



The people we serve

Wendy Cruse presents a profile of the characteristics of families brought to the attention of Child, Youth and Family

Introduction

Every social worker knows that a large number of families come to the notice of Child, Youth and Family whose functioning is affected by alcohol, drugs, mental health problems and/or family violence. In order to efficiently meet these clients' needs, and to put forward robust arguments for better resourcing, the incidence of these issues needs to be quantified. This was initially the simple premise behind this piece of basic research. As the work progressed, certain patterns emerged and prompted a widening of the enquiry and the presentation of the data to include past and present family problems, the relationships between family problems and notification types, and the family structure.

Method

The Child, Youth and Family computer system, CYRAS, collects a large quantity of data. Information completed on templates is reasonably easily configured into reports, but information buried in case notes about problems and needs affecting family members is not easily extractable.

Periodically, a professional quality assurance (PQA), which is a five per cent random sample of all Child, Youth and Family open phases, is drawn from CYRAS for the purposes of analysing work quality. This sample includes care and protection (C&P), youth justice (YJ) and the youth services strategy (YSS) work completed in service delivery units (SDU), and work done by the call centre and

adoption workers. All stages of intake, investigation, family group conferences and various interventions are sampled. These selected cases are read by quality analysts and assessed against Child, Youth and Family standards, practices and policies. This process provides

opportunity for quality analysts to manually gather information not readily available through the CYRAS reporting systems.

The sample

The total PQA sample of 472 cases came from the Bay of Plenty SDU and included Whakatane and Tauranga offices and two iwi social services that have Child, Youth and Family care cases. The case numbers break down into 408 from C&P and 64 from YJ and YSS. They were examined over three fiscal years, 2002, 2003 and 2004, commencing 1 July 2001 and ending 30 June 2004.

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Profile and characteristics of the sample cases

Slightly fewer than half of the cases brought to the attention of Child, Youth and Family had only one or two notifications and the rest had three or more distinct notifications. For some cases there were more than ten, with a few exceeding twenty. The average number of notifications per case was 2.7 in the fiscal year 2002 and 3.4 in both the fiscal years 2003 and 2004.

Reasons for renotifying cases included:

- the family needed repeat respite care
- there were continuing YJ offences
- itinerant families came to notice in a different locality
- there was no finding, or allegations could not be substantiated, in the initial cases
- earlier investigations focused on presenting problems and not the underlying causes or the wider issues within the family, community, and macro-environmental contexts
- the original case had not yet been allocated and the additional notifications occurred before the initial complaint was investigated.

Referral reasons fell into eight broad categories: sexualised play, sexual abuse, physical abuse, detrimental environment, neglect, behaviour or relationship difficulties, offending, and emotional or psychological abuse. Many cases had multiple reasons for referrals and/or multiple notifications with different reasons for each notification, so the number of reasons far exceeded the number of individual cases. The most frequently stated reason for notification

was neglect, followed by physical and emotional or psychological abuse.

Definitions

Category definitions included:

- drug and alcohol abuse – any family member needed drug and/or alcohol treatment, and exhibited behaviour that was harming others
- mental health problem – any family member had an actual diagnosis of a mental health condition
- special needs – child or young person with very high needs who required a caregiver in addition to their usual caregiver for most of the time or was in full-time care in a special school or institution
- domestic violence – partner abuse was reported and there was evidence of third party involvement, such as the police or Women’s Refuge.

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Parental relationship status was defined as:

- two-parent – any relatively stable, ongoing relationship, including a marriage, de facto relationship, same-sex couple, or parent and grandparent, of five or more years duration where two adults are sharing parenting responsibility
- solo parent – a single parent of either sex parenting alone in a household comprising of only the parent and child/ren where no other adults frequently stay over or directly share the child rearing responsibilities
- multiple parent – there is a series of adults who cohabit in short-term relationships (of less than five years’ duration) with the principle caregiver, and may participate in the parenting role.

Parental unresolved issues

In approximately 60 per cent of cases the parents had unresolved personal issues from their past that were affecting their parenting ability. The categories in Table 1 indicate the broad areas of unresolved issues and the number of cases identified within each area that were specified in case notes in the fiscal years 2003 and 2004.

Table 1

| Parental unresolved issues | F03 | F04 | SDU total |
|---------------------------------|-----|-----|-----------|
| Number of cases assessed | 188 | 89 | 277 |
| Unresolved grief | 3 | 5 | 8 |
| Perpetrator of abuse | 4 | | 4 |
| Sexual abuse victim | 24 | 13 | 37 |
| Physical abuse victim | 21 | 16 | 37 |
| Alcohol and drug-related issues | 40 | 12 | 52 |
| Attachment issues | 9 | 1 | 10 |
| Relationship difficulties | 4 | 1 | 5 |
| Conception and birth issues | 3 | | 3 |
| Poor parental models | 4 | 3 | 7 |
| Gambling | 1 | 3 | 4 |
| Total unresolved issues | 113 | 54 | 167 |

Parenting was most frequently affected by drug and alcohol issues, followed by cases in which the parent was a victim of physical or sexual abuse.

