I am the author of the thesis entitled **The Wisdom of Solomon:**

**Balancing Best Interests and Risk**

submitted for the degree of **Doctor of Psychology (Forensic)**

This thesis may be made available for consultation, loan and limited copying in accordance with the Copyright Act 1968.

Full Name..........................**Virginia Dods**..............................

Signed ... [Signature Redacted by Library]

Date......10/03/04.................................
Consultation of Thesis

Please sign this form to indicate that you have used this thesis in accordance with the Access to Thesis form signed by the author of this thesis.

<table>
<thead>
<tr>
<th>NAME (please print)</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louise Cimador</td>
<td></td>
<td>30/4/04</td>
</tr>
<tr>
<td>Marjorie Cleghorn</td>
<td></td>
<td>28/2/05</td>
</tr>
</tbody>
</table>

Signature Redacted by Library
The Wisdom of Solomon: Balancing Best Interests and Risk

Virginia Dods, BBSc (Hons)

This clinical thesis is submitted in partial fulfillment of the requirements for the degree of Doctor of Psychology (Forensic).

School Of Psychology,
Faculty of Health and Behavioural Sciences,
Deakin University
Burwood, Victoria
Australia

August 2003
I certify that the thesis entitled: **The Wisdom of Solomon: Balancing Best Interests and Risk**

submitted for the degree of: **Doctor of Psychology (Forensic)**

is the result of my own work and that where reference is made to the work of others, due acknowledgment is given.

I also certify that any material in the thesis which has been accepted for a degree or diploma by any other university or institution is identified in the text.

---

Full Name.......... **Virginia Dods** .................................................................

Signed ...... .................................................. **Signature Redacted by Library**

Date.............................. **10.02.04** ...........................................
Acknowledgments

Thanks are due to Jane McGillivray for her kind support in supervision of this clinical thesis.

I would like to thank the clinical supervisors at my placement agencies who each offered different contributions to my accumulation of knowledge. I would particularly like to thank Raeleen McKenzie for encouragement in looking deeper at assessment in a forensic way, Ilana Katz for such a fantastic professional work experience and Cynthia Foa for her persistence in teaching clinical report writing.

I wish to also say thank you to my family support crew, my partner Nicholas Lang who provides support unquestioningly, and the grandparents Jan and Bob who provide the childcare relief when I really need it. To my children, Oscar and Josephine, thank you for confirming my faith in the wonder of childhood.

To all of the very many client families I have worked with over a decade, thank you for the opportunity to be taught so much.

As I removed a pair of siblings from their parent’s care on New Year’s Eve, and they mentioned how they had been given nothing for Christmas including food, I wondered why there was no ground in the Act to cover a lack of provision of Christmas.
# Table of Contents

ACKNOWLEDGMENTS ........................................................................................................III

TABLE OF CONTENTS .......................................................................................................IV

ABSTRACT ..........................................................................................................................VII

CHAPTER 1 ........................................................................................................................1

INTRODUCTION ..................................................................................................................1

DEFINITION OF A CHILD .................................................................................................2

BEST INTERESTS PRINCIPLE ............................................................................................3

CASE STUDIES ..................................................................................................................10

CHAPTER 2 .......................................................................................................................12

CASE STUDY 1: KANE ......................................................................................................12

Referral Question ...........................................................................................................12

Family Structure ..............................................................................................................12

Family Background .........................................................................................................13

Assessment .......................................................................................................................14

Presentation .......................................................................................................................15

Mental State Examination ..............................................................................................15

General Appearance and Behaviour ..............................................................................15

Feeling (Affect and Mood) ..............................................................................................17

Perception .........................................................................................................................17

Intellectual Functioning ..................................................................................................17

Orientation .........................................................................................................................18

Memory, Attention and Concentration ...........................................................................18

Insight and Judgment .......................................................................................................18

Summary ...........................................................................................................................19

Recommendations ..........................................................................................................20

DISCUSSION .....................................................................................................................22

CHAPTER 3 .......................................................................................................................24

CASE STUDY 2: BEN .......................................................................................................24

Referral Question ...........................................................................................................24

Family Structure ..............................................................................................................25

Family Background .........................................................................................................25

Developmental History ....................................................................................................27

Educational History ..........................................................................................................27

Assessment .......................................................................................................................28

Presentation .......................................................................................................................29

Family Presentation .........................................................................................................29

Individual Assessment ....................................................................................................29

Mental State Examination (MSE) ....................................................................................30

Appearance and Behaviour ............................................................................................30

Mood/Affect ......................................................................................................................30

Speech ...............................................................................................................................30

Thought ............................................................................................................................30

Perception .........................................................................................................................30

Cognitive Assessment ......................................................................................................31

Judgement and Insight ....................................................................................................31

Summary ...........................................................................................................................31
Abstract

This clinical thesis investigates the relationship between the best interests principle in relation to children and the converse considerations of risk. The history of development of this fundamental principle in child placement decisions is briefly outlined. It is argued that the degree of state intervention in families is determined by professionals' evaluation of the relationship between the factors of the child's best interests and associated risks. The difference between the psychological and legal standards of the best interests of the child is described, in addition to the consequent difficulties inherent in operationalization of the principle. The first chapter provides an overview of the literature in relation to the best interests principle. Four case studies illustrating the complexities involved in best interests decision-making and consideration of risk are contained in subsequent chapters. The final chapter discusses frameworks proposed to be of use to professionals when making decisions in relation to a child's best interests.
Chapter 1

INTRODUCTION

The Old Testament story of King Solomon’s resolution of a dispute between two women over the custody of a child, provides an insight into the complexities faced by those responsible for making decisions about child placement. King Solomon had just ascended the throne of Israel and received from God the gift of wisdom and discernment in administering justice. In serving as a judge, King Solomon demonstrated the ability to remain neutral and mediate between competing interests. In the dispute, two women who lived in the same house had given birth to sons within days of each other. One of the babies died shortly after and both women claimed custody and maternity of the remaining child. King Solomon realized that for parties whose interests were totally opposed, a resolution in favour of one would mean complete defeat for the other. The king suggested resolving the dispute by dividing the child and giving each woman half. At this point, he called for a sword and prepared to settle the dispute. However, the natural mother of the child, not wanting her child to die, told him that she would allow the other woman to have the child rather than have him die. Meanwhile, the other woman urged the king to kill the child, so neither she nor her opponent would have the child to the exclusion of the other (Schwartz, 2001).

King Solomon was well aware that the action he proposed was outrageous and unworkable. However, he was attempting to do more than reach a compromise in the dispute by dividing the difference between the opposing parties. King Solomon used intelligence, imagination and knowledge of the women to devise his suggestion of splitting the baby as a clever challenge to reveal the underlying motivations regarding their claims for custody of the child. By establishing the identity of the child’s real mother, the king could award
custody to her (Schwartz, 2001). The story also illustrates decision making consistent with the best interests of the child, a guiding principle fundamental in resolving child custody issues. However, a best interest principle has only been predominant in relatively recent times. Derdeyn (1976) recounts how until the end of the nineteenth century, custody was determined on the basis of the father’s interests and not the child’s. In ancient times, the law permitted father’s to sell or kill their children, which was hardly in the child’s best interests.

Miller (1993) has forcefully argued that the best interests of the child as defined legally are different from the best interests of the child as defined psychologically. For a psychologist, the best interest of the child is the ultimate test in a placement decision. Whereas for the law, this is not the case, best interests include moral, financial and other factors, as well as psychological aspects. The pioneering work of Goldstein, Freud and Solnit (1979) highlighted the role of child placement laws as society’s response to those families who “failed” in their attempt to provide their children with an adequate environment which met their basic needs. The degree of state intervention in such families is determined by an assessment of the level of risk of significant harm to the child, with the most serious evaluations resulting in permanent placement of the child in alternative care. Goldstein et al. (1979) highlighted how previously the placement goal of ensuring the best interests of the child were met, simply translated as protecting the child’s physical well-being. It was argued that there had been little understanding or acknowledgement of the need to take the child’s psychological well-being into consideration. Psychological well-being was subordinate to other issues, such as the adult’s right to assert a biological relationship.

Definition of a Child

Traditionally, the law has ascribed a different status to children and the consequences of their actions compared to those of adults. Whilst adults are presumed to be responsible for themselves and capable of deciding what is in
their own interests, children are presumed to not be fully competent to determine and protect their own interests. Given this vulnerability, children are seen as dependent upon provision of continuous care by an adult committed to this responsibility. The state attempts to guarantee the child membership in a family with at least one adult designated as the “parent” (Goldstein et al., 1979).

Childhood has been ascribed various descriptions, and in common law was considered to extend until the age of 21 years. However, in the 1960’s and 1970’s most western countries lowered the age of majority to 18 years. The Family Court of Australia has sought to comply with the United Nations Convention on the Rights Of the Child (CROC) whose first article specifies

Article 1

A child means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier.

(Otlowski, 1992)

In Australia, there is no agreed definition of “young person” and therefore the terms “children” and “young people” are both used to refer to individuals under the age of eighteen, which is the age of competence recognized in domestic and international law. Thus the term “children” is used to refer to all those aged under eighteen years, including teenagers, who might better be described as young people (ALRC, 1996). The Victorian Children and Young Persons (CYP) Act 1989, defines a “child” in terms of proceedings before the Family Division as “a person who is under the age of 17 years or, if a protection order continues in respect of him or her, a person who is under the age of 18 years”.

**Best Interests Principle**

The best interests principle has been criticized by Dolgin (1996) on the basis that it lacks certainty. Mnookin (1975) examined this issue in greater detail,
“Deciding what is best for a child poses a question no less ultimate than the purposes and values of life itself. Should the judge be primarily concerned with the child’s happiness? Or with the child’s spiritual and religious training? Should the judge be concerned with the economic productivity of the child when he grows up?...If the judge looks to society at large, he finds neither a clear consensus as to the best child rearing strategies nor an appropriate hierarchy of ultimate values” (p.226). This suggests the process is complex by nature, prone to determination by the prevailing ideology and therefore capable of change in line with community values and necessarily determined on an individual basis. Rayner (1997) further argued that “diversity of values and circumstances which would affect decisions... precludes any realistic expectation that decisions would not be made according to the idiosyncratic opinion of individual judges – that, in other words, using a ‘principle’ like ‘best interests’ in the exercise of a welfare power would mean there are no rules at all” (p.9). Perhaps it is more appropriate to acknowledge that any decisions of this nature are necessarily a product of the current welfare policy, and the goal should be standardization of factors to be taken into consideration, and acknowledgement and thus accountability regarding personal biases.

Miller (1993) has acknowledged that although the ‘best interests standard may be difficult to determine, the legal notion can be expressed, as it is generally outlined in case law or is established by statute. Miller has noted the law typically relies on a behavioural science conception of what is best for the child, whilst also taking into account the other factors of moral and financial considerations. For example, the Uniform Marriage and Divorce Act (UMDA) identifies five factors to be considered, including the wishes of the child and the parents, the interactions in the family, the child’s adjustment, and the mental and physical health of all of the parties (Nevius, 1989). The Australian Family Law Act (1975) specifies in detail the factors that must be considered in determining what is in the child’s best interests in s68F (2) (see Appendix 1). In contrast, within the Victorian Children and Young Persons (CYP) Act 1989 there is little
consideration of the complexity of this issue and consequently minimal guidance for the practitioner.

