

WeParent Self-guided Therapy to Build Child-Parent Attachment and Reduce Anxiety and Depression in Children

Submission to Productivity Commission

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Summary

This submission describes a project that has been submitted to the Australian Government, through MP Nicolle Flint, by the WeParent group requesting funds to build an App that will deliver targeted education to parents of vulnerable children. The project aims to reduce anxiety and depression in children by educating parents using an App that parents can access using their smart phone.

The submission presumes that parents of today are very aware about mental health issues and are motivated to help their struggling child. But most parents are not well informed about how they can help when their child shows signs of developing anxiety or depression.

WeParent is in the advanced stages of providing an App that will empower parents to help their vulnerable children who are at increased risk of developing mental health conditions of anxiety and depression. The App helps parents to recognise when their child is vulnerable, to modify the parent's own behaviour to improve interactions, to teach their child skills to deal with specific difficulties the child encounters, and to build their child's resilience and wellbeing during the formative mid-childhood years.

The WeParent App draws on a wide base of research in psychology and mental health. The content of the App both endorses ideas that are widely acknowledged, and adds ideas that are established in clinical psychology but have not been well disseminated to the general public.

Points that are accepted by the vast majority of psychologists and the community:

1. Depression and Anxiety develop when people lack skills to manage common environmental situations. Parents who teach skills that help their child to manage difficult situations greatly reduce rates of anxiety and depression in their children.
2. Children optimally learn skills to manage their emotions during the mid-childhood period of 6-10 years.
3. Effective interventions teach children how to think constructively about emotions, and to process their emotions using a Cognitive Behavioural Approach.
4. Children who do not learn to process their emotions constructively are at higher risk of developing anxiety and depression.
5. Parents are in the best position to teach individualised skills to help their child process emotions.

Points that are established in clinical psychology but are not widely known to parents:

1. Children who are exposed to adverse events during childhood without adequate support are more vulnerable to developing anxiety and depression
2. A child's temperament influences how each child responds to adverse events and influences a child's coping skills
3. The attachment bond a parent establishes with their child lays the groundwork for teaching psychological skills
4. Parents can learn mental health skills to improve the resilience of individual children.

The WeParent App will deliver up-to-date psychological information to parents of vulnerable children.

Impact of Depression and Anxiety on children and young people

There is now better understanding of the impact of untreated symptoms of depression and anxiety on young people:

- fear leads to avoidance of activities
- loss of interest and pleasure leads to reduced engagement in school and work
- irritability leads to deterioration in relationships
- lack of energy leads to reduced participation
- feelings of worthlessness lead to self-criticism and self-harm
- indecisiveness and low concentration lead to unnecessary reliance on others.

Specific symptoms of mental disorders can be treated by helping children to learn skills to manage each challenging situation that arises. Parents are often in the best position to teach skills to their child who is struggling with a particular difficulty. The WeParent App provides focused education to parents of vulnerable children to help parents to enhance their child's skills in managing difficulties being experienced by the child.

Studies in Britain show that children with clinical depression miss more days of schooling, averaging 20-40 days of schooling per child. Missing school has a cumulative effect of reduced academic achievement, which is 23% below the national average. Reduced achievement can make the difference between a child passing or failing grades needed to enter University or further education. In short, depression leads to children doubting their ability to succeed, and leads to higher ongoing costs for society.

The WeParent group has developed content that can be delivered to mainstream parents using an App that empowers parents to intervene when their child shows early signs of struggling with mental health issues. The WeParent group is seeking assistance from government to build the App and to bring this content to the market. The WeParent group is confident an investment of public funds in the App will bring a good return on investment to Australian society both in human terms and in economic terms. WeParent seek the support of the Productivity Commission to bring this innovative product to market.

SUBMISSION

Personal background

I make this submission on behalf of the WeParent group. I am a clinical psychologist with 40 years of experience in providing child- and family-oriented therapy for a range of families. I have worked extensively with parents whose child displays a distinct temperament that leads to behavioural difficulties, with separated parents, with parents who raise concerns about child protection issues, and with parents who themselves have a mental illness.

WeParent program

The WeParent group already provides a website that delivers universal mental health psycho-education for parents. WeParent wants to take the next step to provide an App that will deliver more targeted interventions to specific groups of vulnerable children.

The website presumes that all children have similar needs and will benefit from similar strategies. However professional literature shows that parenting strategies are most effective when they target the individual needs and difficulties of vulnerable children, especially when children display a distinct temperament.

The WeParent App provides an assessment of each child's temperament, and proceeds to explain how parenting can be adjusted to suit both the child's temperament and the overall family.