Serious issues

The incidences of serious recurring issues present in the sample were charted and were based on the known facts contained in the case notes. These are conservative figures because they focus only on the child or young person identified in the PQA sample and on their parental figures at the time of the notification, but do not include siblings or other extended family living in the household. Many cases had not been sufficiently advanced and very few family details come with YJ referrals, so the Table 2 figures are minimum percentages.

Across the SDU an average of about 11 per cent of children and young people have high-level special needs and more than a quarter of all cases have a mental health component. Domestic violence features in two-thirds of the cases and has increased across the SDU by 16 per cent over three years. In comparison, drug and/or alcohol abuse is also present in two-thirds of the cases and has increased by 20 per cent.

Table 2

| Average percentage of cases with the defined issues | | | | |
|---|---------------------------|------------|----------|---------|
| Serious issue | Person/s with the issue | SDU (472) | | |
| | | 2002 (195) | 03 (199) | 04 (89) |
| High level special needs | Child and/or young person | 13% | 8% | 12% |
| Drug and/or alcohol abuse | Parents | 44% | 55% | 61% |
| | Young person | 13% | 11% | 13% |
| | Total users (A and/or D) | 51% | 70% | 71% |
| Mental health issues | Parents | 24% | 29% | 17% |
| | Child/young person | 6% | 8% | 10% |
| | Total families | 26% | 33% | 24% |
| Domestic violence | Family member | 54% | 66% | 70% |

Table 3

| Number of identified issues | No. of cases | Domestic violence | Alcohol | | Drugs | | Mental Health | | Special needs | Unresolved parental issues |
|-----------------------------|--------------|-------------------|---------|-------|--------|-------|---------------|-------|---------------|----------------------------|
| | | | Parent | Child | Parent | Child | Parent | Child | | |
| 0 or not known | 14 | | | | | | | | | |
| 1 issue | 7 | 2 | 1 | 2 | | | | | | 2 |
| 2 issues | 18 | 12 | 6 | | 6 | 1 | 1 | 2 | 2 | 6 |
| 3 issues | 13 | 11 | 11 | | 10 | 1 | 1 | | 1 | 4 |
| 4 issues | 23 | 22 | 20 | 2 | 17 | 2 | 6 | 2 | 4 | 17 |
| 5 issues | 11 | 10 | 10 | 3 | 11 | 5 | 5 | 2 | 1 | 8 |
| 6 issues | 1 | 1 | 1 | 1 | 1 | 1 | | | | 1 |
| 7 issues | 2 | 2 | | | 2 | 1 | 1 | 2 | 2 | 2 |

Interrelationships and the number of identified issues per case

Many case notes indicated that a range of issues resulted in adverse childhood experiences and that any single issue seldom occurred in isolation. Table 3 illustrates the interrelationships and the range of identified issues occurring across the sample cases in the fiscal year 2004.

A total of 50 cases – more than half – had three or more identified issues. Out of these, 92 per cent featured domestic violence, 88 per cent indicated alcohol abuse by parents and 82 per cent drug abuse by parents. Parents with the biggest number of unresolved issues from their past were also the most likely to feature in cases with domestic violence and drug and/or alcohol abuse.

Table 4

| Relationships between serious issues and referral reasons | | | | | | |
|---|-----------------|--|---------------------|-------------------|-----------------------------|----------------------------|
| Referral reasons | Number of cases | Percentage of cases associated with named serious issues | | | | |
| | | Total 2002, 2003 and 2004 | Alcohol/ drug abuse | Domestic violence | Parent mental health issues | Child mental health issues |
| Sexualised play | 44 | 82% | 84% | 46% | 46% | 37% |
| Sexual abuse | 99 | 62% | 69% | 19% | 13% | 11% |
| Physical abuse | 193 | 73% | 78% | 23% | 10% | 14% |
| Detrimental environment | 129 | 77% | 72% | 29% | 4% | 9% |
| Neglect | 255 | 77% | 70% | 27% | 9% | 11% |
| Behaviour/relationship | 104 | 76% | 67% | 21% | 16% | 18% |
| Offending (much family information not known) | 66 | 64% | 33% | 6% | 6% | 11% |
| Emotional/psychological abuse | 166 | 69% | 79% | 34% | 12% | 11% |

Relationship between referral reasons and serious issues

Table 4 illustrates the relationship between reasons given for referral and identified serious issues across the total sample. With the exception of detrimental environment in the fiscal year 2004 and offending (which has many unknown details), the percentage of cases with drug and alcohol abuse problems increased in every notification category. Although smaller case numbers mean caution is required when interpreting this, it is worth noting the strong relationships between sexualised play and all serious issues. Compared with other notification reasons, the highest percentage of drug and alcohol abuse, domestic violence, parental and child mental health issues, and special needs all occur in cases where sexual play is a notification reason.

Relationship between referral reasons and family types

Please note, figures relating to family type have only been collected since 2003. Table 5 shows that all categories of referral, except offending, have approximately twice as many families with

multiple partners as other family forms. The number of two parent and solo parent families is similar in each category, except in offending where solo parents are the largest group, but few details are available about families of young people who offend except when they enter the C&P stream. This information suggests children in multiple partner families are twice as likely to be abused as children in other family types, and this is further illustrated in Table 6, which uses only information collated in 2004.

