

FRSA Talk: Michael Little

It is such a privilege to be invited to conferences like this. The greatest learning comes from seeing something familiar in a different cultural context. I have already learned much from this meeting.

It was mentioned yesterday that another UK academic, Carol Smart, has called for more attention to real lives of women and children. I would add men to that list. This is a theme very close to my heart, and will run through this talk.

So I will start by doing something I have never done before and describe my own family. I am not married. I have a long-term partner. I have three children, two of my own and a foster daughter. This picture is of my youngest daughter. My middle daughter has her best friend living with us because her Mum is in a women's refuge at the moment. My eldest daughter is 30 years old, married and pregnant. My parents divorced when I was 12 years old, and my father moved to Australia. Rather irritatingly they re-married each other when I was about 25 years old.

I say all of this not as a sort of confession that one might see on Oprah Winfrey but as a statement that I am rather ordinary. My relationships probably don't differ much from most of you in this room. But the socio-legal context struggles to keep up to speed with ordinary lives. In my country, my rights as an unmarried father to my children are ambiguous. My foster daughter enjoys fewer rights than my birth daughters. How do I describe my relationship to my foster daughter's child?

My professional life has been dominated by three themes. First, I am interested in the real lives of children and families. And I am skeptical about what people say about other people's children. Second, I try to use evidence to design, implement and evaluate strategies, policies and programmes to improve the lives of children. Third, I work across sectors including social care, youth justice, family law, child protection, education and others. It means I tend to know a little about a lot. Because I am working across sectors, I have given a lot of attention to a way of thinking called "common language" which helps people with different training, motivations and sensibilities to communicate effectively with each other, and better intervene, with individuals and groups, to improve child outcomes.

My driving ethic is "you cannot tell people what to do." Progress comes from bringing people together, giving them the information they need to make good decisions, giving them a way of thinking so that they communicate effectively with each other, and allowing them to come to their own conclusions about how to act. My driving interest is better outcomes for children. And I apply a high standard of evidence to decide whether outcomes for children are better or worse.

What can I tell you about family relationship services and child outcomes? Well most of your conversation this week will be about what I could call structures, about government, sectors and services, and the relationship between them.

This diagram gives an over-simplified representation of how most Western, developed nations, Australia included, approach family problems and child development.

There are government departments. Names in different countries vary but the functions are broadly same. In most jurisdictions there are complications caused by the division of national and local responsibilities that get played out in Australia in the relationship between the Commonwealth, states and territories.

Children's services also comprise a number of sectors that group disciplines and administrative categories. These are many and for the purpose of this presentation I am going to concentrate on child protection, domestic violence and family law, or what you call family relations.

Then within each sector there are services. Most of you in this room represent family relations but there are also schools, mental health services, parenting practitioners and much else that is relevant to your work.

I have kept the diagram very simple. There is no mention here of disciplines or training.

Most of the conversations here this week will revolve around government activity, the role of the sectors, your individual services and their relations with each other. This is fine, but it only takes us so far.

But before I begin to lay out some of the weaknesses, let me say that there is much to commend in this model. When I was born there was no such thing as "no fault divorce". Indeed for working class families there was not much divorce at all and families were locked into unhappy relationships. When I was born it was more or less acceptable for a husband to hit his wife, and there was no obvious respite for victims of domestic violence. When I was a child, the idea of sexual abuse was foreign and there was no such thing as a child protection system.

But there are a number of restrictions with the arrangements implemented to protect children and they are beginning to trouble many states, Australia included. First if there is not a lot of evidence that any of this has an impact on child well-being. That is not to say there isn't any impact. It just that there is no reliable evidence of impact. We don't like to talk about it but it seems reasonable to assume that for some children these arrangements cause harm. As the

technology to measure it becomes more available, questions about value for money are being asked. As economies go into a downturn, governments will be asking should they invest in service 'x' or service 'y'.

We do have evidence about the decline in well-being of children in several states, yours and mine included, over the last few decades. This slide has two functions. It shows the front page of a daily publication that is issued free from Dartington. It is called Prevention Action. Every day there is a new story about breakthroughs in prevention science or its application to policy and practice. It offers worldwide coverage. Access is free online. Just type 'prevention action' into google or another search engine and you will find it.