The CYP Act 1989 specifies:
S20 (9) A legal practitioner representing a child in any proceeding in the Court must act in accordance with any instructions or wishes expressed by the child so far as it is practicable to do so having regard to the maturity of the child.

In addition, s87 states that the court:
(h) must ensure that, if there is a conflict between the interests of the child and some other person, the welfare and interests of the child are the paramount considerations; and
(i) must consider any wishes expressed by the child and give those wishes such weight as the Court considers appropriate in the circumstances.

Despite the Family Law Court’s (FLC) specification of factors to take into consideration when deciding in the child’s best interest, the authors of the ALRC Report (1997) found such indicators were not objective. This process has allowed the best interests principle to be used to achieve a wide variety of preferences regarding children’s custody. In spite of this practice, submissions to the Australian Law reform Commission Inquiry generally indicated the principle was a useful basis for decision-making concerning children. In particular, it ensures children’s interests are given priority over those of any other party, which is essential given their limited participation in proceedings. The principle also has the great advantage of allowing individual cases to be decided on their merits, with changes in community expectations being incorporated within decisions (ALRC, 1997).
Theory Underlying the Best Interests of the Child

Principle

Banach (1998) proposed there were three broad areas of psychological theory and research which underpin the standard of the best interests of the child: attachment theory, maternal deprivation research, and resiliency theory and research. Bowlby's (1971) theory of attachment forms the basis for the concept of the psychological parent and explains the interactional and environmental components that are vital for the development of an attachment. Bowlby (1988) described attachment behaviour as that which results in a person attaining or maintaining proximity to another individual who is conceived of as better able to cope with the world. This other individual provides comfort and care, therefore the knowledge that this person will be available and responsive gives a strong sense of security and encourages the valuing and continuation of this relationship. The large body of research which subsequently built on attachment theory, generally indicated those children with anxious or avoidant attachment, experienced greater difficulties in a range of areas of life, including relationships with their peers (Asher, Erdley, & Gabriel, 1994). Children with anxious or avoidant attachment were also impaired in their ability to tolerate frustration, school performance, and impulse control (Patrick, Hobson, Castle, Howard, & Maughan, 1994; Quinton, Pickles, Maughan, & Rutter, 1993).

Maternal deprivation research has investigated the effects upon children and adults of the psychological, physical or emotional absence of a parent during childhood. Research focussing on maternal deprivation has found a reciprocal interaction between the infant and carer exists. Both maturational and environmental factors are thought to be integral to the timing of the bonding process, and the effects of deprivation can be modified depending upon the family situation in which a child is placed (Hodges, & Tizard, 1989; Rutter, 1979). Banach (1998) argues that issues relating to parental loss are important in
evaluating the best interests of the child, particularly in relation to permanency planning.

Exploration of the concept of resiliency has led to the study of those individuals who have overcome adverse circumstances, with investigation of both risk and protective factors in childhood (Garmezy, 1981). Characteristics found to provide resilience included an easy temperament, scholastic ability and interest, and physical attractiveness (Kolvin, Miller, Fleeting, & Kolvin, 1988; Werner, & Smith, 1992). Protective factors consisted of a good relationship with one parent in highly discordant families, positive role modelling by an educated and self-confident mother, affectional ties to substitute caregivers and access to support systems such as church or youth groups (Kolvin et al., 1988; Rutter, 1988, 1990; Werner, & Smith, 1992). On the other hand, risk factors include economic hardship, high crime neighbourhoods, severe caregiving deficits, teenage parenting, perinatal stress, and deficient family environments.

The findings from research into maternal deprivation and resiliency are consistent with studies examining the causes for child abuse and neglect. A number of psychosocial stressors have been found to be indicators of increased risk of abuse in families. Poverty, unemployment, low educational levels, and substance abuse are acknowledged as factors contributing to stress within families vulnerable to abuse (Ayoub & Miller, 1985; Bousha, & Twentyman, 1984; Burgess, & Conger, 1978; Disbrow, Doerr, & Caulfield, 1977; Newberger, Hampton, Marx, & White, 1986; Weintraub, & Wolf, 1983). Furthermore, a lack of accessibility to social supports, and maternal depression and anxiety increase the risk of child abuse (Egeland, Breitbucher, & Rosenberg, 1980; Seagull, 1987; Webster-Stratton, & Hammond, 1988; Zeannah, & Zeannah, 1989).
Operationalization of the Best Interests Principle

The lack of recognition of a universal operational definition of the best interests of the child standard, led Banach (1998) to investigate what factors were considered by professionals in practice. The three domains of precipitating events, guiding principles, and case variables were nominated as those that were most salient in arriving at decisions regarding the living arrangements for a child. Precipitating events were defined as the instigators of decision making, these may include circumstances such as reviews of the progress of parents whose children have been placed in alternative care. The four broad categories of guiding principles consisted of time in care, prevention of future problems, the desire to select an alternative that would preserve the family unit, and maintenance of cultural identity. Four categories of case variables arose, including parental functioning, child-related, alternative caregiver behaviour, and systemic factors.

When considering the best interests of the child in the context of risk assessment following allegations of abuse or neglect, the professional must consider all of these factors. The legislation relating to child protection matters has the practical implication that professionals must prevent or protect children from harm, whilst acting in the best interests of the child. Harm is a privative notion that relates to depriving a child of their basic needs. The best interests of the child are therefore defined in practical terms as being when the child’s basic needs are met. What is perceived to be in the child’s best interests must be weighed against the risk of abuse or neglect by parents or other caregivers. Whether the basic needs of children is understood as a minimum standard or an optimum standard depends upon the context of the child’s circumstances. In situations where a family’s functioning has improved to the degree that the child is no longer at risk of harm, a minimum standard is applied. However, when alternative care arrangements are to be made for the child, optimal standards are to be applied (Best Interests of the Child, 1990).
In assessing whether a family's functioning is sufficient to meet the minimum standards of care required, the professional has an obligation to define their own value system and be able to justify why they may have given weight to particular factors. Professionals should also recognize that they work within a particular social and historical context and decisions made in one generation may be judged poorly by the standards of the next generation.
CASE STUDIES

The next four chapters describe four case studies, which demonstrate what factors may be taken into consideration to establish what is in children’s best interests. The case studies demonstrate the diversity of situations and the complex issues that need to be taken into account. Best interests considerations should not be and are not limited to custody disputes between parents in the Family Court. Considerations of the child’s best interests must also be made when children are potentially to be removed from their parents’ care and on an ongoing basis as to whether they should return to their parents’ care and under what circumstances. No less important is the careful assessment of situations where a child has been placed with a caregiver on a permanent basis, but the child’s history of abuse and/or neglect leads to challenges that the carer has difficulty meeting. These case studies demonstrate best interests considerations should not be simply confined to placement decisions, any major decisions being made in relation to children should look at what is in their best interests. For example, which school a child attends can have a significant impact on their academic progress, which in turn may define their employment prospects.

The converse of a consideration of a child’s best interests is the consideration of potential harm to the child. When considering potential harm, thought should be given both to the short and longer-term circumstances which may impact on the child’s development and potential. Whilst any risk of sexual abuse may immediately rule out a particular course of action, decision making in relation to other forms of abuse, neglect and psychological harm may be more difficult to achieve. Physical abuse of an older adolescent who has grown more physically capable than the potential abuser may no longer be as strong a consideration as it once was. Emotional abuse and adequate parenting capacity are notoriously difficult to define, leaving individual professionals to make informed judgments on the basis of their training, skills and experience. Most
importantly they will draw upon frameworks for the assessment of risk taking into account developmental considerations.

Identifying information has been changed in each of the following four cases, in order to protect the confidentiality of the clients and families involved.
Chapter 2

Case Study 1: Kane

Referral Question

Kane is a 50 year-old married man referred by Child Protection Services for a forensic psychological evaluation to assess his ability to provide protection for his children from abuse. All five children have been placed in alternative care on a long-term basis, and there is a proposal that the fourth child and youngest son, Jack, may return to the parents' care. Kane has a dual sensory disability, being both deaf and blind as a result of removal of a brain tumour during childhood. This dual disability has been thought to have a severe impact on Kane's ability to parent effectively and appropriately. Concerns have been expressed about the potential for a sexual relationship between Kane's wife, Bronwyn, and the couple's 16 year old son Jack, following prior allegations of a sexual relationship between Bronwyn and her two elder sons, William and Thomas.

Family Structure

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kane Tullar</td>
<td>Referred Client</td>
<td>(50)</td>
</tr>
<tr>
<td>Bronwyn Tullar</td>
<td>Wife</td>
<td>(44)</td>
</tr>
<tr>
<td>William Tullar</td>
<td>Son</td>
<td>(22)</td>
</tr>
<tr>
<td>Thomas Tullar</td>
<td>Son</td>
<td>(20)</td>
</tr>
<tr>
<td>Gail Tullar</td>
<td>Daughter</td>
<td>(18)</td>
</tr>
<tr>
<td>Jack Tullar</td>
<td>Son</td>
<td>(16)</td>
</tr>
<tr>
<td>Jenny Tullar</td>
<td>Daughter</td>
<td>(10)</td>
</tr>
</tbody>
</table>

Cultural Identification: Australian
Family Background

Kane was raised in a large Catholic family, which appeared to be relatively mobile, with moves interstate from Queensland to Sydney and later settling in Melbourne. Kane is the second eldest of eight children, with only the eldest sibling and the fourth child also being male. Kane reported he was not particularly close to any of his siblings and attributed this to the fact that he spent long periods in alternative care with relatives, and at boarding schools for children with special needs. Kane developed a brain tumour at the age of eight years and the subsequent surgery to remove this, resulted in complete blindness in one eye and very limited vision in the other, to the degree that he is legally blind. A few years later, Kane was diagnosed with significant hearing loss, which gradually deteriorated to the level of profound deafness. Kane has had a cochlear implant, although this appears to have had minimal impact on improving his hearing.

Kane was very devoted to and protective of his mother throughout her life and spoke of good memories in relation to her. He described her as a very hard worker, whose main role in life was to keep her family together when things were looking bad. The family had severe financial difficulties given that his father had “walked out” when Kane was approximately 13 years old. Kane left school at age 16 and worked in the public service, and in spite of his disabilities, he achieved promotions and helped to support his four youngest siblings to continue their schooling.

Kane met Bronwyn through her relative being a volunteer worker with a welfare agency that provided support to Kane. After a three-month courtship, Kane formally asked her parents if he could marry Bronwyn, and this took place twelve months later. They subsequently had five children, whom they have ensured had a Catholic education. Following disclosures of chronic sexual abuse of their eldest sister Gail, the older two boys (William and Thomas) were placed in care as teenagers. Neither son returned home to live on the basis of an assessment of their high level of risk of reoffending. Despite this situation, Gail
was also removed from home and did not return. These three young people are now living independently although the second son, Thomas, requires constant psychiatric support. The third son, Jack, was also removed from home following disclosures from his younger sister Jenny, that he had sexually abused her. A neighbour's two grandsons also disclosed that Jack had sexually abused them. Consequently over time, all five children in this family were removed from home and all remain out of home.

