

# Protecting children is everybody's responsibility essay sample

[Life, Childhood](#)



One of the most important philosophical underpinnings in the area of child protection is the United Nations Convention on the Rights of the Child. Australia's child protection system is not unified but the Council of Australian Governments (COAG) endorsed the National Framework for Protecting Australia's Children. Protecting children is not just the responsibility of statutory Child protection Systems but also of parents, communities, governments and business. The national framework for protecting Australia's children recognises the importance in partnership between Australian, State and Territory governments and non-government organisations to protect our children. The framework focuses on the idea of placing children's interests firmly at the centre of everything we do and also promote the safety and well-being of all children. Keeping this in mind the paper intends to critically analyse and compare the practices of two adult service sectors, one being the mental health sector and second being the multicultural/refugee sector. The paper will then go on to make suggestions taken from empirical literature on how these sectors can better conceptualise and apply the notion that protecting children is everybody's responsibility.

There is a huge overlap in the services offered by the two adult service sectors mental health and refugee sectors. Mental health problem is prevalent in both the sectors. In addition to Child Protection services and mental health concerns, the users of Mental Health sector and Refugee service sector faces common interrelated complex social issues, such as homelessness, poverty, domestic violence, disability, trauma and substance abuse (Bromfield et. al, 2010; Darlington, Feeney, & Rixon, 2004). Literature identifies ' parenting issue' as a common consequence in both these adult

sectors. Literature identifies that, where a parent has mental health problems there may be serious child protection concerns (Darlington, Feeney, & Rixon, 2004). Due to their un-predictable nature of mental illness, parents are challenged with their parenting capacity. Issues such as neglecting the child's daily needs (medication, food, clothes shelter, education and other essential needs); failure to care for the child; abandoning the child, being aggressive, abusive and not taking any responsibility in the protection of the child are a concern for tension between the conflicting needs of adult mental health sector and child protection (Darlington, Feeney, & Rixon, 2004 & 2005).

A person with only mental health issues may not necessarily have parenting concerns but studies have shown that person who experience mental health problems are likely to also experience other complex problems such as substance use. It has been recognised as the most common cause among people with a severe mental health issue (Hegarty cited in Bromfield et. al, 2010). The South Australian Department for Families and Communities found that 69% of parents, whose children have entered the child protection system, has experienced domestic violence and 65% had mental health problems (Jeffreys et al. cited in Bromfield et al, 2010). Likewise Australian child protection authorities also receive huge amount of notifications of suspected child abuse and neglect from Refugee family backgrounds, particularly new arrivals from African and Middle Eastern countries. Refugees like all other migrants face significant challenges when settling in a new

country. Initially they face pre-migration experiences such as exposure to torture, trauma, gross violation of human rights and family separation.

Then during their transition period they may experience refugee camps, detention centres, and separation of children from their families and later in their resettlement experience they are victims to cultural dislocation, language barriers, mental health problems, financial difficulties, housing, unemployment and social isolation. The influence of these experiences can be intense in most refugees and affect their parenting adaptability (Lewig, Arney, Salveron, 2010; Renzaho et al 2011; Renzaho & Vignjevic 2011; Williams 2008). Studies have shown that the major reasons for children from this background to come in contact with child protection are due to physical abuse- (due to disciplining practices), neglect (children left unsupervised), and children's exposure to domestic violence (Lewig, Arney, Salveron, 2010). The functioning of child protection in both the adult service sectors has been discussed and now the paper looks at how the notion 'protecting children is everybody's business' can be conceptualised and applied.

A change in policy, organisation and practice is vital for Australia to make sure that we can protect our children from abuse and neglect. Even though 'family-centred practice' is well known to all, it needs to be stated with importance in our National Frame Work along with mental health and refugee policies. We must build the capacity within both the adult and child service sectors to be child and family centred practices. Service delivery organisations need to ensure that their workforce professionals are fully equipped with the knowledge, skills and resources to make collaboration a

reality (Scott 2010). Research shows that the number of children from the CALD (culturally and linguistically diverse) background presented in child protection whose parents are mentally ill is not available. Data like this is of much importance and funding for such research is essential. Without this information Child protection workers will not be able to develop and organise appropriate programs that meet the individual and complex needs of these CALD children (Kaur, 2012). Hence policy reformers, professionals, and researchers in both the adult service sectors have a role in conceptualising the notion that child protection is everybody's responsibility.

