

11. Special populations

A number of special populations, programs or specific approaches to preventing maltreatment were identified for particular attention in the Audit (see Tables 8 to 12). Four specific sections of the Australian population generally identified as being at greater risk of child abuse and neglect and thus specifically targeted for intervention (and analysis in the Audit) were: Aboriginal and Torres Strait Islander communities; people of non-English-speaking background; families where a parent or child is suffering from a physical or intellectual disability; and families where a parent or child is suffering from a mental disorder. Each population is described, in terms of the Audit, in turn below.

Populations	Number	Proportion (%)
Aboriginal and Torres Strait Islander communities	296	16.3
Non-English-speaking background	266	14.7
Parent/child suffering from a physical or intellectual disability	316	17.4
Parent/child suffering from a mental illness	245	13.5

Aboriginal and Torres Strait Islander programs

Aboriginal and Torres Strait Islander peoples were identified as being a specifically targeted population in approximately 16 per cent of programs collected for the Audit. The breakdown of Indigenous programs reflected the pattern evident for the Audit sample as a whole (see Table 9), with family support and community education programs predominating.

Type of program	Number (of 296)	Proportion (%)
Community education	66	22.3
Personal safety or Protective Behaviours	23	7.8
Family support	129	43.6
Child-focused	57	19.2
Child and Family Centres	18	6.1
Offender	3	1.0

Program characteristics

In terms of geographical location, the highest proportion of programs (as a proportion of the programs contributed by each State/Territory) were located in the Northern Territory (28 per cent of the 82 NT programs), followed by Western Australia (14 per cent), New South Wales (12 per cent), South Australia (10 per cent), Queensland and the Australian

Capital Territory (9 per cent each), Victoria (6 per cent), and Tasmania (5 per cent). Forty per cent of all of the programs originated from New South Wales (188 programs).

An assessment of the specific program features indicated a somewhat higher proportion of programs targeting Aboriginal and Torres Strait Islander peoples addressed domestic violence and gender issues, and a higher proportion of programs incorporated a home visiting component. The strong representation of programs targeting child maltreatment and domestic violence probably reflects Aboriginal and Torres Strait Islander peoples' recognition of the need to develop holistic, 'whole of community' strategies to deal with social problems (such as child abuse and domestic violence), albeit in ways that are socially and culturally relevant (Wilson 1995; SNAIIC 1996; National Crime Prevention 1999a). The high proportion of home visiting programs may reflect an acknowledgment by services of the need to address child abuse prevention within a community setting – for reasons of physical accessibility and transport, as well as cultural sensitivity.

Targeting Indigenous communities

Although 16 per cent of all programs reported targeting Aboriginal and Torres Strait Islander peoples; however only one quarter of these programs (23 per cent – 68 of the 296) appeared to have been specifically developed or tailored for the Indigenous population. These included:

Aboriginal Maternity Support Service, Tamworth Base Hospital Health Service, Tamworth (NSW). The aim of the program is to provide support, information and assistance in a culturally-appropriate environment to the target group (living within an approximate 100 km radius of Tamworth), including partners and families on such topics as: pregnancy; birth; parenting; women's health; family health with the aim of achieving improved health, social and lifestyle outcomes for individuals and their families in line with the objectives of the New England Health Service and Aboriginal health goals. The service is aimed at antenatal to babies aged up to six months.

Supported Accommodation Assistance Program (SAAP), Darumbal Community Youth Service (Qld). The Darumbal Community Youth Services aims to assist young women and men who experience difficulties gaining access to information and resources. The service also offers supportive counselling to enhance family life in which individual young people, whether they be murris or otherwise, will gain some self-respect, self-determination, self-esteem and encouragement. This is achieved by offering socially and culturally appropriate approaches and options which include: cultural awareness; employment and vocational creation; educational strategies (individual); self-development and self-awareness; community development; crisis accommodation; camps and workshops. The target population are Aboriginal and Torres Strait Islanders youth 15 to 25 years and their families, in general. However, there is an emphasis on youth who are homeless, transient, unemployed, truant and lacking self-esteem.