Jenny, the youngest daughter refused to return home stating she did not feel safe there and alleging her mother sexually abused her on one occasion. In the early days after the older boys had been removed from home, Kane accused his wife of having sex with their eldest son. The second son made bizarre claims that he knew what satisfied his mother sexually. Professionals involved with the family formed a belief that the mother was the original sexual offender within the family. Recent observations suggested there was some support for the notion his mother was “grooming” her youngest son Jack as part of the process of sexual abuse. If Jack was to return home, he would be the only young person living there with his parents. Jack has been unwilling to acknowledge that his mother represents any risk of sexual abuse or any other harm towards him.

Assessment

Through discussion with Kane and his wife, the need to conduct a thorough family assessment was established. Despite a period of nine years involvement with Child Protection Services, it appeared such an assessment had not been comprehensively completed. This was perhaps due to the large family having continual crises that necessitated the provision of considerable resources by workers, and preventing the analysis of underlying concerns.

The family assessment was conducted over four sessions in the family home. These were joint sessions which included both Kane and his wife
Bronwyn, although each participant absented themselves from the session for brief periods from time to time. These absences seemed linked to lapses in their concentration, but could be managed with more specific questioning. At the initial session a complex genogram was completed for both the paternal and maternal extended families and information about family members was then accumulated in subsequent sessions. In addition, a comprehensive profile was formulated for each of the immediate family members.

**Presentation**

Kane is a 50 year-old man with a range of physical and sensory disabilities. Kane is profoundly deaf and legally blind. He has very limited vision in one eye and only 20% hearing in one ear. Kane stated that he finds the inability to communicate the most frustrating aspect of his disabilities. Having dual disabilities means Kane's world is very isolated, for he cannot communicate by phone and can read only large print. Kane's main activity is watching television, which requires him to put the volume up very high and sit quite close to the screen, in a dimly lit room. Kane has difficulty in being able to observe signing and lip reading, and can only occasionally hear spoken language with the assistance of a hearing aid. Kane has difficulty walking long distances due to mobility problems from a broken hip which did not heal properly, leading him to swing his leg outwards. Kane also has difficulties due to tremors and unsteadiness, which have resulted in a number of falls, with consequent minor injuries. Thus, Kane uses a cane or walking stick to provide assistance with mobility and support.

**Mental State Examination**

**General Appearance and Behaviour**

Kane presented as somewhat dishevelled in appearance with his clothes being untidy rather than dirty. Kane was always appropriately dressed for the weather conditions and his clothes were colour co-ordinated. Kane seemed to have some difficulties with self-care, as evidenced by areas of stubble on his face,
which he had seemingly missed whilst shaving. Kane generally had a fairly relaxed posture, although he needed to concentrate closely on other participants in social situations, in order to pick up non-verbal cues to assist in his communication and participation. Kane's behaviour highly conformed with social expectations of a traditional husband and father. For example, he saw it as his responsibility to provide financially for his family and to be an active member of the local football club, despite the impediments created by his disabilities.

Kane tended to display a limited range of facial expressions, but these were congruent with the emotional content of his speech. Kane consistently sought to maintain eye contact to observe social cues. However, when discussing very sensitive information he would look aside and downwards. Kane had quite a high activity level, and stated it was uncomfortable for him to remain in one position for an extended period of time due to pain from his hip. Kane generally sustained a high level of attentiveness and co-operation, even with regard to extremely sensitive issues. Kane was aware of social mores and treated others with respect, unless he perceived that their behaviour had been socially unacceptable.

Kane was relatively physically attractive in appearance, being tall and muscular with dark curly hair and bright blue eyes, although this was offset by his often slurred speech and irregular eye movements. Kane's speech was generally fairly loud as a consequence of his hearing loss. In spite of his isolation, Kane was generally quite friendly and keen to participate in communication. Kane's speech could be slow as he thought through the issues and then provided a lengthy answer to questions. This made a highly interactive interview very difficult to achieve in practice. Kane needed to understand the gist of the issue being discussed and would then provide his views on it in general terms. Kane spoke of craving social interaction and found its limitation the hardest part of managing his disabilities. Thus, Kane seemed to have greater hardship in relation to his hearing loss rather than his sight loss.
Feeling (Affect and Mood)

Although Kane generally maintained an optimistic attitude, he reported suffering from periods of depression during many difficult periods in his life. Kane attributed his previously severe alcohol abuse to frustration resulting from his inability to communicate due to his disabilities. Similarly, Kane stated previous inappropriate physical discipline of his children resulted from the feeling that they did not respect him, given his disabilities. Kane reported spending extended periods of time in bed and regularly had a nap in the afternoon, apparently as a consequence of fatigue, which may have a medical cause. Kane demonstrated emotional affect which was quite appropriate to the nature of the issues being discussed, with high intensity associated with very sensitive issues.

Perception

Kane did not demonstrate any evidence of perceptual abnormalities.

Intellectual Functioning

Kane presented with a higher level of intellectual functioning and general knowledge than would have been expected, taking into consideration his isolation due to sensory disabilities, which developed during childhood. Kane attended special schools and was a boarding student for long periods, and stayed with family members interstate to attend school. Kane reported physical abuse by Christian Brothers who ran one of the schools. Kane was justifiably very proud of his employment achievements, particularly in relation to the public service, as he had been told he would be fortunate to manage as a base grade clerk. However, Kane’s motivation enabled him to achieve five promotions to become a supervisor of six people, despite his visual impairment and deteriorating hearing. Kane’s wife Bronwyn fully supported him in this achievement and expressed anger at his family and others for telling him he would not be able to work and implying that he was wasting his time.
**Orientation**

Kane was quite oriented to person, place and time with the exception that he was sometimes confused as to what day it was. This confusion seemed due to his time being fairly unstructured, with little variation between different days. To ensure he does not miss appointments because of this similarity, Kane carefully maintains a diary.

**Memory, Attention and Concentration**

Kane did not demonstrate any specific memory deficits, although he had difficulty recalling details for some events, such as dates of his schooling and employment, and information about extended family members. Kane was aware he would be expected to know this information, and attributed the scant details to having limited contact with his family, due to being in alternative care. Given his visual impairment, Kane was reliant on memory without the aid of visual clues such as photographs. Due to his hearing impairment, Kane would have had limited capacity to process auditory information in the first place, to then seek retrieval at a later date. However, as stated earlier, Kane demonstrated very good attention and concentration despite obvious physical discomfort.

**Insight and Judgment**

Kane was able to comprehend the impact of his behaviour on others and demonstrated good insight into this. For example, when Kane was previously confronted about his alcohol abuse, which generally took place at a club near his home, he was able to acknowledge this was an attempt to provide him with social interaction and block out his frustration with communication difficulties caused by his disabilities. Kane had gradually been able to modify his use of alcohol whilst accepting that it still performed a significant social function for him. When confronted about the inappropriate physical discipline of his children, both Kane and his children stated he did it because it was what he had experienced with his own father. Kane acknowledged it was unacceptable behaviour and sought to try
different discipline strategies. Although these were difficult to enforce given his disabilities, but Kane had not resorted to physical disciplining again.

Kane had a healthy sense of humour and joked about perceptions of his disabilities by others, such as being accused of being drunk when he was simply unable to walk properly – in contrast to the many times when he has been drunk. Kane’s speech was generally comprehensible, aside from occasional difficulties due to slurring – which resulted from his disability. Kane tended to speak at a measured pace and obviously enjoyed being in the role of storyteller. His stories had an action flavour, which he used to illustrate emotional issues. Kane was disarmingly frank, unexpectedly providing a detailed explanation of a sexually abusive experience when he was an adolescent, and being willing to probe issues associated with it.

Summary

Kane presented as an individual who had been forced to endure a great deal of physical and emotional trauma throughout his life, but who maintained resilience through sheer strength of character. Kane’s father’s abandonment of his family had a huge impact on Kane, leading to his acknowledgment that he could never do such a thing. Kane articulated that he feels bound to support his wife at all costs. Kane was quite indomitable, despite social expectations it would be acceptable for him to simply receive a pension rather than work, or become depressed and withdraw due to physical and communication issues, he was determined to find ways to overcome his difficulties. For example, Kane was attending weekly sign language classes and progressing quite well, despite his difficulties in getting there and the difficulty inherent in learning a new skill as an adult.

It seemed likely Kane was not able to assess his appearance given his visual impairment and this was perhaps not an issue of great importance for him in any case, given his very down-to earth nature. Kane tended to display a limited
range of facial expressions, which may perhaps have resulted from a lack of feedback of visual cues from others. Despite his communication difficulties, Kane acknowledged social interaction was extremely important to him and was the reason underlying his persistence, despite increasing disability, in continued involvement with the local football club.

Kane felt quite emotionally traumatized by the removal of his children and powerless to resolve the threat of harm to them, because it had come from within the family. Kane felt huge conflict in loyalties towards his various children, given his sons sexually offended against his daughters. But when forced to acknowledge the victimization that had occurred, Kane clearly regretted most that his daughters were unable to remain/return home. Kane struggled to understand his sons’ sexually abusive behaviour, because the motivations for it were outside his comprehension, however he was unable to emotionally disown them. Unfortunately, Kane perceived that this is what professionals were asking him to do, in order for his daughters to even have contact with their parents. The more recent allegation of sexual abuse by Bronwyn of her youngest daughter Jenny had further complicated issues for Kane. He believed he was being asked to abandon his wife and their marriage, in order to have contact with his daughters. Such abandonment would be completely against Kane’s moral code given his own family background. Therefore, he felt compelled to blindly proclaim his wife’s innocence and acknowledged he simply could not question this.

**Recommendations**

- Kane would not be able to protect Jack from physical or emotional aspects of any sexual abuse by his mother, were Jack to reside in the home. The view was formed on the basis of the combination of Kane’s physical disabilities, which prevent him from providing sufficient supervision, and his moral beliefs regarding the sanctity of marriage, regardless of what he might believe about his wife’s behaviour.
• Jack had demonstrated a complete lack of insight into his mother’s grooming behaviour, which indicated he would be unable to formulate or apply any self-protection strategies. Therefore Jack’s safety would be reliant upon the actions and intervention of a protective adult, which his father would be unable to undertake for the reasons outlined above.

• Despite his inability to physically care for his children, Kane retained a strong emotional interest in them, which remained in spite of not seeing them for very lengthy periods. Kane wanted to know how they now look, what their interests were, how they were progressing at school, etc. Significant efforts would need to be made to maintain this thread of family relationship, in spite of the substantial obstacles posed by communication problems, placements in alternative care and unresolved emotional issues relating to previous abuse.

• Arrangements need to be made for Kane to have individual access with his children, which is at least initially supported by a professional, with adequate resources to facilitate communication and appropriate activities. This might include sign language training for the children and transport to and activity fees for suitable venues such as zoos and fun parks, which contain tactile experience options. The aim of access would be to build a relationship based on shared experiences, in which Kane’s participation is not hindered by his disabilities, and his children don’t feel obligated to deny his behaviour embarrasses them. Kane has long worried his children perceive him as stupid and don’t show him respect because his disabilities cause him to attract public attention. For example, he has very awkward gait, speaks loudly, and brings documents very close to his face to read them.

• It may also be a useful exercise for Kane and his wife to make up a “life book” for each of the children, which would include early developmental history, photographs, school achievements and written stories about special family occasions and activities. The book could also contain their thoughts
about the individual and wishes for their future. This becomes an important family document for children who have/will spend a considerable period in alternative care and run the risk of losing attachment to their family of origin.

