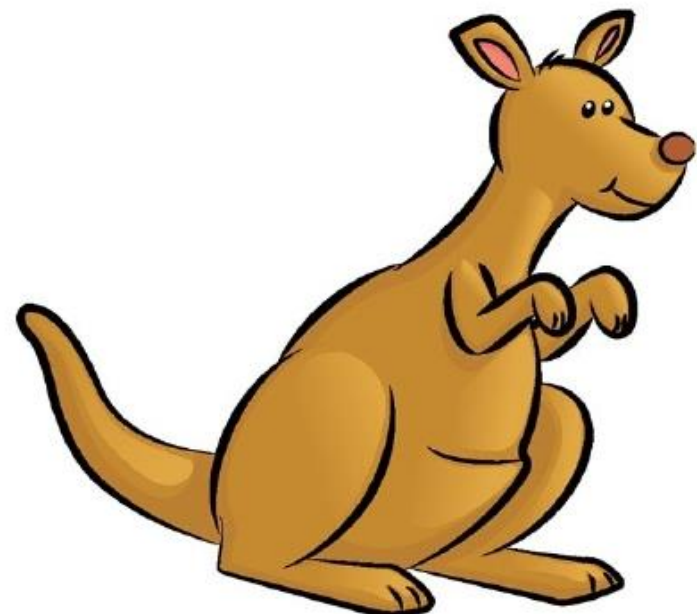


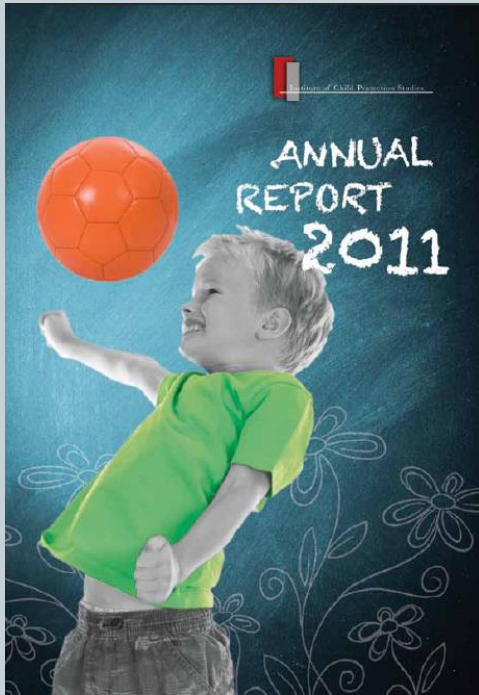
Towards a
child-centred
family focused
response to
young caring

TIM MOORE
INSTITUTE OF CHILD
PROTECTION STUDIES
AUSTRALIAN CATHOLIC
UNIVERSITY



About the Institute

- Established in 2005, the Institute is a partnership between the Australian Catholic University and the ACT Community Services Directorate



Our aim:

- To enhance the well-being of children, young people and families

We believe that better outcomes are achieved by:

- keeping children and young people at the forefront
- understanding children and young people in the contexts of family, community and society
- recognising everyone's strengths, resources and possibilities
- a commitment to social justice as outlined in the University's mission
- working collaboratively



Limitations:

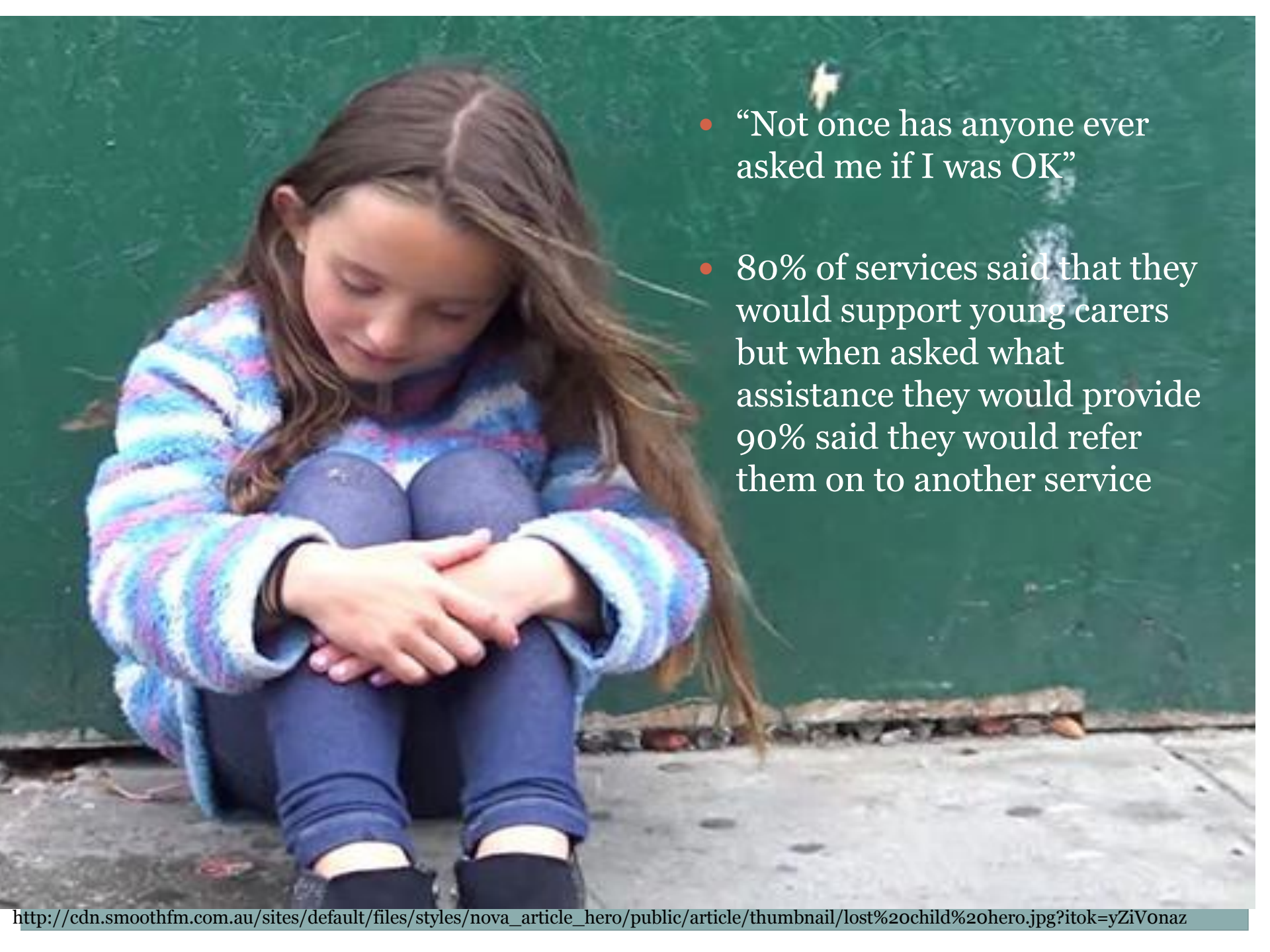
- Positive outcomes do not necessarily flow-through
- There will never be enough support provided to CFRs
- Young carers have needs that are independent of those of parents

Assistance: to improve their quality of life and reduce the barriers to their full participation in the community

- In-home / centre based support
- Financial assistance to purchase services and supports to meet needs and aspirations
- Respite
- Disability support services

Examples: National Disability Insurance Scheme

“The most critical factor in determining who cares and what they do appears to be the availability of support from outside the family itself” (Dearden & Becker, 1998)

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- “Not once has anyone ever asked me if I was OK”
 - 80% of services said that they would support young carers but when asked what assistance they would provide 90% said they would refer them on to another service

Young carers needs

- recognition
- support to lessen the load
- practical assistance and support to reduce impact of care
- Social support
- Financial stability
- Educational assistance
- Emotional / psychosocial support

Cared-for relatives needs

SERVICE RESPONSES

Assistance: to cope with their caring role

- Carer training
- Counselling and support groups

Mitigation: to reduce caring responsibilities & long-term impacts

- Respite
- Financial
- Educational supports
- Examples: Young carer bursary, Young carer respite program, Supporting Young Carers initiative

Limitations:

- Stigmatising
- Requires access
- No support available for CFRs
- Problematises relationships
- Assists young carers, mitigates impacts but is short-lived and may entrench young people in caring roles
- Research shows that until the family's and parent's needs are met, positive outcomes are often unsustainable.