Parenting and Nutrition Program, Family and Children's Services, Katherine District Hospital (NT). The Parenting and Nutrition Program is a five-session program run once per week by FACS and the Katherine District Hospital. The objectives of the Parenting and Nutrition Program are: to provide culturally appropriate education for Aboriginal women on the importance of nutrition, hygiene and budgeting for food for children; and to provide education for young Aboriginal mothers who have little knowledge on the different nutritional needs a child has when growing. Strategies include: education by example of camp cooking, general food preparation, education in types of appropriate food for babies and children, and the need to budget for babies' needs. The target group are young Aboriginal mothers from remote communities who have few skills in caring for babies or knowledge of child development. Children have

presented at hospital generally for nutrition and hygiene-related issues. The program also provides information and discussion on topics such as available services, health, alcohol intake and domestic violence

Child's Play for Aboriginal Families, Nunga Miminis Shelter–Lead Agency (also involved are Northern Country Women's Shelter and Aboriginal Family Support Service) North Adelaide (SA). The program is an adaptation of the existing child's play therapeutic program developed by Natalie Worth, a psychologist in Adelaide. The Aboriginal program is for Aboriginal women and children who have bonding/attachment problems and have come from violent homes. The program is group-based over 8 weeks for 1–2 hours at a time for mothers and one of their children at a time (there is some flexibility about this). The 'pairs' work through a series of activities specifically designed to work (in a therapeutic way) on the relationship between mother and child focusing on early attachment rituals. The goal is to improve significantly the quality of the parenting and to achieve an improved living situation for all family members.

15 Mile Aboriginal Community 'Strong Family' Day, Palmerston Community Care Centre, Casuarina (NT). The Strong Family Day was a Child Abuse Prevention Week (PECAN) activity for Palmerston Community Care Centre. The program aimed to: promote the message that the most efficient means of preventing abuse of children is to have strong families; provide information to Aboriginal Community members about FACS services and the approachability of staff; bring together 15 Mile Aboriginal Community 'Strong Family' Day members of urban Darwin and local rural Aboriginal Communities; enable FACS staff to meet community members; actively involve Palmerston staff in Child Abuse Prevention activities.

Community Education via Video production, Manning District Emergency Accommodation, Taree (NSW). Videos produced by Manning recently have included a video about domestic violence against Aboriginal women titled 'Don't Bash the Loving out of Me'. The video is used by local groups including schools and community centres and the police. Manning also produced an 'Effects of Violence' video that aims to educate the community about the effect of violence on children. The objectives are also to build self-esteem and to strengthen parenting skills. The Manning District Emergency Accommodation provides practical and emotional support to women and children experiencing domestic violence.

The bulk of the 296 programs appeared to be generalist programs, with agencies taking clients from a number of populations, including Indigenous communities, people from non-English-speaking backgrounds and people with disabilities. Given that Aboriginal and Torres Strait Islander peoples often prefer to attend services offering culturally relevant programs, staffed and managed by their own communities (Wilson 1995; Tomison 1996d), this is a significant issue. It indicates that access for Indigenous peoples to culturally appropriate services staffed and run by their community is restricted. The result may be that Aboriginal and Torres Strait Islander peoples are less likely to attend generalist services, preferring to work with services run by their own communities, or if there is inadequate access to Indigenous services, to fail to seek assistance.

Addressing accessibility

The need to enhance Aboriginal and Torres Strait Islander access to culturally appropriate services has been widely recognised and a number of approaches have been put into place to address the issue. First, there has been much work done around the provision of cross-cultural awareness training (for example, Deemal-Hall & McDonald 1998; Firebrace 1998), to ensure that non-Indigenous workers are sensitive to the needs of their Indigenous clients.