- In terms of the continuing relationship difficulties between Kane and his wife, there have been many attempts to embark upon couple counselling. Kane has consistently commented that the relationship is frequently at breaking point. However, therapy has been unsuccessful due to cancellation of appointments and communication difficulties. A different approach could be attempted by having the therapist attend the home and either use a sign language interpreter, or have preferably have these skills themselves. The aim would then be to place responsibility upon the couple to draw up their own relationship contract, which specifies what they wish to obtain from the relationship, the behaviours that were acceptable and alternative sources for them to ensure their respective needs were met.

**Discussion**

It would appear Kane’s capacity to parent has been largely overlooked in the past due to his physical and sensory disabilities and consequent communication difficulties, which were previously compounded by alcohol abuse. Kane’s standing has also been undermined by his wife Bronwyn’s defensiveness and evasiveness. Bronwyn’s behaviour, combined with acknowledgement of a highly strained marital relationship, has ensured intensive professional involvement has achieved very little progress in resolving the family’s difficulties. However, comprehensive assessment indicates Kane has a number of strengths which could be built upon. Kane is open and willing to learning new skills and is strongly motivated to have contact with his daughters in particular. The difficulties lie in Kane’s capacity to overcome his many disabilities, particularly in light of his deteriorating health. Given the long history of statutory involvement, acting in the children’s best interests lies in setting
realistic goals, such as maintaining a relationship with the children through contact only, rather than attempting residence. For Kane to have interactive communication with his children, professional support is required, such as a note taker or assistance for all parties to learn sign language.

Kane's relationship with his children needs to be seen as separate from that of his wife, which has previously been complicated by the use of Bronwyn as the conduit for all information between father and children. Separation of relationships may also assist in the process of Kane being disentangled from conflicting loyalties between his wife and children. At present, Kane is not in a position to offer any type of protection to Jack from the risk of sexual abuse by his mother. Kane has continued to exclude the possibility that his daughter's claims she was sexually abused by her mother can have any factual basis. Kane stated he must believe his wife's denials. However, in a moment of great distress, Kane offered he might leave her if it meant he could then see his daughters. Kane was heavily dependent upon his wife for meeting his basic care needs, mobility assistance and communication – on a practical level it would be inconceivable for him to leave her. Kane would not have an awareness of emotional involvement between Jack and his mother if Jack were to reside at home, and therefore Kane could not intervene in the grooming process. This situation is evidenced by Kane not questioning his wife's apparent over involvement with Jack currently, despite this being a general observation made by professionals involved.

This case demonstrates how the consideration of what the child's best interests are can be very complex. As a non-offending parent, Kane was assessed regarding his suitability to provide for the best interests of his children if they were to return home. The professionals involved were obligated to weigh the children's best interests against the wishes of a non-offending parent, who was assessed as being unable to provide protection against possible harm. The harm was perceived to lie in the alleged sexually abusive behaviour of Kane's wife, which he acknowledged was a concern, but denied it could have occurred.
Chapter 3

Case Study 2: Ben

Referral Question

Ben is the eldest in a sibling group of four children referred by Child Protection Services for an assessment regarding the suitability of their current placement being made permanent. The children had experienced significant physical and emotional abuse and neglect, including long periods without supervision, whilst in the care of their parents, who both suffer from major mental illness and have histories of drug and alcohol abuse. The children had been placed with a variety of friends, family, neighbours and foster carers whilst nominally in their parents’ care until 1997, but had not resided with their parents since 1998. Ben and his brother John were placed in the care of their paternal uncle, Joe Raku and his partner May Swan following a brief fostercare placement, joining their sisters Jenna and Talia, who had resided there since the previous year. The paternal grandmother, Daisy Raku, became the primary caregiver for all children after the relationship between Joe and Mary broke down. However, Joe and May resumed this caregiving role after Daisy left to return interstate after a period of months.

The constant disruption and change in caregivers combined, with attachment issues had had a significant unsettling effect on the children. The children demonstrated attention seeking behaviour and stealing, making it difficult for carers to manage their behaviour. Thus, the long-term viability of the placement was to be assessed, including evaluation of any interventions recommended.
Family Structure

Joe Raku  Paternal Uncle (45)
May Swan  Paternal Aunt (43)
Ben Raku  Referred Client (9)
John Raku  Brother (8)
Jenna Raku  Sister (7)
Talia Raku  Sister (5)
Daisy Raku  Paternal Grandmother (60)
Jim Raku  Father (40)
Lorraine Caster  Mother (42)
Chad Raku  Brother (14)
Charmaine Pina  Halfsister (16)

Cultural Identification: Maori

Family Background

Lorraine Caster and Jim Raku moved to Australia from New Zealand in 1988, following the birth of their eldest child Chad, who was later placed in Daisy’s care. Lorraine’s daughter from a previous relationship, Charmaine, remained in New Zealand. Although he was aware of his halfsister, Ben had not had contact with her. Little information is available about Ben’s mother Lorraine, who continued to reside interstate. Lorraine had not had contact with her children during the previous year, but was aware of their activities due to phone contact from the paternal grandmother, Daisy Raku. Lorraine is of Maori background and has a history of Bipolar Affective Disorder. Lorraine had reportedly been admitted to an interstate psychiatric hospital on three occasions following episodes of mania. Concerns had been raised regarding the children’s attachment to their mother, their living arrangements and experience of abuse since they were placed in foster care interstate three years previously. Notifications had been previously been received alleging the children were being both physically and
emotionally abused by their mother, and had been seriously neglected, including being inadequately supervised, fed and clothed.

There is limited information available regarding Ben’s father, Jim Raku, who remains in forensic care in an interstate psychiatric hospital following a very serious assault. Jim is of Maori background and the sixth in a sibling group of ten. Jim has a history of schizophrenia and has been a long-term patient at the hospital. Jim provided permission for all of the children to be placed in the care of his brother Joe when both parents were hospitalized. Jim has since maintained contact with his children and relatives via letters, phone calls and visits.

Joe Raku is the second eldest in the paternal sibling group of ten, with a number of family members having a history of psychiatric illness. Joe has long had a confliction relationship with his brother Jim and his mother Daisy. Joe had indicated he preferred to simply shift interstate when the conflict with his brother Jim became too frustrating for him to deal with. Joe and his long-term partner May, moved to Australia from New Zealand ten years ago, with their three children. It would appear that the eldest of their children was born when Joe was only fifteen years old himself. The couple’s second daughter Huapa and her son Nathan continue to reside with the family.

Joe has had a history of domestic violence and had undertaken an anger management course and counselling, and had seemingly achieved enormous change since a family support assessment two years previously. It would appear that Joe may be illiterate. Joe’s conflictual relationship with his mother made shared parenting of the four children unworkable and led to the frequent changes in caregiver. Joe was reported to be very distrustful of authority figures and mental health services in particular given the prevalence of mental illness in his family’s history. Following an incident when the children misbehaved and broke a window, Joe hit their bottoms with a cricket bat leaving significant bruising.
Joe recognized the inappropriateness of such discipline and immediately sought professional support and his partner May agreed to reconcile on this basis.

During the course of the assessment, Jim Raku made an escape from the forensic psychiatric hospital interstate. This raised security concerns as Jim had previously absconded, ceased taking his medication and abused alcohol, which resulted in extreme violence. Following his escape, the police and media were alerted and focused their attention on the children’s household, believing Jim would make for there. This assumption was correct, although Jim was located by police in an interstate hotel, having got distracted by alcohol. Led by Ben, the children recognized that their father’s actions had been inappropriate and would require consequences.

**Developmental History**

It appears Lorraine Caster used recreational drugs and alcohol during her pregnancies with all of her children and that all the children had no birth or neonatal complications. Ben was born in Sydney and was the only child whose birth was registered. Ben had a history of recurrent ear infections leading to concerns about his hearing, although these concerns were not confirmed by later testing.

**Educational History**

No information was available about the primary school/s Ben attended whilst living interstate. When in Grade 1, Ben received special assistance with reading. Ben experienced disrupted schooling with multiple changes of school in Prep and Grade 1 and two prolonged absences in one year due to visiting his hospitalized father interstate Ben had been attending his current primary school since the family’s move to Melbourne.
Ben had experienced a number of difficulties at school, in particular with his class teacher, who reported he was verbally and physically threatening and aggressive in the classroom. Ben was well behaved when his paternal aunt was present and she would spend time at school in class, three to four days per week. The school had also implemented a behavioural program, which involved time on the computer as an incentive for good behaviour. Ben participated in a literacy program in a small group and an anger management program. Ben had indicated he had no friends and did not play with other children at school. His teacher suggested that when Ben attempted to join in sports activities and other games, he did not abide by the rules and so was rejected by the other students. It was also reported that Ben had used “standover tactics” to obtain money from children in the playground and had stolen school items and other children’s food and belongings, although this behaviour was decreasing. Although Ben was found to interact with his siblings at home, he had requested that they not play with him at school.

**Assessment**

Following a case consultation meeting with the family support service staff who had worked intensively with the Raku family over the previous two years, plans were made to conduct an intensive family assessment with the older two children and caregivers. Given Joe’s reticence to be involved with professionals, it was agreed that the family support worker would liaise with May and together they would emphasize to Joe that participation in the assessment would be of benefit to the children. However, despite strong encouragement, Joe maintained a refusal to attend family assessment sessions. As a compromise measure, May was provided with “homework” queries regarding assessment issues to discuss with Joe and then provide the relevant information at the subsequent assessment session.

The family assessment was conducted over six sessions at a therapy centre. The assessment consisted of joint sessions which generally included both
May and the boys, Ben and John, and individual sessions with May and each child separately. At the initial session the children’s history of care arrangements was confirmed and a genogram for the paternal family was clarified as far as possible with May. In subsequent sessions, current issues relating to the children’s placement were canvassed and intervention strategies recommended when required.

**Presentation**

**Family Presentation**

Despite strong encouragement by the family support worker and his partner, Joe Raku refused invitations to be involved in the assessment. May Swan was initially shy and unsure of what procedures might be involved in participation. However, when this was explained, May displayed a thoughtful approach in outlining the difficulties the children experienced and strategies she was contemplating and implementing to address these. May was supportive and nurturing of the boys, but was definite about behaviours she perceived as concerning. May indicated Joe had insisted on parenting the children his way, which seemed to have been fairly punitive and so she left the home and Joe was unable to manage. She was quietly triumphant when explaining that she had then returned on her terms, with an agreement they would try things “her way” as he had tried his way and it had not worked.

Ben and John generally played well together during the sessions and were reasonably caring towards their cousin Nathan when he also attended a session. Ben would tend to answer on John’s behalf, but this did not appear to create any resentment in John, he seemed to prefer to have such an articulate spokesperson.

**Individual Assessment**

Ben presented as quite a confident child, who enjoyed the role of being spokesperson for his other family members. After initially being fairly wary about attending assessment sessions, Ben seemed to enjoy the opportunity to
express his opinions. Ben was keen to present himself as a model student, but would acknowledge when he had misbehaved, if confronted with information about previous misdemeanors. Ben was very distressed when confronted about stealing behaviour, as the social stigma attached was very important to him. Ben had difficulty explaining the reasons behind his conflictual relationship with a peer, which seemed to swing from enmity to being “best friends” on a rapid basis. Ben was quite protective of his younger sibling John and answered questions on John’s behalf, whilst acknowledging that John had more difficulty expressing himself.