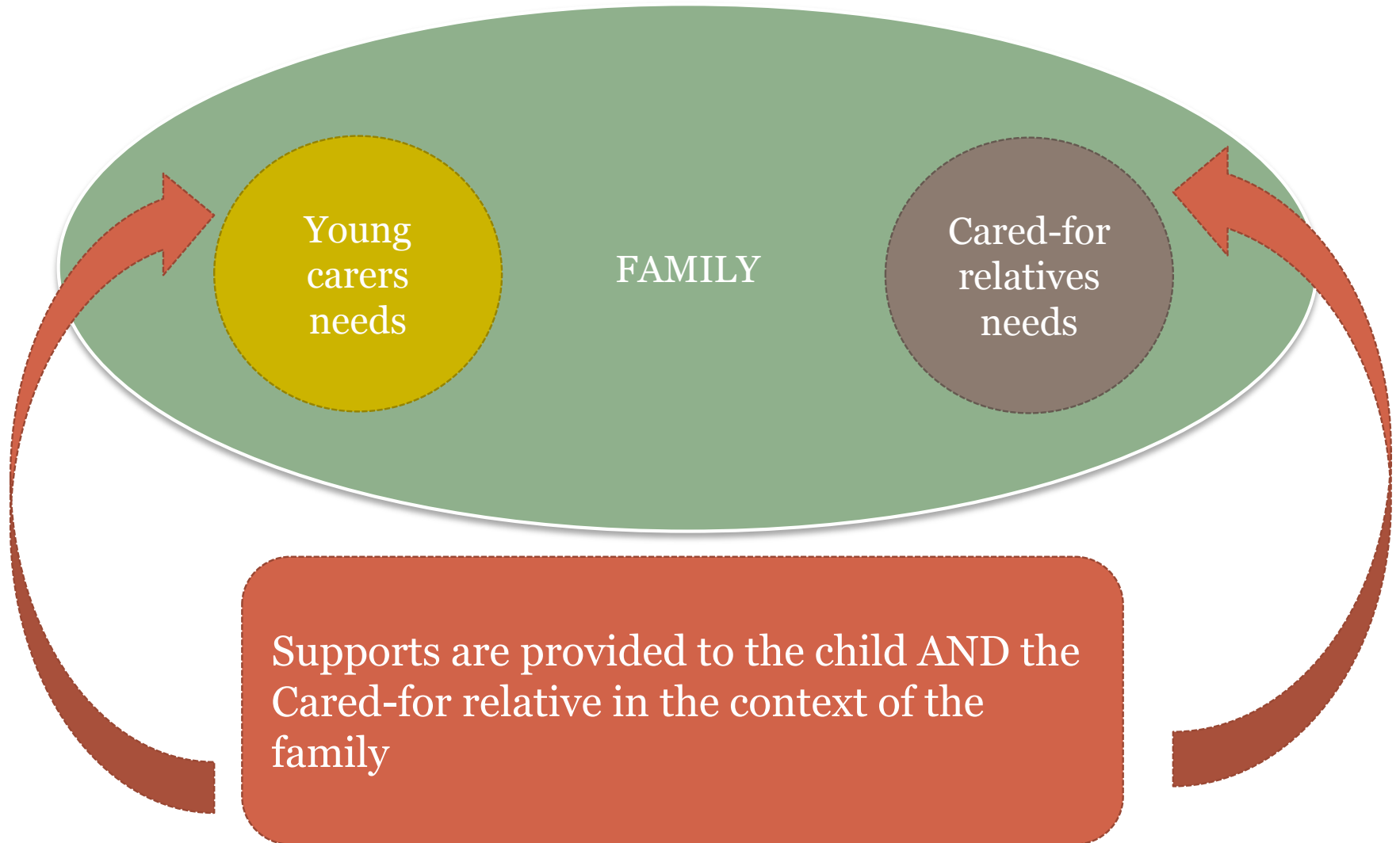
- **Young Carer Bursary Program**

- **Young Carer Respite & Education Support Services**
- **Young Carers Information and Referral Services**



- *“All I ever wanted was for us to go on a holiday together”*
- *“There’s no point: how can I go away on respite if there’s no one to care for Mum?... Plus if I go I’ll be stressing the whole time and when I get home Mum will be stressed, I’ll be stressed and things will have been worse than before”*
- *“I don’t want you to tell me how great I am, I want you to tell me what you’re going to do so that I don’t have to care anymore”*