Second, cultural issues and sensitivities (for Indigenous and non-English-speaking communities) have been incorporated into a variety of programs, such as the Protective Behaviours curriculum and training materials (South Australia) (Button, Boyle, Gordon, & Sukaras 1997) and the Barnardos Family Work program that operates in a number of centres across New South Wales. Aboriginal and Torres Strait Islander communities have also been given a voice in the development of culturally-appropriate materials via representation on decision-making bodies. For example,

Protective Behaviours Basic Training, Department of Education, Training and Employment (DETE) North Adelaide (SA). Protective Behaviours Basic Training is a one-day course conducted by DETE for all school and preschool staff. Training aims: to provide participants with a clear understanding of the Protective Behaviours program and its application to the differing needs of students; to provide participants with knowledge about the two themes and supporting strategies; to enable participants to teach Protective Behaviours to a wide range of students. Themes include 'We all have the right to feel safe all the time' and 'Nothing is so awful that we can't talk to someone about it'. As an outcome of the course, participants will be able to use the Protective Behaviours program with students, as well as review and reform curriculum and the environment of the school to ensure safety and empowerment. The Basic Training course is tailored to meet the special needs of the population of the school/centre. Available topics are Protective Behaviours for children with disabilities, Protective Behaviours for children with special needs, a cultural Aboriginal perspective, and protective work practices in family day care.

NSW Aboriginal Education Consultative Group, Aboriginal Education Consultative Group Inc. NSW. The NSW Aboriginal Education Consultative Group is a consultative body which advises education workers on relevant issues and uses their network to publicise and advise on these issues. Child protection is on the agenda at every major conference they run.

Finally, in an attempt to develop more Indigenous services, a number of government and non-government agencies (child abuse prevention and child protection) have developed Aboriginal or Torres Strait Islander teams (for example, South Australia, see *National overview*, page 30), or employed Indigenous workers to work with local communities.

Training Programs, The Education Centre Against Violence Parramatta (NSW). The Education Centre Against Violence (ECAV) is a State-wide, specialist organisation committed to producing high quality training and resources for NSW Health and interagency professionals working with children and adults who experienced sexual assault, domestic violence and physical and emotional abuse and neglect of children (PANOC). ECAV also provides training and resources about children who sexually abuse other children. The training and resources developed by the Centre are designed to increase workers' awareness and understanding of the diverse needs of those whose lives have been affected by these forms of violence, particularly those who are socially, culturally or geographically disadvantaged, isolated or marginalised. The Centre is currently developing a VTAB Accredited course on Aboriginal family violence for Aboriginal family health workers.

The Commonwealth, for example, as part of the National Rural Health Strategy (Department of Health and Aged Care 1996), has funded initiatives that support the funding and training of Aboriginal health education officers, and other means of increasing Aboriginal and Torres Strait Islander involvement in the delivery of culturally-appropriate services and in the management of health services. The Government has also undertaken to accelerate the development of education programs for Aboriginal

health workers, and to pilot various service delivery models to encourage and support nurses and Aboriginal and Torres Strait Islander health workers operating in rural and remote areas that are under-supplied with medical services.

In summary, it is apparent that the need to enhance accessibility and cultural appropriateness for services aiming to work with Aboriginal and Torres Strait Islander communities has been recognised by the government and non-government sectors, with some attempts being made to remedy the situation. Clearly however, the education and training of Aboriginal and Torres Strait Islander workers and the encouragement of Indigenous management of community-based support services should remain priorities, if the issue of accessibility is to be addressed effectively.