Case complexity

Table 6 displays the relationships between the numbers of identified issues per case, notifications, ethnicity and family type. Families with three or more serious issues were mostly Māori, and had predominantly multiple partner relationships. In these categories, multiple partner relationships occurred approximately twice as frequently as other family types. Generally, the average number of notifications per case increased with the number of identified issues.

Table 5

| Details of relationships between referral reasons, and family types. | | | | | | | | | | | |
|--|--------------|---|----|----|---|--|--------------|---|----|----|----|
| Referral reason | No. of cases | Yearly total number | | | | Referral reason | No. of cases | Yearly total number | | | |
| | | Family type 2 parent/Solo/Multiple/Not Known | | | | | | Family type 2 parent/Solo/Multiple/Not Known | | | |
| Sexualised play | 29 | 4 | 4 | 19 | 2 | Neglect | 176 | 33 | 32 | 96 | 15 |
| Sexual abuse | 74 | 12 | 18 | 39 | 5 | Behaviour or relationship difficulties | 69 | 16 | 16 | 32 | 5 |
| Physical abuse | 125 | 27 | 34 | 64 | 0 | Offending | 40 | 5 | 17 | 12 | 6 |
| Detrimental environment | 98 | 18 | 22 | 52 | 6 | Psychological or emotional abuse | 119 | 24 | 27 | 60 | 8 |

Table 6

| Number of identified issues per case | No. of cases | Notifications | | Ethnicity | | | | | Family type | | | |
|--------------------------------------|--------------|---------------|--------------|-----------|--------|--------------|-------|-----|----------------------------------|---|----|---|
| | | Actual number | Ave per case | Māori | Pākehā | Māori/Pākehā | Other | N/K | 2 parent/Solo/Multiple/Not Known | | | |
| 0 or not known | 14 | 31 | 2.2 | 7 | 3 | | 1 | 3 | 2 | 7 | 2 | 3 |
| 1 issue | 7 | 11 | 1.6 | 2 | | | 1 | 4 | 0 | 3 | 3 | 1 |
| 2 issues | 18 | 59 | 3.3 | 10 | 4 | 1 | 3 | | 3 | 5 | 8 | 2 |
| 3 issues | 13 | 51 | 3.9 | 11 | | 1 | 1 | | 2 | 2 | 9 | 0 |
| 4 issues | 23 | 75 | 3.3 | 15 | 1 | 4 | 3 | | 3 | 5 | 15 | 0 |
| 5 issues | 11 | 47 | 4.3 | 4 | 3 | 3 | 1 | | 2 | 2 | 6 | 1 |
| 6 issues | 1 | 8 | 8.0 | 1 | | | | | 0 | 0 | 1 | 0 |
| 7 issues | 2 | 17 | 8.5 | 1 | | 1 | | | 0 | 0 | 2 | 0 |

Comparisons with other research

Although the PQA sample is a crude method to gather and analyse characteristics and relationships between different elements of client and case information, there have been remarkable similarities found between these results and recently published research. There are corresponding increases between the number of notifications per family and the number of serious issues (Woodcock and Sheppard, 2002; Hartley, 2004). Figures show a high incidence of parental substance abuse (Forrester and Harwin, 2002), and the more serious the child welfare concerns, the higher the proportion of substance abuse. The relationship between domestic violence and substance abuse is also well demonstrated, as is the relationship between past life experiences and present parenting practices (Eby, 2004; Coohy, 2004). Research using the PQA findings supports other evidence that there is little difference in children’s welfare between solo-

parent families and combined forms of two-parent families (Brown, 2004). Interrelationships between various adverse childhood experiences are clearly demonstrated throughout the research (Dong et al, 2004).

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PQA sample limitations

Many cases are incomplete when assessed for PQA purposes because the samples are taken through all open phases. By including YJ cases, about which very little

family context information has been sought and recorded, the unknown aspects of case information are increased, further diluting the results. Although all the above findings are minimal scores, the complexity of the cases and the enormity of the issues presenting in families notified to Child, Youth and Family is immediately apparent.

Three results in particular stand out. First, there are incredibly high levels of serious issues present in families where there are notifications

of sexual play, which indicates chaotic family systems and complex needs. Secondly, the dangers of growing up in a multiple-partner household are highlighted, but there appears to be no research literature about this issue. This suggests further investigation is needed in this area, and a media awareness campaign may be warranted. Finally, within the framework of this research, we know almost nothing about our YJ clients.

This research shows that there needs to be multiple culturally appropriate services available, especially in the areas of mental health, violence prevention, and drug and alcohol treatment. For every 10 families brought to the attention of the Department, one fulltime caregiver will be needed for any special needs child, six counselling or therapy places for parents to resolve past issues, seven services each for the offenders and victims of violence, and a similar number for the treatment of alcohol problems. However, the biggest need, given that half these 10 families will have three or more serious issues, will be for the service providers to coordinate their efforts and work in a planned and collaborative manner.

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