Family Inclusive Models



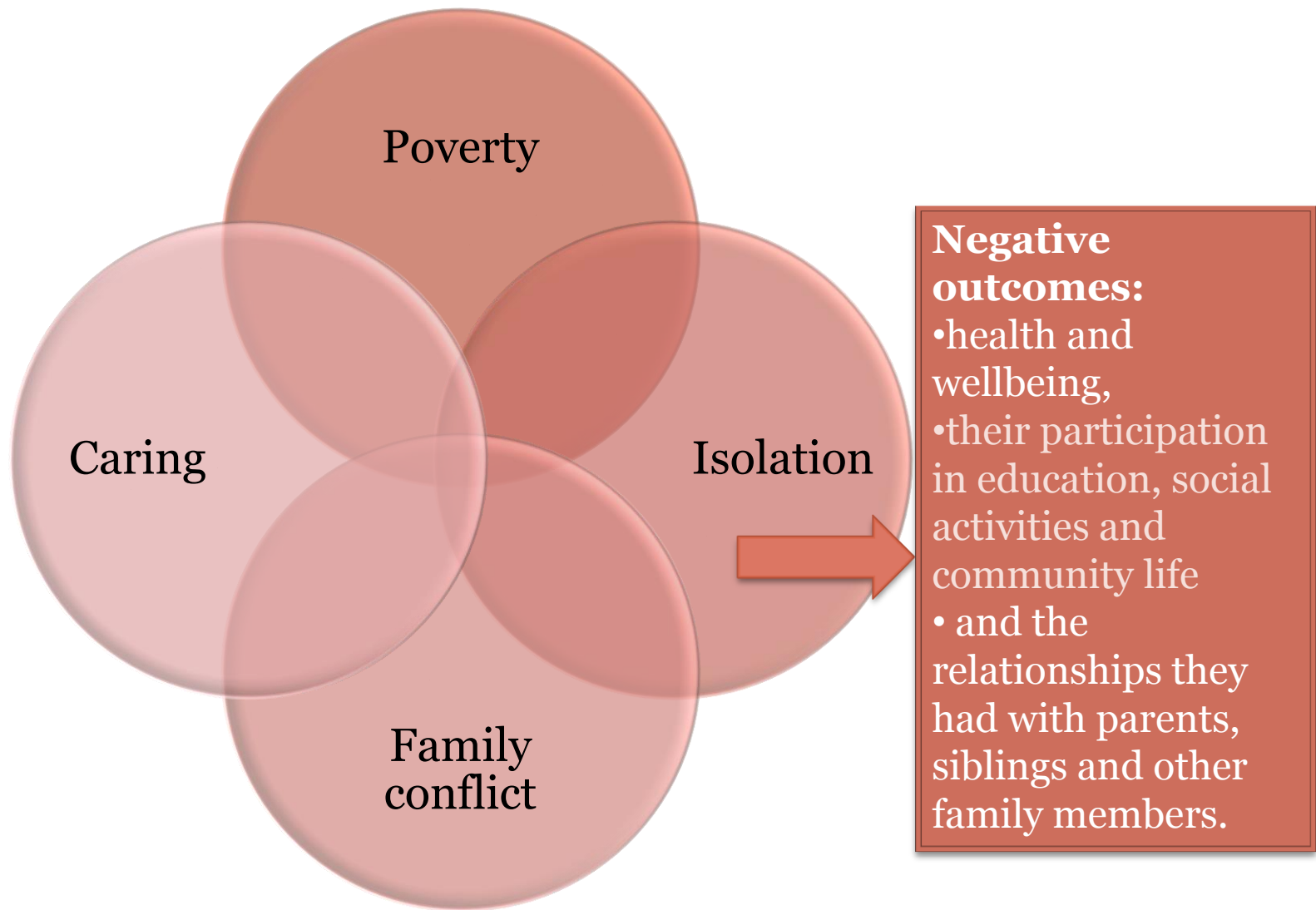
FAMILY NEEDS:

- Parenting capacity
- Positive parent-child relationships
- Family stability
- Family connectedness
- Family's financial security