**Mental State Examination (MSE)**

**Appearance and Behaviour**

Ben was dressed casually or wearing his school uniform fairly neatly when assessed. After an initial period of wariness, Ben was easy to engage and enjoyed the attention.

**Mood/Affect**

Ben generally presented in quite a vibrant mood and his affect was appropriate, with visible distress when being confronted about stealing behaviour.

**Speech**

Ben was quite articulate with logical speech, which was coherent, of normal rate, tone and volume.

**Thought**

Ben seemed to have no abnormalities in form or stream of thought.

**Perception**

No abnormalities in perception were detected.
Cognitive Assessment

Ben appeared to have no difficulties with memory, attention or concentration.

Judgement and Insight

Although Ben demonstrated a good understanding of the complex nature of his father's actions, he had been unable to apply judgment and insight in his peer relationships, leading to continual conflict.

Summary

Ben is an alert, socially engaged 10 year-old boy, who has experienced enormous disruption in his life in terms of primary caregivers and family composition. Ben has remained with his younger brother John throughout these changes however, and they have both generally been placed with their two younger sisters, Jenna and Talia. Ben and his siblings were referred for assessment of the suitability of their placement becoming permanent, given that the children's behavioural difficulties were making it difficult for their carers to manage.

Recommendations

- Ben and his siblings should remain together as a sibling group, with the bond between Ben and John being nurtured as the most important family relationship Ben has.
- The current placement with Joe Raku and May Swan should be permanently planned with inclusion of a recognition that professional support will be required for the long-term, to address issues as they arise.
- Issues around Ben's future care and contact with his parents be carefully managed to minimize emotional trauma.
• Ben and his primary caregivers maintain their behaviour management strategies and adapt these according to requirements.

• Ben's cultural identification with his Maori heritage be nurtured.

• Ben’s academic progress continue to be carefully monitored by his school and caregivers.

• Close liaison between Ben’s school and primary caregiver continue, to provide consistency in behavioural expectations and the capacity to address issues which arise in either domain.

• Extra support at school in conflict management and social skill building be maintained for Ben.

DISCUSSION

Ben’s behavioural difficulties seemed related to the finding in a previous assessment that he did not have a significant attachment to his mother, and had experienced significant abuse whilst in her care. Both of Ben’s parents have been diagnosed with a major mental illness and his father is currently in forensic care. Ben’s difficulties have been compounded by the continual upheaval in his life, which involved a number of placements, primary caregiver changes and two interstate moves. Ben’s behaviour gradually became more settled as the placement with his paternal uncle Joe Raku and partner May Swan continued, and a routine and behavioural expectations were established. However, sudden outbursts of disruptive behaviour at school and home could be linked back to significant events occurring at home. For example, when Ben missed out when his mother sent birthday presents for the other children or his father’s failure to maintain telephone contact as expected.

Ben’s cultural identification as Maori would seem to have had a protective effect for him, as it is quite usual within the culture for children to be placed long-term with extended family members. Ben’s verbal skills also assist him to negotiate difficult situations and advocate for himself, despite being abrasive with
his teacher. Ben has a strong desire to be perceived as morally right and will shape his behavior accordingly. Ben has demonstrated an improved capacity to comprehend social rules and behavioural expectations, including an appropriate response to his father’s escape from custody.

Ben’s continued good progress would seem to be highly dependent upon the stability of care and support he receives to work through issues within the family as they arise. In particular, his father’s release from forensic care and strong likelihood of increased contact may create major emotional disturbance for Ben, which seems likely to be expressed as behavioural difficulties.

Joe had been caught in a dilemma, for when his brother asked him to care for his four children, the cultural expectation was that he would do so unquestioningly. However, the long history of relationship difficulties between Joe and Jim, and Daisy, meant stability in caregiving was often precarious. Over time, Joe had gradually come to recognize the children’s high dependence upon him to maintain stability for them and ensure their needs were met on an ongoing basis. It seemed that as the children felt more secure they spoke to May and Joe about extreme episodes of abuse and neglect they had experienced whilst in their mother’s care.

Joe had originally believed that when his brother was released from forensic care he would want to resume care of his children. Joe perceived himself simply as a caretaker and so was obligated to return the children, irrespective of whether they might be placed at risk. He had later come to realize that his brother probably did not have the capacity to meet the children’s needs and their best interests would be better served by remaining in his care. However, Joe acknowledged that it was also essential for his children and brother that their relationship be maintained as much as possible. Joe’s realization his brother might reside nearby and seek very frequent contact with the children caused him great concern. Joe had long demonstrated an inability to deal with Jim’s
behaviour and had previously moved interstate when he became too frustrated with Jim. However, this coping strategy would no longer be viable. Joe was commencing a process of seeking professional support from the specialized family support service to address this and other ongoing caregiving issues.

This case demonstrates the dilemmas faced by professionals when deciding on the appropriateness of alternative care placements. In this situation, an optimal standard of care is to be applied. However, in the circumstances of a placement with extended family members, other considerations may also be given priority. For example, in this situation, the placement allowed the children to maintain links with their cultural background and the facilitation of contact with their parents, which would have been unlikely in a formal alternative care placement given the nature of the parent’s difficulties and their accessibility. On the other hand, the caregivers demonstrated some quite inappropriate behaviour towards the children, which might have been expected to revive memories of their previous negative experiences. In making assessments of the suitability of placements, professionals must weigh up all of these factors balancing risk of harm against the child’s needs to decide what is in the child’s best interests.
Chapter 4

Case Study 3: Sam

Referral Question

Sam was referred for an assessment due to major behavioural difficulties and an inability to interact socially. These difficulties had been escalating over the previous eighteen months to the point that the school staff were having to consider the option of expulsion. It appeared Sam had many problems managing and controlling anger and that this was occurring both at home and at school. Sam was verbally and physically aggressive, continually complained that he was “bored” and expressed violent thoughts, resulting in consideration of a notification to the Child Protection Service. A cognitive assessment conducted previously had indicated Sam had some intellectual impairment and he was granted integration assistance of a few hours per week.

Family Structure

David Roxby  Father  (42)
Susan Roxby  Mother  (42)
Nicola Roxby  Sister  (17)
Peter Roxby  Brother  (14)
Sam Roxby  Referred Client  (10)

Cultural Identification: Maltese (maternal family), Australian (paternal family)

Family Background

David was born and raised in Melbourne. Both of his parents died of cancer two weeks apart fifteen years ago. There was a feud over their property and David instigated legal action against his two brothers to force the sale of the parental home and division of the proceeds. The three brothers were now no longer on speaking terms and David had not seen them in years nor did he know
where they live. David works as a foreman at a steel works as his main job and has a second job as a contract cleaner.

Susan’s father worked in airports and breweries as a manual worker. Her mother retired after 20 years working at a rubber factory. Susan is from a group of four siblings of Maltese background, but was born and raised in Sydney. Susan moved to Melbourne aged eight years. She remembered her father as strict and that her mother was “always there for us”. Susan shared a room with her sister. A few years ago, Susan’s father shot dead a local shopkeeper following a financial dispute and was subsequently jailed for this. Susan has worked the night shift (11pm – 7am) at a supermarket, doing shelf stacking, for a number of years.

David and Susan met when they were both nearly eighteen and went out for a couple of years. They did not live together as, Susan’s father would not have allowed this. David and Susan married at age 21 and lived in the maternal parents’ bungalow for the first twelve months, moving to the house in front when the maternal uncle moved out, spending 2-3 years there. Following Nicola’s birth, they bought their own house in the same street. Peter was born whilst they were working two jobs each. After Sam was born they moved to the house across the street (maternal grandparents’ home). The marital relationship would seem to be quite strained, with David and Susan indicating that they had a lot of “ups and downs” during the first five years, but that it had then become easier. However, their work commitments continued to prevent the parents from having anything but very limited social interaction, given the time constraints. Observations of the body language of the parents suggested they were quite distant from each other and that they may actually prefer to maintain limited contact.

The family were visiting the maternal grandfather twice a week and he suggested the Roxby’s sell their house and move in with his wife. The Roxby’s had been planning to buy the home anyway, given the grandparents had been seeking a smaller home. This arrangement initially worked well, with the
grandmother Rose keeping busy with doing all the cooking and taking the children to school, relieving the burden on Susan and David who were working at a number of jobs. Sam particularly seemed to benefit as he was close to his grandmother. However, the previous year Rose moved in with her other daughter who resides in a nearby town, apparently complaining that there was too much “yelling and fighting” in the Roxby household. This meant Sam had much less regular contact with his grandmother and his behavioural difficulties increased.

**Developmental History**

Susan reported that each of her three pregnancies had been unremarkable. Sam was born a few days overdue and had been a little faster than her other children in learning to walk, at approximately ten months. She could not remember any other significant events in relation to Sam’s development.

**Educational History**

Sam had been observed to have learning difficulties since the commencement of school and it was arranged he would repeat the prep year. Given his teacher’s concerns about his academic progress, Sam was referred for a speech and language assessment and found to have difficulties with both oral and written language tasks. A cognitive assessment was subsequently conducted and Sam was found to be in the Mild Range of intellectual disability and therefore eligible to apply for integration assistance.

School staff had observed Sam had major problems interacting socially with other children in the yard during break times. Sam would lose his temper and hit any child at random. Staff had instituted time out discussion, but Sam then did it again and again. It appeared that Sam wanted to be accepted by his peers and could not see why he was not accepted. Sam had previously had a few friends but they had now lost patience with his behaviour. It appeared Sam was provoking verbal and physical confrontations. Thus, school staff had set up a
program whereby Sam was kept in for half of the lunchtime and given tasks to do, which he quite enjoyed.

Sam had been stating “I want to kill myself” when stressed. Sam’s brother Peter seemed to be helping to fight battles for him. His parents had thought Sam’s behaviour at school might improve given that Peter had commenced high school, but this was proving not to be the case. The primary school staff were very relieved that Sam’s mother had agreed to accept support after acknowledging Sam was exhibiting the same sort of behavioural difficulties at home, which she had previously claimed was not the case.

Assessment

Following discussions with the primary school staff who had made the referral regarding Sam’s behavioural difficulties, the family members were invited to a family assessment session. The level of violence being exhibited by Sam towards other students was in danger of breaching the school’s duty of care. School staff had attempted to continue a dialogue with Sam’s family but without any discernible progress being made. Staff were quite conscious of the family’s sensitivity about the grandfather’s violent crime and subsequent jailing and had endeavoured to manage Sam’s behaviour themselves as much as possible. Staff did not wish to place further burdens on the family whom they perceived as no longer having any family support, relationship difficulties between the parents and a lack of supervision of the children due to the parents’ extraordinary work commitments.

The family assessment was conducted over seven sessions at a therapy centre, combined with two meetings of school staff. One session included all family members and the remainder included parent sessions or individual child sessions, which incorporated a formal cognitive assessment.
Family Presentation

The family seemed to find it novel to be assessed as a group, as their shiftworking lifestyle meant it was very rare for them to spend time together as a group and communicate about family issues. All family members were able to provide instances of when Sam had misbehaved, but had much greater difficulty being able to discuss his positive attributes. Sam seemed to become quite defiant and somewhat proud when his disruptive and aggressive behaviour was described. It appeared that having to share a bedroom with Peter generated much of their sibling rivalry and Peter enjoyed setting Sam up to become involved in fights. Nicola generally regarded Sam as a pest, and tried to ignore him. David was able to focus on some of Sam’s positive attributes. However, Susan was extremely negative towards Sam and was very derogatory about him in his presence. Susan was unable to acknowledge Sam’s strengths and continually refocused on his negative behaviours. It appeared Sam was scapegoated within the family, reflecting the situation at school.