Non-English-speaking background programs

The assessment of programs reporting to target people from non-English-speaking backgrounds (NESB) was remarkably similar to the assessment of Aboriginal and Torres Strait Islander programs provided above. Overall, 266 were reported to target NESB groups, but closer inspection revealed that only one-fifth of the programs (53 of 266 programs) were designed specifically to meet the needs of an NESB community, such as:

Playgroup Program, Playgroup Association of Western Australia Inc. (WA). The aims of the Playgroup Program are to: promote the value of play in children's growth and development; encourage interaction between parents or carers and children; support playgroup members in their parenting and caring roles; advocate for all families with young children; promote playgroups as a community resource; encourage the growth and development of playgroups and their membership. The Playgroup Program provides referral, information resources, insurance cover for member playgroups, monthly publications, telephone advice, parenting talks, community room for hire and other support services for the development of playgroups in Western Australia. The program also: provides families with additional needs with support to access their local playgroup to ensure a positive quality experience for all family members; assists families from non-English-speaking backgrounds to join playgroups; and supports special interest playgroups (for example, Vietnamese playgroup, Down's syndrome playgroup, Chinese-speaking playgroup, Spanish speaking playgroup, Aboriginal families playgroup).

Vietnamese Youth and Family Service, Good Shepherd Youth and Family Service, St Albans (Vic.). The Vietnamese Youth and Family Service offers a multiskilled program for Vietnamese young people. The aim of the program is to offer Vietnamese young people a variety of chances to meet together on a regular basis in a safe, enjoyable, and friendly environment and through sharing life experiences, proper training, education and resources, enable these young people to gain multiple skills and knowledge. The program is designed for Vietnamese young people from years 10, 11 and 12 who live in the city of Brimbank. The program runs for eight weeks of each term and includes teenager stress, life-skills, Vietnamese culture, communication skills, conflict resolution, cross-cultural communication, dealing with authority-professionals, and identifying signs of depression.

Arabic Family Support (a Vulnerable Families Project), Centacare, Lakemba (NSW). The aim of the Arabic Family Support program is to provide opportunities for families with children to develop positive change in their environment and in their interpersonal relationships. The objectives are to: ensure the service is appropriate and accessible to disadvantaged families regardless of ethnicity and ability; encourage safety, non-violence and mutually satisfying relationships between family members;

promote a family structure which supports appropriate child–parent roles and provides a nurturing and predictable environment; enhance self-esteem and socialisation of family members; develop a network of support, referral and self-help services with a preventative and educative emphasis; empower the family members to act for their own wellbeing and that of the family and community; promote the autonomy of the family towards its own independence; and liaise and advocate with existing government and statutory community bodies on behalf of the families.

Parenting Between Cultures, Marymead Child and Family Centre (ACT). Marymead offers bilingual parent education groupwork. The Centre is currently developing a parent education package able to be delivered in Vietnamese, Chinese and Croatian. The package will cover the following: effects of culture on parenting; choices available to parents in the way they parent; ways of reducing stress; making use of community services; understanding and making the best use of the school, community and welfare systems; and a comparison of community expectations of the rights of children in Australia compared with the parents’ country of origin. Group work based parenting education programs have been found to be a successful intervention in the prevention of child abuse and neglect, especially with high-risk families. Groups such as those run by Marymead have the advantages of being tailored to participants who may not have high literacy levels, are easily accessible and are culturally appropriate.

Like the Indigenous programs, the breakdown of NESB programs by program type (see Table 10), reflected the overall Audit sample, and there was a somewhat higher proportion of programs that incorporated domestic violence, gender issues or home visits. This too, may reflect the need to access isolated families within the home or cultural community (home visits), and the recognition of the need for an holistic approach to violence prevention (such as domestic violence and child abuse).

Type of program	Number (of 266)	Proportion (%)
Community education	53	19.9
Personal safety or Protective Behaviours	15	5.6
Family support	139	52.3
Child-focused	39	14.7
Child and Family Centres	18	6.8
Offender	2	0.7

In terms of geographical location, the highest proportion of NESB programs (as a proportion of the programs contributed by each State/Territory) were located in the New South Wales (13 per cent), Victoria (11 per cent), Western Australia (12 per cent), Australian Capital Territory (7 per cent), Queensland (6 per cent), followed by South Australia and Tasmania (5 per cent each), and finally, Northern Territory (4 per cent). New South Wales contributed 45 per cent (121 of 266 programs) of the NESB programs included in the Audit.