This particular front page is about a hero of mine, Fiona Stanley. She is the Founding Director of the Telethon Institute for Child Health in Western Australia. Among many achievements Fiona has recently published a report card on the well-being of Australian children. It does not make happy reading and the concern extends beyond the professional community to the business community. For declines in children's emotional health and behaviour threaten Australia's future prosperity.

[my prob, not yours]

What are the other challenges with the model I presented? The problems of any one stakeholder are rarely shared with others. So, for example, Attorney General McLennard yesterday rightly alluded to link between family conflict and children's mental health but, as far as I can see, none of the government-sponsored initiatives on family relations here have much to say about mental health; well not much to say about children actually.

]Slogan not reality]

The model I presented has in-built tensions. There is competition between government departments. There are rivalries between the sectors as Deputy Chief Justice Faulks reminded us so eloquently yesterday with a series of cartoons. Services are generally vying for the same resources. I would wager a bet that the politics that led to the creation of FRSA were fierce.

[don't fit boxes]

Rather inconveniently children have needs that do not fit very well with the arrangements I described. Some children supported by the family relations sector –all the sectors in fact– have mental health problems. Some children in women's refuges struggle with schooling. It seems that being abused and known to child protection agencies almost gives permission for government to overlook physical health needs.

[fighting fires]

Currents ways of working tend to be reactive. We have family relations systems to respond to the mammoth increase in divorce and family breakdown. But nobody is anticipating the next wave of change in family life. Senior lawyers yesterday talked about 'the paradigm shift' in family law arrangements over the last few decades. One cannot argue with that but it overlooks the fact that the real paradigm shift has been in family life.

[poor kids]

Too often systems divide along the lines of economic disadvantage. As middle class parents we would not let our own children anywhere near child protection systems. They are viewed by outsiders as a fate worse than death. Family relations services are not so bad. It is respectable to look for help from this service. But it is entirely unproductive to have one set of arrangements for poor children and another for everyone else. Once these divisions get caught up with questions of race as they do in the United States, and I think to an extent here in Australia, it all gets very messy.

[process]

The model I describe promotes a focus on processes and pays less attention to the help given to children and families. I have heard already a lot of references at this conference to 'one stop shops'. But the value of such a process depends what is in the shop when consumers get there. We have become experts at assessment and prioritising cases but are not so hot on decisions on what to do once the assessment is complete.

[retro-fitting the evidence]

Finally the existing arrangements play fast and loose with evidence. Government departments in particular have become very skilled at deciding what to do and then finding some evidence to make it look better. Services are learning this skill also, and academics hungry for business are only too happy to help out.

Well I could go on with the problems but I suspect you know them far better than me. What are the solutions? I want to get to some practical examples so I am going to gloss over the details of approaches we are trialling in Europe and the United states and cut straight to the core elements.

The starting point in our work is discovering a common purpose and for us that means better outcomes for children. Some call this the 'outcomes agenda'. Some use the language of child well-being. Let's worry less about the detail and think about what societies want for their children. If I ask parents, politicians, policymakers and practitioners what really matters when push comes to shove, they eventually come back to some aspect of child outcomes defined in terms of children's health and development.

This means a focus on all aspects of development: emotional, behavioural, physical, social and intellectual. Most importantly it means a focus on outcomes for all children, including my children, your children, poor children and better off children. As I hope to explain this is not just a matter of rights. Focusing on all children can be fundamental to better outcomes for all children, including those whose development is impaired.

(I could go into the relative merits of other concepts, such as rights and quality of life over outcomes, but in the interests of time I am going to skip over that).

'Better outcomes' is one of those motherhood and apple pie concepts. You don't hear of people being against better outcomes. Zimbabwe is a signatory to the UN Charter on Children's Rights but that doesn't mean the rights of children in Zimbabwe are met. Good concepts have to be operationalised. How do we do this in the context of better outcomes?