Young carers needs

Cared-for relatives needs

Supports are provided to the child AND the Cared-for relative in the context of the family



Young people lived in families which were marked by complexity and chaos (Moore et al, 2009)

Principles



- The safety and best interests of children and young people are paramount
- Child-oriented services respond to families
- Condition-specific services respond to children
- Child-oriented and parent-oriented services work collaboratively
- Services and supports:
 - protect and promote human rights: of the young carer, their cared-for relative and the family
 - Promote choice and opportunity
 - Are accessible and coordinated to intervene early and adopt a life-cycle approach to the planning and provision of services
 - Are integrated to meet the holistic needs of the child, family and cared-for relative (within their communities)
 - Promote social inclusion
 - Are accessible and appropriate for children, young people and families from diverse cultures and backgrounds

Underpinning assumptions



- Children and young people have independent but inter-related needs, wishes, strengths and assets
- They do best when they grow up in safe families with stable relationships and supportive communities
- Every family is unique: with special needs, issues, strengths and challenges
- Families are usually best placed to provide for their children and have significant expertise regarding their children's lives
- Families care deeply about their children and even those with significant and complex problems can adapt to ensure their child's safety

This work is about “looking at the whole child and not just the presenting problem, looking at the whole extended family and not just the parents, and looking at the whole community and not just the family” [36]

The evidence



- A 2010 review showed that family-focused practice:
 - Increases family satisfaction with the helpfulness of services
 - Increases parental and family engagement → greater commitment → better outcomes
 - Increases levels of social support
 - Improves family functioning & wellbeing
 - Reduction of internalising symptoms for children / young people
 - Is more effective than child or parent-targeted services that do not consider the family

Dunst, CJ, Trivette, CM and Hamby, DW 2007, 'Meta-analysis of family-centered helping practices research', *Mental Retardation and Developmental Disabilities*, vol. 13, pp. 370–380.

Current state of play



- Most of the services that the young people and their families accessed focused on the needs of specific individuals in the family rather than taking a family-focused approach
- Services felt that:
 - working with the entire family costs more
 - family breakdowns may lead to service boundary confusion
 - it can be hard to engage parents, particularly if they are not seeking assistance for themselves, and,
 - the level of AOD use limits the ability of the service to work with the family, both because of refusal of service and because of organisation roles (that is, the organisation may have some services that would be relevant to the family, but may not have alcohol or drug specific services to offer).

(Noble-Carr & Moore, 2009)



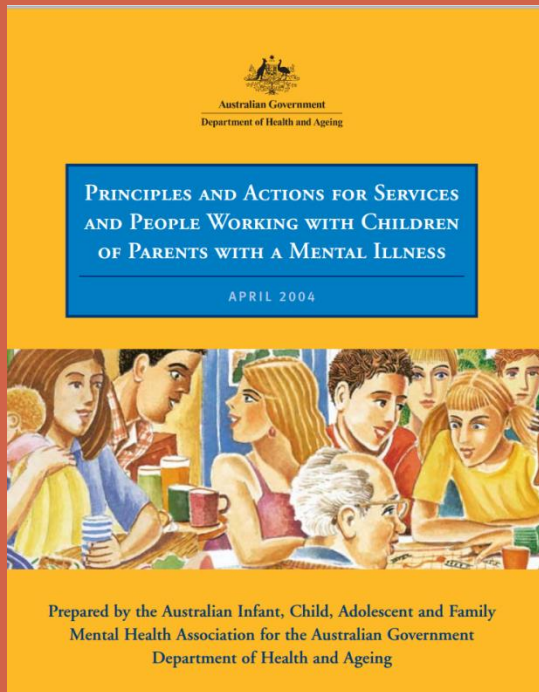
Risks

- Young carer's needs and wishes are lost in the service mix
- New service mix: place of carer-specific services are questioned

Opportunities

- More holistic and accessible service response
- Better access
- Better outcomes
- More funding

COPMI EXAMPLE



- Aims to reduce the impact of parental mental illness on all family members, especially dependent children by:
 - Capacity building
 - Systemic and sustainable change
 - Located within adult mental health services
 - Partnership building
- www.copmi.net.au

Contact Us



- Institute of Child Protection Studies (ACU National)

www.acu.edu.au/icps

- Tim Moore

tim.moore@acu.edu.au

(03) 99533644