Addressing accessibility

It was apparent that attempts had been made to enhance NESB families’ access to prevention programs. These included: cultural sensitivity training for workers, the incorporation of cultural issues into program material, the training and employment of workers from NESB backgrounds to work with their communities and the development of programs managed by NESB community agencies/representatives. For example:

Cross-Cultural Perspectives on Child Protection, Ethnic Child Care, Family and Community Services Co-op, Marrickville (NSW) The objectives of the program are to: raise the awareness of non-English-speaking background parents on issues of child protection; provide information and strategies on how to resolve cross-cultural dilemmas and; assist children's staff in dealing with cross-cultural issues of child protection by providing information and training. This program is a modified version of the *Making a Difference* package and was specifically developed for children's services workers. An abridged version is provided to parents through an information session. This program addresses issues not fully covered in 'Making a Difference'.

D-Training on Child Protection – 'Making a Difference' Ethnic Child Care, Family and Community Services Co-op Marrickville (NSW) This is a New South Wales Child Protection Council specified program, fully titled 'Making a Difference: Recognising and Reporting/Notifying Child Abuse and Neglect'. The workshop covers subjects such as defining abuse, values and attitudes to abuse and neglect, dynamics of abuse, indicators and effects of abuse/neglect, responding to and reporting suspected abuse/neglect. There is also extra child protection training provided, focusing on strategies for working with NESB (non-English-speaking background) families.

Family and Adult Counselling Team and Early Childhood Services, Auburn Community Health Centre (NSW). The Auburn Community Health Centre runs a wide range of services through its Family and Adult Counselling Team, and its Early Childhood Services. The service has a whole service approach to child protection. The program aims to provide child and family therapy in counselling. The mental health service does a range of counselling, and takes part in child at risk notification. The centre provides a range of early childhood services including early childhood clinics and a home visiting program, targeting all mothers in the Auburn area. The program identifies women and children at risk, with issues such as domestic violence and postnatal depression. The service offers parenting skills groups for migrant communities. The programs are available in Chinese, Vietnamese, Turkish and Arabic.

Disability programs

There were 316 programs in the Audit that targeted parents or children affected by a physical or intellectual disability (see Table 11). Reflecting the overall sample, these services were mostly provided in the context of family support programs (50 per cent), community education (18 per cent) and child-focused (17 per cent) programs.

Type of program	Number (of 316)	Proportion (%)
Community education	57	18.0
Personal safety or Protective Behaviours	36	11.4
Family support	158	50.0
Child-focused	53	16.8
Child and Family Centres	8	2.5
Offender	4	1.3

Like other special populations, only 27 per cent of the programs (85 of 316) appeared to have been developed specifically for families where a parent or child had a disability:

Tiny tots Parent Support Group, Mission SA: Southern Outreach Services, Noarlunga Centre (SA). Tiny Tots Parent Support group is an ongoing support group for mothers with special needs who are having difficulties managing their parenting of preschool

children (0–5). Parents referred to the group may have an intellectual disability, mental illness or complex social issues. The group meets weekly and provides support, social contact, assistance with parenting skills and other life skills. The children participate in a creche where their developmental needs are assessed. Mothers and children are linked to other community supports as appropriate. Mothers regularly spend time in the creche with their children with a view to exposing them to play activities and put parenting skills into practice.

The Parenting Group – A program for parents with an intellectual disability, Windermere Child and Family Services (Vic.). The parenting program is for families where one or both parents have an intellectual disability. The aim of the program is to assist the children who have a parent with an intellectual disability to develop to their full potential. This is achieved by providing education and support to parents, learning through play for children and encouraging parent/child interaction. Generally the families involved have had some involvement with Protective Services. The group while essentially educative and supportive, also provided social interaction to an isolated group of parents who often have very little adult contact.