A core aspect of our approach is community engagement. A community might be a country like Ireland with a population of five million or a large local jurisdiction like the UK local authority of Birmingham with a population of one million. Or it may be a small disadvantaged community with fewer than 20,000 people. We have worked in dozens of such places on the island of Ireland. Wherever we do this work we bring everyone together: health, education, social care, policy, family relations, representatives of children and families and more. We bring people together and we sit for several days and work out what outcomes we want to achieve, and how we are going to achieve them.

Into the mix we add evidence about the well-being of the children we are trying to support. Everybody gets anxious about measuring outcomes but in reality it is very straightforward. Tim Hobbs workshop at this conference deals with this subject.

Another element to our approach is to link communities with good prevention science. Our daily newspaper Prevention Action is one part of this commitment. We also take people on study tours and share databases of effective practice. Around the world are people like you working to improve family relations. Some have rigorously evaluated their work and found it to be effective. Their work may not be the answer to your problems but you should at least know what they have tried to do and why. What they have done may help you in your work.

I will gloss over another important element, Common Language. If there are 300 people in the room, if I asked you to write down what is meant by outcomes, or prevention, or development, or any of the other core concepts in our work, I would be confident in getting a 100 or more answers. This doesn't make for a good conversation. Common Language, our operating system, tries to address

this problem.

Well so much for how we approach the outcomes agenda. Let's cut to the chase. Let's have a look at the lives of real children and see what it tells us. We are going to look at children in Dublin. I could have chosen dozens of other communities large or small but the data we have on Dublin is arguably the most relevant to your work.

The data I am going to show you are about all children in Dublin. It is about your children and my children, not just those in systems or receiving services. Why is that important?

Like my hero Fiona Stanley we are much influenced by a public health perspective. So a quick bit of common language. What do we mean by a public health perspective?

If we look at say the behaviour of children in a typical community, it is generally distributed in the way illustrated in the slide. The greatest proportion of children, indicated by the average line, behave reasonably well. Their behaviour is nearer the good end than the bad end of the axis.

At the tail of distribution we find a small group of kids – about 11% in this illustration - whose behaviour might be counted as a disorder. It is with this group that most states, communities and agencies want to intervene.

But what would happen if we intervened at the mean of the distribution, with the average child, with your child, my child? Potentially as well as improving the behaviour of the typical child, which is no bad thing and cheers parents and teachers up, it also, over time, reduces the proportion of children with a conduct disorder.

There are other side-benefits of a public health approach. It reduces the chances of stigma. It does not separate children into different sectors.

So returning to the Dublin illustration, the thing we find is that conflict in families is ubiquitous. When people relate they disagree about things. There is conflict. It might be about who washes the dishes. It might be about how to raise the kids. But it is normal for there to be conflict. If any of you here are living in conflict free relationships please leave the room now and find the therapist who is waiting for you outside!

What matters is the way we resolve conflict. We find some families use reasoning. They sit around the kitchen table and they try to work it out. Another group of families use aggression. Some use psychological aggression, others

use hitting, or to use another name physical violence. Then there is a small group of families that use severe violence. Remember here this is real data on real families, typical families in Dublin, Ireland.

It turns out that reasoning is rather an unusual tactic, being the predominant conflict resolution strategy for just 20% of families. The most common response is physical or psychological aggression, as used by 75% of families. The data suggest that aggression in ordinary families is entirely normal. It doesn't make it right. But it is typical for parents to hit their children, for partners to push each other, or for partners to use their power in the family to get their way against the wishes of others.

Then there is a small group (5%) where severe violence is the predominant tactic. Although small, this proportion is much greater than families known to child protection or domestic violence services.

These data essentially confirm what has been found in research studies. But we are collecting the information to help communities innovate to improve children's lives.

So lets add another axis. It captures the proportion of children with a conduct disorder. Data are available on other development areas such as emotions or intellect, but let me stick with behaviour for purposes of illustration.

In the group that predominantly use reasoning, two per cent of children develop a conduct disorder. In the group that predominantly use physical or psychological aggression, the rate with a conduct disorder is three and a half times higher at seven per cent. And in the group using severe violence the odds of a conduct disorder are elevated 11 times, with 22% succumbing.