A research project funded by South Australian Department for Families and Communities, conducted by Lewig, Arney, Salveron (2009) states that social workers when working with refugees or CALD group, need to incorporate culturally competent principles, knowledge of full community resources, use of an adult interpreter when needed, working closely with community around the service user so that they are able to locate culturally appropriate foster families, able to develop relationships and also include and encourage the whole family participation in decision making so that a common goal is set. The study also suggests that engaging the family with community leaders or religious leaders are also helpful. The fundamental difference in Multicultural and refugee sector to that of mental health sector is that it is community focused. Multicultural/refugee group generally prefer to live close to their communities as they are recognised and supported by their community. But when main stream population are affected by mental health problems they

seems to be living in isolation that present their children at risk and make them more vulnerable.

The impact of community is an important factor in a child development. Organisations dealing with multicultural/refugee sector must make sure that their policies and practitioners are culturally competent, and that they understand the trauma and loss they might have undergone resulting in mental health difficulties. Organisations generally tend to focus on immediate needs like housing and fail to see the mental health issue. Organisation must have an educating system that explains all the child protection laws and mandatory notification procedures to all newly arrived migrants then physical abuse due to over disciplining and neglect due to left unsupervised issues can be minimised in this group, because unlike other sectors the number of child sexual abuse are less reported in this group (Kaur, 2012). All these information leads to suggest that protecting children should be the primary principle and responsibility of adult service sectors and related agencies and organisations. This paper also looks at three supporting outcomes stated in National Framework and how it can be applied in the two adult sectors that this paper focussed on.

Children live in safe and supportive families and communities -Educating the workforce in adult service sectors and child protection system about common mental health illnesses and consequences such as parenting difficulties as well as the importance of being culturally competent practitioners, informing the multicultural/refugee parents of Australian child protection laws is necessary to help children live in a safe supporting family

environment. Prevention of child abuse and neglect through maternal and child health services, early childhood education and care services, and schools is being given to children (Scott, 2009). Children and families access adequate support to promote safety and enable early intervention- Collaboration between the adult sectors and child protection in working towards a child focused and family centred practice, information sharing, helping the family access the relevant resources at the right time, and intervention at the right time. Greater emphasis on teaming up services so that they deliver a more unified response to families with multiple and complex needs is also prevalent (Scott, 2009). Risk factors for child abuse and neglect are addressed – Social workers from different agencies differ in ‘ assessing’ the complexity of the case and future interventions. Suggestion of a common ‘ risk of harm assessment checklist’ as practiced in NSW is considerable.

However all of these workers play a vital role in preventing harm to the children by increasing parenting ability, empowering the family and focus on strengths and needs of the family (Darlington et al. 2010). Children of Parents with a Mental Illness (COPMI), funded by Australian Government are aimed at responding to the needs of the children (COPMI). In South Australian statutory child protection service, placing a mental health liaison nurse has shown positive results in engaging parents with a mental illness, and improving inter-professional and inter sectoral collaboration (Arney, Zufferey, & Lange cited in Scot, 2009). No such innovative programmes or funding were listed in any literature to help Multicultural/Refugee sector and

also National Framework does not include any specific strategies or considerations that meet the needs of families and children from CALD or refugee backgrounds (Kaur, 2012).

Child abuse and neglect is a major problem in both Mental Health and Multicultural/Refugee adult sectors. Without proper services, correct and timely interventions Australian society including individual children and families will continue to face serious and long-term consequences. Focusing on shifting from adult-focused services to be child and family centred is an important strategy at a national level to protecting and increasing the welfare of Australia's most vulnerable children who are at risk.

Organisation's history and policies, professional and workforce skills, and knowledge limit the ability of adult services to respond to the needs of parents and their children. Hence if Child protection system, adult service sectors along with the relevant agencies and organisations and its workforces, focus and follow the ' Rights of the child and Australia's National Frame work' and implement it into their policies as well as practices and also regularly review it, then Australia can make sure that the notion ' protecting children is everybody's Business' can be conceptualized and practiced.

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