State-wide Disability Service, Anglicare (SA). The State-wide Disability Service is aimed at Social Workers who support foster carers of children with disabilities. The service comprises of a project officer and trainer who support the alternative care agencies throughout South Australia. The program provides information on access to services, disability specific information, consultation services and foster carer training. In 1999, Protective Behaviours training was available to foster carers in the metropolitan area, provided by Mission SA. Educational material from Mission SA is also included in State-wide resource kits. Worker/Foster Carer training provided by State-wide Disability Service includes Behaviour Management and workshops in communication and sexuality issues. The service also offers individual support or involvement in case planning as required. This can include home visits and carer support meetings.

Parenting Education and Staff Training Program, Yarran Early Intervention Centre/Central Coast Resource and Advisory Team Bay Village (NSW). The Yarran Early Intervention Centre provides centre-based programs on special needs and disability services for children aged 3–6 years, and home-based programs for children aged 0–2 years. All programs are provided by teachers or other experienced staff and incorporate discussion on child protection issues for children with disabilities. The program aims to increase awareness of the nature and incidence of child abuse for young children with disabilities and to assist families to develop strategies to help protect their child from abuse. The Central Coast Resource and Advisory Team facilitates training for federally funded child care centres on the central coast of New South Wales.

It should be noted that one-third of all substitute care programs (50 of 145), and one quarter of the child-focused programs that involved substitute care (22 per cent – 8 of 36 programs), catered specifically for the needs of children with intellectual or physical disabilities.

Interchange Inc., Interchange Inc., Hackney (SA). Interchange offers an amount of forty-eight hours per month, on a flexible basis, of community based respite care. The service is aimed at families who care for a child or young person with an intellectual disability. It is based on knowledge of the importance of suitable and affordable respite care to mediate the effects of stress on carers.

While the development of culturally-sensitive prevention programs specifically targeting Aboriginal and Torres Strait Islander or NESB communities appears to be necessary to ensure accessibility, in many cases it may be possible for flexible, generalist prevention programs to cater for the needs of children and families where a disability or mental disorder is present (Tomison 1996c). Many of the generalist services that have been

reported to be effective in supporting families and preventing child maltreatment may also be effective in supporting families where a parent has a mental disorder (Tomison 1996c), or a family member has a disability (Tomison 1996b). For example, respite care, home visitor programs and/or the provision of parent aides who can provide practical home assistance may also prevent maltreatment in families where there is a parent or child with a disability (in fact such programs often target such families).

The provision of adequate resources such that services are able to be provided for as long as families require them, rather than the development of specialist services to meet particular family needs, appears to be the crux of service provision to families where a member has a disability (or mental disorder). As has been noted throughout this report however, the relative unavailability of family support services is a common theme in child welfare services in Australia and overseas (Goddard & Carew 1993; Nelson Saunders & Landsman 1993), and rationing of services a common result (for example, Tomison 1997b; Scott 1998).

Mental illness

There were 245 programs in the Audit that targeted parents or children suffering from a mental disorder (see Table 12).

Type of program	Number (of 245)	Proportion (%)
Community education	33	13.5
Personal safety or Protective Behaviours	10	4.0
Family support	134	54.7
Child-focused	56	22.9
Child and Family Centres	7	2.9
Offender	5	2.0

These services were mostly provided in the context of family support programs (50 per cent), community education (18 per cent) and child-focused (17 per cent) programs. The high proportion of child-focused programs resulted from a number of programs targeting youth suicide, youth homelessness (which is associated with the occurrence of mental disorders; National Youth Coalition for Housing 2000) and Attention Deficit Hyperactivity Disorder (ADHD)²³. Unlike other special populations, 42 per cent of the programs (N=103) appeared to have been developed specifically for families where a parent or child had a mental disorder; 12 per cent had a focus on postnatal depression in new mothers. Parent education was a key component of many programs (69 per cent) as were home visits (34 per cent). The programs included:

Families Together Program, Benevolent Society of NSW (NSW). The Families Together Program is an innovative home-visiting program which supports parents with long-term mental illness to provide a secure, consistent environment for their child. The multidisciplinary team intervenes antenatally or as soon after birth as possible to stabilise families and help parents to focus on their infant's needs. The program can

²³ It is estimated that each year some 100,000 children and young people aged from 5 to 25 years (that is 15-20 per cent of all children and young people) develop crippling emotional disorders (AusEinet 1999). Approximately one million more are seriously affected by emotional problems (Zubrick et al. 1995, as cited in AusEinet 1999).

support families until their child is five years of age. Parents referred to Families Together: are expecting a baby or have a child under 12 months; live in Eastern Sydney; have ongoing contact with a psychiatrist or mental health team who will liaise with the Families Together team. Families Together helps with: support and information on parenting issues; organising family routines; support in dealing with other agencies; referrals; understanding how mental health issues may be affecting parenting.

Lets Talk About Parenting, Windermere Child and Family Services (Vic.). 'Lets Talk About Parenting' is a group for parents who have a mental illness. The group consists of both mothers and fathers and in some cases both parents attend. The group meets fortnightly at Windermere. Six months ago a worker from Eastern Region Mental Health Service began assisting the program. The group is child-focused, looking at how children cope in the family when there is mental illness. The parents involved are quite ill and often have little confidence in their parenting. Positives are emphasised and new skills taught. Referrals come from Dandenong Psychological centre, schools (where children's behaviour is a problem related to their situation at home they are referred to Windermere), there have also been self-referrals. Currently there are 16 families involved and most of these families have been involved with protective services.

Family Support Service, Australian Red Cross Western Australia East Perth (WA). This program provides an early intervention strategy in families where the mother has postnatal depression or a depressive mental illness. The service aims to support and assist mothers who have weak support networks, in areas such as immediate child care. Mothers are referred by Women's Health, Mental Health, Community Health, GP's and self-referrals. Families are linked with other community resources and services. Volunteers act as a supportive mentor or role model for appropriate behaviours. Trained volunteers provide a link between the family and ARCWA. The volunteer is placed into the family home for five hours per week for as long as a need is identified. The service also supports families who have experienced a multiple birth. The Red Cross aims to support, strengthen and nurture families so they will be better able to access services and move forward in their lives.

Children with a mentally ill parent

According to the National Survey of Mental Health and Wellbeing, it is estimated one in five Australians suffer from a mental disorder (Department of Health and Family Services 1997). Of those, 29 per cent (or approximately one million) have dependent children (Department of Health and Family Services 1996). Gottesman (1991 as cited in Cowling, McGorry and Hay 1995) calculated, (crude estimate only), that approximately 27,000 Australian children are affected in some way during their 'growing years' by a parent's psychiatric illness.

Although being the child of a parent with a mental disorder does not automatically lead to emotional disturbance for such children, or that parents will be unable to care for their child (Silverman 1989, as cited in Cowling et al. 1994), at the same time:

'such children must be regarded as an 'at risk' group, it is crucial that while focusing on the needs of the parent we bear in mind the vulnerability of their children. Despite the heterogeneity of mental illness and the varying individual capacities of children to cope with adversity, the needs of children in this population must be recognised if there is to be any attempt at reducing the effects of mental illness and thus lowering the incidence of mental illness in the next generation' (Lancaster, 1999:28).

There has been a recent shift towards an early intervention and prevention approach in mental illness, reflected in the establishment of the National Early Intervention Network in 1997, provided with \$1.95 million in funding by the Commonwealth. In the Audit, it was apparent that approximately 30 programs were targeting children with the aim of intervening to prevent the development of emotional or psychological harm.