(While worrying these data also tell us that most children living in violent homes do not develop impairments to their health and development. But I include the slide from the Barnardos organisation in Ireland as a reminder that although it is not always harmful, children have a right not to be exposed to severe violence).

So, if you want to do prevent conduct disorders in children, family relations might be a very good vehicle, although probably not as it is currently organised.

Now lets add another axis. The new scale gives a score of the behaviour of the average child in each group. It goes from zero at the bottom, which means very good behaviour, to three at the top, which means very bad behaviour but not so bad that there is a conduct disorder.

For the reasoning group of families, children score just above one. For the

children in families predominantly using physical and psychological aggression is rises to above one point five. And for the severe violence group it is well over two. What these data tell us is that even when children exposed to unhelpful conflict resolution tactics do not develop a disorder, their day to day misbehaviour – fidgeting, lying, cheating, stealing, not paying attention- deteriorates.

So what? Well what if we were to think of child protection and mental health in public health terms? What if we used the expertise of people at this conference to help not only separating families but all families? What if we use resources to promote reasoning and reduce aggression in families?

The first effect might be to reduce conduct and other mental health disorders. The second effect would be to improve the ordinary behaviour of ordinary children. There is a potential for them to be more attentive and more respectful of parents, teachers and others. We might even find they are happier!

This is not to suggest that a public health approach can replace child protection, domestic violence and family relationship services. Or mental health services for that matter. There will always be a need to respond to children suffering badly. But there may in addition be opportunities for re-focusing and innovation.

We have tried this in a broad sense in a couple of jurisdictions. How do we go about this work? Before getting to this I should say a little about the two jurisdictions I am going to describe.

The island of Ireland has a population of about five million people, as I have mentioned. Now rich, the GDP per capita in the Republic of Ireland is one of highest in world, but its infrastructure has not kept pace with its growth. This provided the opportunity to, instead of dictating from centre, invest in local communities. About A\$300m has been invested in 20 communities and agencies. The Common Language methods were used to bring about high community engagement alongside good prevention science. All innovations have been rigorously evaluated. The idea is that government will later invest in programmes that demonstrate an impact on child outcomes.

Birmingham is UK's second city. It has a population of one million including 250,000 children. It is a single jurisdiction, with a single Board to support child well-being. That Board spends about A\$3 billion per year on children. They have in addition found A\$230 million to invest in prevention on the basis that this will generate A\$500 of savings that, if realised, will be put back into children's services for more prevention activity. There are quite precise calculations being used to estimate costs and benefits.

So lets think a little about the public health opportunities in these contexts. In

Birmingham there are 60,000 members of staff. Most of these staff are also parents, so if we can change their behaviour to improve outcomes for children the potential benefit is significant.

One programme under consideration is Raising Healthy Families developed by David Hawkins and colleagues at the University of Seattle. This involves getting practitioners to do a small number of things to help children get connected with a positive social group. If we can make it work there is good evidence to suggest that it will have impact on children's behaviour and emotions, and should provide protection in the context of risks from poor family conflict resolution.

In Ireland one of the programmes takes classroom time of about an hour per week. This time is taken up with a curriculum developed at the Prevention Research Center at Penn State University. It is delivered to children in primary schools. The idea is to improve children's social and emotional regulation. You can think about this as re-wiring the child's brain to introduce a few extra milliseconds of reflection. Those few moments of reflection reduce the chances of negative responses to stressful experiences. In the case of the project in Ireland, the hope is to improve mutual respect and understanding between pupils living in religiously segregated communities, as well as improving behaviour and academic performance. In the context of children living in high conflict situations, it would potentially reduce their chances of repeating the psychological and physical aggression they see at home in their relationships with adults.