The family reported having an extremely limited social network, with occasional visits from Susan’s sister and mother Rose, and daily contact with one family friend Charlie. Charlie cares for Sam after school at his service station and brings his sons over on the weekend when the two families socialize. Susan indicated that she did not go out with friends at all due to a lack of time and seemed quite depressed about this.

Individual Assessment

Sam presented as a good-natured, but somewhat vacant young boy of solid build. Sam was quite co-operative with anything that was asked of him, but had very definite limits about what his abilities were. Sam tended not to engage in much conversation, but this was due to difficulty in being able to express himself, rather than an unwillingness to be sociable. Sam clearly enjoyed his father’s company and was much more open and relaxed when in the care of his father.
When “baited” by his siblings, Sam tended to clown around and seemed willing to exaggerate his misbehaviour. Sam’s strengths would appear to lie in his ability to perform manual tasks such as helping his father fix the car, which was one of the few activities where his behaviour was not an issue.

**Drawings**

Sam had great difficulty in being able to do the drawings suggested. When Sam did draw, the pictures themselves were very small, drawn in one colour only and with little detail. When asked to draw the members of his family, Sam’s figures were indistinguishable from each other. He was therefore requested to he write their names beside each figure. However, Sam had great difficulty being able to spell their relatively simple names. When asked to draw a “good dream”, Sam had enormous difficulty being able to describe any details about his simple depiction of a car.

**Mental State Examination**

**Appearance and Behaviour**

Sam was a child of solid build, nearly dressed in casual clothes. Sam was initially difficult to engage, with a high level of anxiety. However, once he was reassured that tasks were within his capabilities, Sam was quite sociable.

**Mood/Affect**

Generally, Sam appeared to be quite sad and anxious in an unfamiliar environment. Sam had a blunted affect with a restricted range.

**Speech**

Sam’s speech was logical, reasonably coherent and of normal rate. However, Sam did not generally initiate social interaction and demonstrated a limited vocabulary and poorly developed skills in expressive and receptive language.
Thought

Sam seemed to have no abnormalities in form or stream of thought.

Perception

No abnormalities in perception were detected.

Cognitive Assessment

Sam was appropriately orientated and demonstrated no difficulties with concentration or attention, particularly when he was less anxious. (Cognitive Assessment – Intellectually Deficient Range).

Judgement and Insight

Sam was unable to demonstrate judgement or insight regarding his behaviour or circumstances.

Summary

Sam is an amiable 9 year-old boy whose intellectual disability is having a profound impact on his ability to cope academically and socially. Sam resides with his two older siblings and parents in a household which suffers from very poor communication and low concern for other family members. The school staff were very keen to refer Sam for an assessment given their difficulties in managing his aggressive behaviour towards other students and their interest in being able to assess the impact of his cognitive difficulties. Consideration was being given as to whether it may be appropriate to make a notification to the Child Protection Service given Sam’s increasing risk of harm to himself during violent episodes, likelihood of expulsion from school and lack of parental supervision.

Recommendations

- Educational options for Sam to be explored, such as placement in a Special School, which may better meet his academic needs and provide intensive
training in adaptive life skills. Such a placement could be full time or combined with mainstream schooling on a part-time basis, if this was more suitable.

• Family therapy to improve the level and quality of communication and empathy amongst family members.

• Arrangements should be made for Sam to spend as much time as possible with his grandmother Rose, in conjunction with a recognition by Susan and David that her move away from the family home was a significant loss for Sam.

• Information be provided to the parents regarding the impact of shiftwork on family life and strategies to reduce harmful effects.

• The strategies devised as a result of the cognitive assessment be implemented as far as possible at Sam’s current school.

• Sam’s high level of concentration and motivation to undertake tasks that were within his capabilities be nurtured through the provision of such tasks, which would help to build his self-esteem.

• Given Sam’s strong desire for peer acceptance and vulnerability to exploitation, he would benefit from very specific social skills training which took into consideration his cognitive capacity.

• An emphasis be placed on Sam gaining adaptive skills to improve his independence.

DISCUSSION

Despite an early diagnosis of language and speech difficulties when Sam was repeating Prep, due to work commitments his parents were unable to implement remedial programs designed to provide assistance with language development. Shiftwork commitments mean the parents usually see each other and their children only for a couple of hours each day. Sam was reportedly close to his maternal grandmother and received nurturing from her until she moved out of the family home, due to being frustrated with the continual arguing. Since
then, Sam appeared to have had minimal supervision for large parts of the day when he was not at school.

Sam's intellectual disability had contributed to his difficulties in forming and maintaining peer friendships, as he was unable to comprehend the social rules and expectations. Sam's frustration at his inability to participate either socially or academically led to great frustration and consequent aggressive behaviour. This behaviour was directed at the nearest child, without requiring provocation. Sam was completely unable to comprehend the impact of such aggressive behaviour, making it difficult for school staff to manage it effectively using usual methods. The school had shown enormous commitment to Sam by trying to contain his behaviour on a daily basis, with extremely limited participation by his parents. Whilst David Roxby was able to demonstrate some insight into Sam's difficulties, Susan Roxby believed Sam's misbehaviour was more willful.

When the outcome of the cognitive assessment was discussed with Sam's parents, David was able to comprehend some of the long-term implications for Sam's future. On the other hand, Susan's responses, and discussion about previous participation in remedial programs for Sam, suggested she may have literacy difficulties and potentially some impairment in intellectual functioning herself. The importance of Sam gaining adaptive living skills to improve his independence was emphasized, and the parents recalled incidents where he had demonstrated an inability to manage money. Given Sam's eligibility, his parents were asked to consider the option of placing him at a Special School, which had smaller class sizes, specialist trained teachers and extra facilities, and the opportunity for him to be encouraged to reach his academic potential. Susan expressed concern about Sam feeling stigmatized and being rejecting of children with disabilities. So Sam's parents were encouraged to think about what may be in his best interests. They suggested it might be for him to be "the big fish in the small pond", where his level of functioning was at the top of the range with his co-students rather than way below.
Sam's parents demonstrated the capacity to think about what course of action might be in his best interests. They were able to recognize that he was deeply unhappy at his mainstream primary school where he was simply being cared for, as efforts to achieve academic progress had stalled given the lack of specialist training required to address his particular needs. Sam's parents had been very keen that he attend this primary school and had strong loyalty to staff after the intensive support they had provided during past crises in the family. The parents were also able to accept and work with the diagnosis that their child had a mild intellectual disability and their plans for his future would need to be modified accordingly. Staff at his primary school had perceived themselves as having a strong pastoral care role and had constantly tried to act within Sam's best interests, which included discipline such as suspensions being served at school rather than sending Sam home when they knew he would remain unsupervised. The staff continued in this caring role through personally ensuring the transition of Sam to a Special School went very smoothly. The alternative course, that Sam remained at his primary school and then went on to high school would certainly have led to increased frustration as he slipped even further behind his peers academically and socially. The potential risk lay in Sam absconding from school and being vulnerable to exploitation by older adolescents and involvement in risk taking behaviour. Sam's family demonstrated very low cohesiveness and communication and an absence of effective coping strategies, their capacity to deal with acting out behaviour by a bored, angry adolescent appeared minimal. Both parents failed to demonstrate recognition that their heavy workload commitments were being maintained at the cost of their family's health and Sam's functioning in particular.

This case demonstrates how decisions regarding what is in the best interests of the child apply to a range of situations other than placement or custody. In this situation, the school placement decision had the potential to determine the child's future given his already very challenging behaviour and the
inability of his family and school to address this appropriately. Professionals need to keep in mind that decisions such as school placement have serious implications and are thus categorized as part of a guardian's responsibilities.
Chapter 5

Case Study 4: Dan

Referral Question

Dan is a 2 year-old boy who had been referred for assessment as a consequence of displaying significant behavioural and conduct problems. Dan had been placed by the Child Protection Service with relatives, on a permanent care basis. Dan’s aggressive behaviour was particularly directed towards his four year-old sister Natasha. Dan bit his sister during a paediatric consultation and the paediatrician was very concerned at finding at least ten bite marks on Natasha’s trunk, arms and back which had been caused by Dan biting her. The permanent carer, who is the children’s great aunt, was very concerned that the situation had been becoming worse over the previous six months, since the youngest sibling had been placed in her care. Dan was observed by the permanent carers to experience very strong emotional reactions, for example, when angry he would bang his head on the ground. The carer was concerned Dan may be developing the aggressive behaviour which had been characteristic of his father and grandfather (her brother).

Family Structure

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Dan</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joyce Green</td>
<td>Paternal Grandmother</td>
<td>(73)</td>
</tr>
<tr>
<td>Carl Abruzzo</td>
<td>Great Uncle</td>
<td>(43)</td>
</tr>
<tr>
<td>Sonya Abruzzo</td>
<td>Great Aunt</td>
<td>(38)</td>
</tr>
<tr>
<td>David Abruzzo</td>
<td>Cousin</td>
<td>(10)</td>
</tr>
<tr>
<td>Natasha Abruzzo</td>
<td>Sister</td>
<td>(3)</td>
</tr>
<tr>
<td>Dan Abruzzo</td>
<td>Referred Client</td>
<td>(2)</td>
</tr>
<tr>
<td>Michael Abruzzo</td>
<td>Brother</td>
<td>(10m)</td>
</tr>
</tbody>
</table>

Cultural Identification: Italian (paternal family), Australian (maternal family)
Family Background

Carl was the youngest of three children, having been born in 1960 into what he described as a “very Italian” family. He did not learn to speak English until the age of five years and felt at school he had one life and at home it was a totally different world. Carl described his father as a traditional taskmaster, and indicated his father dominated his mother, who was loving to Carl. Carl’s brother and sister were much older than himself and were not living in the house as he grew up. They had become quite elderly and his sister was very sick and his parents deceased, so his extended family were unable to provide any practical support to him. Carl explained he knew what his parents’ expectations of him were, but he rejected these. He chose what he saw as the Australian way of life and determined he would decide who he married and what friends he would have.

Whilst Carl agreed family and values were important, he would not be told by his parents how to live his life, or what values and morals to have. He had been at school in the 1960’s to 1980’s and believed his parents did not understand. Carl believed he was the opposite to his father, who was very European. In contrast, Carl described how he would intervene if he saw family violence occurring. Carl had originally married to Linda and they had two sons, Phillip (16) and Thomas (14).

Sonya was the youngest child of ten, and continued to reside with her mother, Joyce. Sonya and all of her family continued to reside in her original family home. Joyce described her first husband, Max Green, as a violent alcoholic who had been abusive towards herself and two of their sons, Liam and Ewan. Max left the family in 1963 and Joyce remarried in 1970, to Warren Connell. Warren was reported by Joyce to be a much kinder man, who was still grieving his death in 1999. Sonya reported being scared of her brother Mark, he had assaulted his siblings when they were children, but had not attempted this
when they were adults. Mark was the only sibling who had been violent. As a young person, Mark had been involuntarily committed to psychiatric care and was violent towards the police, apparently perceiving them as his father. According to Joyce, a lobotomy had been considered to treat his aggressive behaviour. Mark separated from his partner, Julie (Dan’s grandmother) when Dan’s father, Stan was aged only two years. Mark had been in a volatile relationship with his current partner Zena, for the last seven years. He had now settled somewhat and bought a house, but still had a temper according to his mother.