Creative Times, Samaritans, Newcastle West (NSW). Creative Times is a group work program for children. The program is for children aged 7–13 years who are referred for a range of difficulties including; poor self-esteem, limited social skills, poor ability to resolve conflict, emotional problems, learning difficulties, school truancy, suicide ideation, heightened susceptibility to peer influence. The program works with a prevention and early intervention focus.

Children and Young People Living with a Parent who has a Mental Illness, Mid North Coast Mental Health Service (Taree Base Hospital) (NSW). The program recognises that children and young people who are living with a parent who has a mental illness or mental health problem have special needs. The program is provided on request and targets young people of high-school age and who have a parent with a significant mental health problem. It is anticipated that a program for a younger age group will be developed in different localities throughout the sector. Currently program development is in line with **IMPACT: Interventions to Help Mentally ill Parents and Their Children to Stay Together** (Wentworth Area Health Service, NSW) and draws on research outcomes from similar programs throughout Australia.

CASPAS – A program for children where parents have a mental disability, Lifeline Family and Community Services, Westend (Qld). The objective of CASPAS is to assist children whose parents have a psychiatric disability to enjoy the same opportunities as other children. The program provides: facilitated peer support groups; practical support during times of crisis; assistance to access community groups and sporting activities; help with behaviour issues and communication difficulties within the families; other support which is not available in the community. The staff at the program liaise with all the agencies who are involved with each client and take an integrated approach to case management. This assists with identification of service gaps and helps ensure there is no duplication of service. An important strategy is the creation of an Action Plan with families for use when a parent has to be hospitalised or is going through an unwell period. The benefit of the Action Plan is that there is less reliance on statutory agencies and children no longer need to worry about what will happen if mum/ dad is hospitalised or unwell.

Given that only a couple of such programs were identified in the 1997 NSW Audit (Tomison 1997b), the increased number of programs that have been identified could be taken as a promising sign. Yet while acknowledging that the Audit has by no means captured all of child abuse prevention programs currently in operation nationally, the resultant database appears to indicate that despite the prevalence of mental illness, and its role as a contributing factor in child maltreatment (Lancaster 1999), the response to families and children in this situation remains quite limited. Clearly, further programs are required to ensure the health and wellbeing of children and young people in those families where a parent or caregiver is struggling to cope with the demands of his/her disorder and childrearing.

In summary

For all four special populations for which child abuse prevention initiatives have been assessed, it was apparent that while programs may have reported targeting their service provision to the groups or communities, the majority of the programs were actually

generic programs that merely accepted clients from a variety of backgrounds. A considerably smaller proportion of these programs – approximately 20-25 per cent – had actually designed their programs to cater specifically for the needs of these groups. That is, the service providers had enacted particular strategies to increase access to the service for these groups such as in the employment of staff, the design of the service, management structures and the method of service delivery.

For cultural groups who prefer to attend services that are managed and staffed by their own people, (Aboriginal and Torres Strait Islander communities, and some of the various Australian communities of non-English-speaking background), this is a particularly serious issue. Without access to culturally-appropriate services, the probability is that many children and families will not access the services they require, potentially exacerbating their problems and stresses. While it was clear that governments and non-government agencies were making efforts to meet these peoples' needs, the need to further promote the education and training of Aboriginal, Torres Strait Islander and NESB workers, and to encourage the community's management of culturally-appropriate support services, was just as clear.

For prevention programs developed to meet the needs of children residing with a parent living with a mental disorder, the issue was first to obtain access to one of a limited number of services and, then, to ensure funding was sufficient to allow the service to be used for as long as needed. Despite some small increases in the mental health sector's recognition of the needs of children with a mentally ill parent, greater service development appears to be required. With regard to programs for families where a child or parent had a disability, the need for specific, tailored services appeared to be less salient. What seemed the paramount service delivery issue was the need to ensure the adequate funding of existing services so that children and families could access them for as long as was required.