them (Watson et al, 2005).
 - High staff turnover can have a negative impact on the development of these relationships (Gomby, 2005, as cited in Flannery et al, 2008).
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