Sonya and Carl married and had one son, David. Sonya indicated she had always intended to have a large family, and so was devastated when told she could not have any more children after David was born. Sonya suffered Post Natal Depression (PND) following David’s birth, and it seems this may have gone undiagnosed for a significant period, and then required extensive treatment to resolve. Sonya suffered a stroke and so was required to keep taking medication for the rest of her life. As a result of her condition, Sonya continued to have medical emergencies on occasion and required hospitalization at short notice. This situation caused great stress for Sonya as she was required to find childcare at short notice and Dan’s behaviour made him difficult to place. This difficulty in turn increased Sonya’s stress and likelihood of relapse. Sonya described how friends had tried to get her to be grateful for having one child, but for her, even though she loved David, he was not enough on his own. David was diagnosed with ADHD a couple of years previously and had responded well to medication. Carl believed David had been very similarly behaved to Dan, both were overactive, but David did not exhibit violent behaviour.

Carl reported the couple had wanted to adopt more children earlier, but had simply not had the money. Therefore, when they were approached by the Child Protection Service to be potential carers for Dan and then Natasha, they jumped at the opportunity. Sonya explained she had not wanted to take on Michael as well, but Carl had pushed her to do this. Carl acknowledged this and
explained that he believed the children were in moral and physical danger and needed the stable home they could provide. He gave as their reasons for caring for the children: safety, blood (family ties) and wanting more children. Carl claimed they had now drawn the line about accepting the care of any further children, but if approached by Child Protection again, it appeared they might be unable to stay firm on this.

Sonya indicated she had believed caring for four children would be the same as caring for one, but had found the increased workload overwhelming, particularly given Dan’s aggressive behaviour. Sonya had become quite depressed when unable to cope, which she had been determined to hide from the children and so had been taking antidepressant medication. Although Sonya’s mother Joyce lived with the family and was happy to provide any help required, Sonya did not believe Joyce should be burdened with the children’s care at the age of 73. Carl agreed the family had experienced dramatic change, although he argued that as parents they had not changed, their lifestyle had, to accommodate the addition of three children over two and a half years.

Dan had been placed by the Child Protection Service with Sonya and Carl at the age of approximately eight weeks. Sonya reported Dan had been removed from his parents’ care at birth, because they were assessed as incapable of caring for him, having had three previous children removed from their care on a permanent basis. Dan was placed in the care of his paternal grandfather Mark for his first two weeks, but was removed when the police were called to an incident of family violence between the grandfather and his partner. After other temporary care arrangements, Dan was placed with Sonya and Carl Abruzzo following their assessment as suitable carers. Dan’s older sister Natasha had been placed with a number of carers until the age of two years. However, Sonya and Carl reported that these carers had failed to provide Natasha with adequate stimulation and subjected her to neglect, which led to her removal and placement with them.
Therefore, after Dan had been with the Abruzzo's for approximately four months, his sister was also placed with them. The carers acknowledge Natasha had very high emotional needs and they had felt an obligation to address this issue immediately. However, they appeared to have lacked insight as to how this change of attention would impact upon Dan. They had believed he would be too young to be aware of the change in focus, but in contradiction, they also believed he would like the company of the extra child.

It appeared Dan was having great difficulty adapting to these changed arrangements, when the decision was made that the baby, Michael, would also be placed with the family. The youngest sibling, Michael, had been removed from the parents' care and placed with family friends who provided him with insufficient stimulation and neglected him. Michael had access visits with Dan and Natasha on a weekly basis from the age of eight weeks. Carl and Sonya subsequently agreed to provide care for him, and he was placed with them at the age of five months. Since Michael's arrival, Sonya's attention had been focussed on his higher dependency needs as a baby.

Sonya reported Dan had been exhibiting aggressive behaviour from about the age of twelve months. It had gradually become worse after Michael's arrival, although Dan was never aggressive towards Michael. Dan displayed a great deal of anger and became destructive of property. For previous six months, Dan had self-harmed through banging his head against things or hitting his head with both hands (closed fist). Dan wanted his own way continually and vented his frustration by attacks on Natasha. Dan would bite her severely on the back. Natasha had previously given in, but more recently had been trying to stand up to Dan. Dan also bitten Sonya's son David on the arm, pinched him and punched him in the face, resulting in a blood nose. Sonya had tried a number of strategies to manage Dan's aggression including occasionally lightly smacking Dan on the bottom, time-out and ignoring the behaviour. These strategies had not led to any improvement. The permanent carers were concerned Dan had primarily been in
their care, yet appeared to be having much greater difficulties than Natasha, whose previous care had been judged to be inadequate.
Developmental History

Sonya reported little was known about the pregnancy and Dan’s very early development, given the lack of contact and strained relations with his biological parents. Dan’s mother was apparently small in stature, which may help to explain Natasha’s small size. There were concerns their mother’s diet was very inadequate during each of her pregnancies. However she apparently did not abuse alcohol or other substances, though she did smoke. According to Sonya, Dan was born full-term with no complications, had a birthweight of 9-10 lb, and reportedly grew well following his birth. Dan did not have feeding, co-ordination or sleeping problems as a baby.

However, he was reported to have problems separating from the carer, who commented he was fine with others after about an hour. Sonya reported Dan met all of his developmental milestones, with the exception that he was not currently toilet trained, although it would not necessarily be expected that this skill would be mastered at his age. Although Dan had liked to snuggle up to the carers as a baby, he would now tend to pull away from them if they sought to be affectionate and hug him.

Crèche History

Dan attends a child care at a community centre providing occasional care, primarily for children whose parents might be attending the other services at the centre. The staff reported Dan was going through a “clingy” stage at the time, but settled after Sonya leaves the centre. Dan had been observed to have difficulties with attention, being unable to focus on an activity for any length of time, although this improved when he received individual attention. Dan tended to parallel play beside the other children, doing a similar activity, or he took their play object. Thus, Dan sometimes provoked other children, behaving destructively until he ensured he had the carer’s attention.
The carers had found Dan’s language hard to understand and he had difficulty communicating what he wanted. Dan enjoyed the activity room, which included paints and pencils, and he had demonstrated quite good fine motor skills. There was little opportunity for the children to play ball games at the centre given the lack of available space, so staff had found it difficult to comment on his gross motor skills. However, staff had observed Dan had poor social skills, he did not even try to play with the dress-ups, was a loner socially and had not make much eye contact. Dan had also pulled out all the toys, which other children had put away.

Assessment

The family were referred by their paediatrician following concerns that the carers may be unable to cope with managing the children’s care unless they were able to contain Dan’s behaviour. The carers’ themselves were particularly concerned there might be a biological factor involved given Dan’s grandfather’s history of violence and his father’s diagnosis Intermittent Explosive Disorder (IED). Dan’s mother was intellectually disabled and had been subjected to family violence by his father, potentially during her pregnancies as well. The initial assessment session included all members of the family household including Dan’s paternal grandmother, but with the exception of Carl due to work commitments. Special arrangements were made with Carl during subsequent assessment sessions to gain his input on particularly crucial issues. A couple of sessions were devoted to individual assessment with Dan.

Family Presentation

Sonya appeared to have a very close and supportive relationship with her mother Joyce, which ensured she received substantial practical support from a grandmother who had raised ten children. Sonya presented as a very capable and organized person who enjoyed being busy and identified with her role as a mother, as the core element of her existence. Despite being physically
overwhelmed by the burden of care, Sonya believed it was a “mother’s job” to care for the children. Sonya perceived the children as “her reason for living” and saw this as quite literally the case. When in his presence, Sonya tended to be somewhat overshadowed by Carl, who was quite exuberant and forthright. At such times, Sonya appeared less confident and assertive, even in relation to issues regarding the children’s care. However, Carl was very clear that Sonya was his “first priority” and her health was a primary concern.

David presented as a fairly quiet boy, who had been somewhat bewildered by the dramatic changes in his family that had occurred. His position had altered from being an only child, to an older sibling with a group of three younger children. Natasha was a very co-operative child who related well to all the other family members, which in turn may have led the carers to be very positive towards her. Dan was perceived as the child with difficult behaviour, which made caring for him somewhat unrewarding and generated negative feelings towards him, particularly by Sonya. Dan idolized Carl and wanted to be close to him all the time. Dan was very attached to Michael, who was a placid baby with obvious developmental delay.

**Individual Assessment:**

During the developmental assessment session, when he could be observed individually, Dan presented as a two and a half year-old child of tall and solid build, who had poor social skills. Dan moved rapidly between activities, finding it difficult to settle at any one. He tended not to verbalize and if he wanted something would simply physically take it or tantrum if he was unable to access it. Dan rarely made eye contact, despite positive encouragement and was more wary of strangers than would have been expected given the situation. If Dan hurt himself accidentally, he became very distressed and sought the carer for comfort. Dan was able to understand simple verbal instructions, but was unable to participate in a conversation. His language skills appeared very limited and much
of his speech was not understandable. Dan was unable to communicate his emotions and became very frustrated, resulting in destruction of property. If Natasha was present, Dan directed his anger towards her, pushing or biting her until he had gained the carer’s attention. Dan was observed to be much more responsive to Carl than to Sonya. Dan enjoyed activities such as drawing on the blackboard with chalk.

Denver II Developmental Assessment

The Denver was designed to be administered with apparently well children between birth and six years of age, to aid in identifying those who have a high probability of being developmentally impaired. It is administered by assessing a child’s performance on various age-appropriate tasks. The test is valuable in screening asymptomatic children for possible problems, in confirming intuitive suspicions with an objective measure, and in monitoring children at risk for developmental problems, such as those who have experienced perinatal difficulties.

The test is divided into the following four sectors:

**Personal-Social Skills**

Getting along with people and caring for personal needs.

Dan scored – Three delays and two cautions

**Fine Motor-Adaptive Skills**

Eye-hand co-ordination, manipulation of small objects, and problem solving.

Dan scored – No delays or cautions

**Language Skills**

Hearing, understanding and using language.

Dan scored – No delays and one caution.
**Gross-Motor Skills**

Sitting, walking, jumping, and overall large muscle movement

Dan scored - Two delays and no cautions.

It should be noted that these results are limited to indications of delay, as the use of substitute test materials places limitations on the validity of the testing.

**Mental State Examination (MSE)**

**Appearance and Behaviour**

Dan was a neatly dressed, large child for his age. He was quite difficult to engage and could not remain focussed on an activity for any length of time. Dan demonstrated overly active behaviour in a family setting, although did not when assessed on a one-to-one basis.

**Mood/Affect**

Dan was initially fearful of the unfamiliar room and quite irritable when in the family setting. Dan expressed his anger overtly.

**Speech**

Although not formally assessed, Dan exhibited little spontaneous speech and tended to mumble, with the majority of his speech not being understandable.

**Thought**

Dan showed no evidence of thought disorder. Dan demonstrated non-verbal communication skills and was quite verbal when seen on a one-to-one basis.
**Perception**

No abnormalities in perception were detected.