The programme I described in Ireland is for all children. In addition, the organisation leading this effort, Together 4 All, are introducing screening instruments to pick out children in schools with impairments to their health and development. Once selected, they will receive a brief intervention designed to address their needs. One of the options being considered is the Brief Family Check-up developed by Tom Dishion at the University of Oregon in the United States. He likens it to a dental check-up. It is low maintenance support for families, delivered in schools. In clinical trials, covered recently on Prevention Action, there is good evidence of impact on children's well-being.

In Ireland and Birmingham we are testing many proven models, such as the parenting programmes Triple P, from here in Queensland, and Incredible Years, from Seattle in the United States. But we also encourage local innovation using service design groups of parents, children and multi-disciplinary groups of practitioners all facilitated by Common Language methods and supported by trained prevention co-ordinators. Whether it is a proven model or a new design the work ensures that interventions fit local conditions and meet high standards of science and knowledge about what works. Once again, we are seeking this balance between community engagement and prevention science.

This way of working produces some interesting crossover ideas. For example, Dartington's work on children in state care has identified a group of children admitted because they cannot get on with their parents. Generally speaking these children come into care for two years, fail in school and get into trouble with the police, before going back to their parents. The intervention designed with practitioners involves four weeks of foster care with a trained foster parent, including one week of no contact with the parents, extra school support and, crucially, mentoring to find and resolve the source of dispute between the parent and child. So much of the expertise in this room now becomes relevant to the state care sector.

All of these programmes are being evaluated to a very high standard. That is a pre-requisite of our engagement with any agency or community or government. Why do we make this stipulation?

First, the primary goal of our work is better outcomes for children. Yesterday we heard about the moral dilemmas with respect to abstinence programmes designed to delay first sexual intercourse and reduce sexually transmitted diseases and teenage pregnancy. The ethical issues are important. But so is the question of whether the strategies work. We know now from trials undertaken across the United States by colleagues at the University of Pennsylvania and Penn State University that they do not work. Children make the pledge but they do not keep it.

Second, people designing these services, including those implementing proven models, want to know whether their work improves children's health and development. Their training gives them this commitment.

Third, by undertaking this kind of evaluation in many sites, in different contexts, we can improve learning. It is possible for our colleagues in Birmingham to learn from Ireland, and vice-versa.

Indeed, we are finding this work has the potential to create a new contract between central government and local communities, agencies and government. It means an end to the centre telling local agencies what to do. It means a start to the centre creating conditions for local people to innovate, evaluate that innovation, share it with other communities and contribute to sum of knowledge about what works. Our hope is to make this contract work across international borders.

The relationship between the centre and the local is one you are struggling with here in Australia. For example, you are about to embark on a national child protection policy. My years of work on child protection convinces me this is an entirely wrong direction. You are about to go down a very interesting cul-de-sac. I

am told Australian's like cul-de-sacs, so you may find this an enjoyable diversion. But in a few years time you will have to change direction and come out the way you came in.

Dictating from the centre is generally counter-productive. Central government generally makes poor decisions about implementing proven models, and there is a loss of local know-how. This top-down approach is particularly dangerous with respect to indigenous communities.

I have talked too long, so just a few points to round off. I have stressed attention to the real lives of children and families. The paradigm shift is in family life and we are not keeping pace with the change. I have stressed that conflict is normal in family life and that aggression, while not desirable, is also typical. I have stressed that these problems are not restricted to poor families, nor are they restricted to separating and divorcing families. Our services should reflect these facts. Too often we design services for 'other people's children'.

I have stressed the need for more community engagement. We have to stop telling people what to do. It would be fine if telling people what to do was an effective strategy, but it's not.

I have also stressed the need for innovation, and to think in different ways about children's services. I have encouraged you to learn from others and to innovate in such a way that others can learn from you. I have encouraged you to work across sectors, and shown how your expertise is relevant well beyond family relations. I hope I have demonstrated how better family relations is one way to improve the mental health of children. I hope you can see the relevance of activities like mediation for children in state care. I hope you can see how school-based activities can improve family relations. And having opened up the possibility of this way of thinking I am sure you will produce many better ideas than me.

I hope have given you food for thought. Thanks once again for giving me the opportunity to share some of our experience in Europe and for allowing me to learn a little bit more about your work here in Australia.