**Cognitive Assessment**

Not formally assessed. Dan appeared to have very poor attention, although there were some signs his memory functioning may be quite reasonable. For example, he was able to recognize the assessor after a week had elapsed.

**Judgement and Insight**

It appeared Dan may have impaired judgement, as he acted inappropriately in social situations and seemed not to learn from appropriate consequences.

**Summary**

Dan is a very active two and a half year-old boy, who has been placed on a permanent care basis, in the company of his two siblings, with his paternal great aunt and her husband. Dan and his family had been referred by the paediatrician, following a consultation during which Dan bit his sister Natasha. This incident formed part of a pattern of aggressive behaviour by Dan, which was generally directed towards Natasha, although he had also bitten the carer’s son David.

**Recommendations**

- That liaison be conducted with the Child Protection the relevant worker was aware of the family’s current issues and could institute strategies to provide adequate support.
- That a referral be made for emergency respite fostercare to set up a safety plan if this facility is needed by the family at short notice.
- That a referral be made to Early Intervention Services to further assess and address Dan’s areas of developmental delay, in particular the areas of social-personal, gross-motor and language skills.
- That a referral be made Disability Support Services to provide in-home support to the family and disability support funding.
• That a referral be made for childcare which may better suit Dan's needs, through having a minimal number of carers and children with whom he needs to compete for attention.

• That a referral be made to the local Family Support Service to provide practical assistance and counselling if required.

• Sonya be provided with parenting assistance to assist her to develop behaviour management strategies to address Dan's aggressive behaviour and decrease sibling rivalry.

DISCUSSION

It seems there are a range of factors and circumstances which may have contributed to Dan's behavioural difficulties. Dan's mother has an intellectual disability and Dan himself may have a developmental delay. Dan is likely to have developmental delays in the areas of social-personal skills, gross - motor skills and language skills. It would appear much of Dan's difficult behaviour arises from his frustration at his inability to communicate his needs. Dan may also have experienced difficulty with adjusting to Natasha joining the family, for until that point he was the baby with high dependency needs. On arrival, Natasha was reported to be very emotionally needy which ensured the permanent carers shifted their focus to her. This situation was exacerbated with the arrival of Michael with his high dependency needs, given his age and delayed development. Sonya's obvious physical exhaustion in trying to meet the needs of four children, and her depression, may be making it difficult to meet any of the children's extra needs.

Given Dan's apparent developmental delay, it is crucial the family receive support from early intervention services to assist in management of his special needs. It would be preferable for Dan to have a minimal number of carers and other children with whom he is competing for attention. Sonya's physical exhaustion would seem to be playing a large role in her emotional exhaustion and consequent depression, requiring that the burden of physical care needs to be
reduced. This would also assist in reducing the likelihood of Sonya experiencing a further medical crisis, although a safety plan including arrangement of emergency respite care is necessary. A plan would have the added benefit of reducing Sonya’s level of stress and therefore likelihood of medical relapse.

It would seem that it is certainly within Dan’s best interests to remain in his current placement on a permanent basis. Dan has been provided with the benefit of a placement with extended family members who were willing to keep his sibling group of three together, a highly unusual placement opportunity. The carers had always planned to care for a large family and revel in this opportunity which they thought had been denied them. However, the rapid expansion of the family has placed a big burden on their coping resources. Perhaps due to his special needs, Dan has had great difficulty adapting to the changes in family composition and has expressed this in the only way he has. The risk lies in the strain of caring for children with competing needs becoming overwhelming for the carer, particularly given her medical condition. If adequate support is not provided, the carer could lose the capacity to care for Dan, requiring him to be placed elsewhere. Any alternative placement would be unlikely to enable the three siblings to remain together or be with family members.

This case demonstrates the dilemmas facing professionals when what is seemingly in the child’s best interests in terms of a placement able to meet all of their physical and emotional needs, but at a heavy cost to the carers. In the longer term, this burden may eventually mean the placement is unsustainable and the child must be removed and placed somewhere else. Thus, professionals are required to take into consideration not only the child’s immediate needs, but what will be in their best interests over the longer term.
Chapter 6

General Discussion

Professionals are often called upon to make decisions in relation to major issues in children’s lives such as where they live and with whom, who they may have contact with, within which religion they will be brought up and which school they will attend will have consequences throughout their lives. Such decisions should never be taken lightly and personal biases which influence judgement should be acknowledged and dealt with carefully. As Miller (1993) cautions, it may be more difficult to extricate the influence of unconscious values held by the professional, such as those incorporated within a seemingly neutral theory. For example, the majority of professionals making placement decisions might perceive positively a parent who encourages autonomy in the child (McGlashan, & Miller, 1982), yet this is not a view held universally.

The frameworks available to assist those with the responsibility for making decisions according to the “best interests” of children are diverse. That offered by the task force of the American Psychiatric Association (1982) suggested the child’s needs should be based upon a satisfactory “reciprocal relationship” between a parent and a child, the adults’ “parenting capacities” and relevant family dynamics. Such a framework would not seem to offer the professional clear guidance on how to conduct such an assessment in practice. Offering a little more assistance, is the proposition made by Goldstein et al. (1979) to consider the least detrimental alternative, which is consistent with the child’s sense of time, the child’s opportunity for being wanted and for the maintenance of an ongoing, unconditional and permanent relationship with at least one adult who has the potential to become the child’s psychological parent.

The American Psychological Association released Guidelines for Child Custody Evaluations in Divorce Proceedings (1994) which specified members
should ensure the focus of the evaluation was on parenting capacity, the psychological and developmental needs of the child, and the fit between these areas. It was suggested that assessment of parenting should include whatever knowledge, attributes, skills, and abilities, or lack of these existed. The developmental needs of the child and his/her psychological functioning, as well as the child’s wishes were to be considered where appropriate. Overall, the functional ability of the parent to meet the child’s needs, including observation of interaction between them, was to inform the assessment. The parents’ values relevant to parenting and their ability to plan for the child’s future needs, their capacity to provide a stable and loving home and any possibility of inappropriate behaviour which might have a negative impact on the child were also to be considered. Although psychopathology was deemed to be relevant in terms of impact on the child or compromising parenting ability, practitioners were cautioned not to regard this as the primary focus of the assessment.

The provision by the Australian Family Law Act (1975) of factors to guide decision making in relation to the best interests standard is similarly comprehensive (see Appendix 1). However, no recommendations are made regarding how the factors are to be weighted in relation to each other. Furthermore, the child and their circumstances are treated as static elements, for whom a decision made in the current context will be applicable for years to come. Clearly, particularly for younger children, this is often unlikely to be the case. Yet, the feasibility of returning to the court arena to revisit such decisions is very low. Decision makers need to be conscious of such issues and make arrangements for children that are as flexible and realistic as possible. Perhaps decision makers need to place themselves in the child’s shoes as an adult, and ask the question as to what they would have wanted.

For Child Protection professionals being faced with making placement decisions on a daily basis, which can result in permanent care arrangements, there is minimal guidance provided the legislation in how to reach these decisions.
Decisions are made through extensive consultation with managers and thorough assessments of potential carers. However, it could be argued that such processes may lead to a lack of consistency in decision making.

The case study of Kane provides an illustration of the dilemmas faced when a parent who has previously been abusive acknowledges and addresses this, but remains in a relationship with a parent suspected of being a sexual abuse perpetrator but denying it. In general, the proposition might be to encourage the non-offending parent to maintain a separate relationship with the children. However, in this case Kane was heavily dependent upon his partner for physical care and lacked the capacity to live independently. Balancing the need to protect the children from any further sexual abuse was the consideration that such long-term placement in alternative care in different placements was damaging the children’s sense of identity in relation to extended family, which would not seem to be in their best interests. Whatever contact with Kane that his children could have without placing them at risk of further sexual abuse would be the preferred option.

The second case study of Ben illustrates the importance of trying to maintain sibling groups when placement in alternative care is required. Despite an enormous number of placement and caregiver changes, the fact that Ben and John always had the constant of each other appeared to have a protective effect upon them. Placement of Ben within his extended family network had many benefits including strengthening of ties to his Maori culture, which in turn normalized placement with relatives. Ben’s caregivers had come to recognize the impact of prior abuse by parents who lacked the capacity to parent effectively. This had led to decisions to make personal sacrifices to attempt to ensure the children’s best interests were met for the long-term.
The third case study of Sam illustrates how the best interests principle can be applied to decisions such as which school the child should attend. If Sam’s parents had blindly followed their own wishes, without taking into consideration what Sam’s needs were, his academic potential was extremely likely to have been compromised. Investigation to establish the nature of Sam’s disability and acknowledgment of it, allowed future planning to be done in accordance with what was in his best interests. If this had not occurred, Sam faced a high likelihood of continued and escalating behaviour problems, which were likely to place him at risk of future harm.

The fourth case study of Dan demonstrates the tension between the needs of the individual child and the needs of the family as a whole. The strain of Dan’s special needs was threatening to overwhelm the coping capacity of the primary caregiver, which had serious implications for himself, his siblings and other family members. It was clearly in the best interests of all the children for Dan’s behaviour to be managed effectively and the primary caregiver to be supported given her pivotal role within the family.

**Conclusion**

The case studies described present the diversity of circumstances and the complexity that can confront individuals charged with making decisions in relation to what is in the best interests of a child. Whilst there are a range of frameworks available for decision-making, none can fully operationalize all the minutiae of details to be taken into consideration. In the end, professionals must decide to the best of their ability and based on the most accurate information they can gather, what is in the best interests of the child weighed against the risks. History and future research on the outcome of such decisions will judge whether the Wisdom of Solomon has truly been employed.
References


*Family Law Act* (1975)


Schwartze, J.E. (21.05.01). “Split the Baby” means more than just “Split the Difference”. [On-line]. Available:

*Uniform Marriage and Divorce Act (UMDA)*


Appendix 1

Family Law Act
s68F (2)
(a) any wishes expressed by the child and any factors (such as the child’s maturity or level of understanding) that the court thinks are relevant to the weight it should give to the child’s wishes;
(b) that nature of the relationship of the child with each of its parents and other persons;
(c) the likely effect of any changes in the child’s circumstances, including the likely effect on the child of any separation from:
   (i) either of his or her parents; or
   (ii) any other child, or other person with whom he or she has been living
(d) the practical difficulty and expense of a child having contact with a parent and whether that difficulty or expense will substantially affect the child’s right to maintain personal relations and direct contact with both parents on a regular basis;
(e) the capacity of each parent, or of any other person, to provide for the needs of the child, including emotional and intellectual needs
(f) the child’s maturity, sex and background (including any need to maintain a connection with the lifestyle, culture and traditions of aboriginal peoples or Torres Strait islanders) and any other characteristics of the child that the court thinks are relevant;
(g) the need to protect the child from physical or psychological harm caused or that may be caused by:
   (i) being subjected or exposed to abuse, ill-treatment, violence or other behaviour, or
   (ii) being directly or indirectly exposed to abuse, ill-treatment, violence or other behaviour that is directed towards, or may affect, another person;
(h) the attitude to the child, and to the responsibilities of parenthood, demonstrated by each of the child’s parents;
(i) any family violence involving the child or a member of the child’s family;
(j) any family violence order that applies to the child or a member of the child’s family

(k) whether it would be preferable to make the order that would be least likely to lead to the institution of further proceedings in relation to the child;

(l) any other fact or circumstance that the court thinks is relevant.