The WeParent App acknowledges the professional literature and experience showing that parents who form a secure attachment bond with their child are in a better position to manage difficulties their child experiences. A child's temperament is an important influence on the attachment bond that is formed, and many parents struggle to understand their child's temperament. Many parents struggle to form a suitable bond when their child's temperament differs from the parent's own personality. When there is a poor match between a child's temperament and the parenting the child receives, the child is likely to experience anxiety and depression, and to react by misbehaving. Negative cycles of interaction then emerge between parent and child. These cycles can be replaced with positive interaction cycles with skilled intervention.

Current research

Current research shows the following:

- A primary cause of anxiety and depression is a mis-match between a child's temperament and parenting the child receives. Children develop successful coping skills when there is a good match between their temperament and the parenting the child receives.
- Early indicators of anxiety and depression can be detected from distinctive behaviours of children and teens aged 6-16 years.
- Early indicators of anxiety and depression, and suitable interventions, vary according to a child's temperament. Therapy is most effective when interventions are selected to suit a

child's temperament, rather than providing one set of universal practices and presuming that all vulnerable children will respond in the same way.

- Conduct disorder is often caused by a child's anxiety, where anxiety is displayed by acting out behaviour.
- Inattention is often due to a child's internalised distress.
- Research has identified both safety factors and risk factors for anxiety and depression in vulnerable children, and a child's attachment bond is an important protective factor.
- Research has identified both constructive parenting practices for each child temperament, and parenting practices that produce adverse experiences for children with each temperament.

The WeParent App incorporates all of the research above.

Aims of WeParent App

The WeParent App does six things:

- assesses each child's distressed behaviours to identify underlying temperaments
- delivers content to help parents to understand their child's distinctive temperament and behaviours
- provides focused interventions to help each child to manage difficult situations and encourages parents to focus on adverse events their child is experiencing and not only on their child's misbehaviour
- guides parents on how to manage their child's distress and misbehaviour
- empowers parents to teach their child to manage situations their child finds challenging
- provides frequent measures to evaluate the effectiveness of interventions with each child.

The WeParent App provides early intervention for an emerging disorder, before a child reaches a stage of having a diagnosed disorder that requires intensive treatment by a professional therapist.

The WeParent App is designed to reduce chances a child will develop disorders of anxiety and depression.

The WeParent App empowers parents to participate fully in helping their child to develop good mental health skills, and does not leave this task entirely to schools.

Target family groups

The WeParent App is designed to help 3 groups of vulnerable children:

1. **Children in mainstream families** whose parents see early signs of distressed behaviour but are unsure how to understand their child's distinctive behaviours, and what to do to help their child
2. Children whose **parents are separated** and who argue frequently about issues regarding their child, and who take disputes to a Family Law Court to be resolved
3. Children who are exposed to **child protection issues** especially emotional abuse, and who are likely to be removed from parental care because of concern for the child's welfare. Many parents whose children are removed while an investigation occurs are motivated to participate in therapy to regain or maintain custody of their child.

Children in each group face distinct issues and require distinctive supports.

The WeParent App makes relevant psychological principles and interventions available to individual parents or carers who subscribe to the App.

GROUP 1 – MAINSTREAM CHILDREN

The first priority of the WeParent App is to help mainstream parents who are worried about their distressed child who struggles and displays some disturbed behaviours.

Definition of Distressed children

The Australian Department of Health in 2015 published a report ‘The mental health of children and adolescents.’

The report used the ‘Strengths and Difficulties Questionnaire’ SDQ to assess the prevalence of mental health conditions in Australia’s children.

The report estimated the prevalence of four common mental health conditions in Australian children aged 4-11 years as:

- Emotional problems 13.3%
- Inattention / hyperactivity 13.0%
- Peer problems 12.7%
- Conduct problems 10.5%.

WeParent includes these four groups of children as being ‘distressed and vulnerable children’ whose conditions are likely to lead to anxiety and depression. Children with all four conditions can be helped with focused interventions.

Numbers of Distressed children in Group 1

The 2015 Australian Department of Health survey of the mental health of Australia’s children and adolescents found that 13.9% or 1 in 7 Australian children and adolescents aged 4-17 years had experienced a diagnosed mental disorder in the previous year, equivalent to 560,000 children.

The numbers of children with each mental health condition were:

- Anxiety 278,000 children 6.9% of population
- ADHD 298,000 children 7.4% of population
- Major depression 112,000 children 2.8% of population
- Conduct disorder 83,600 children 2.1% of population.

The survey found that rates of mental health disorders are high in Australian children.

Accessing services

The survey reported that overall 68% of families with distressed children had accessed some type of service. The proportion of families who accessed a service increased with the severity of a child’s

condition, being 40% when a child's condition as mild, 68% when a child's condition was moderate, and 83% when a child's condition was severe.

Of families who accessed a service, 30% said their needs were not met.

The survey showed there is scope to improve ways to deliver education to families, especially for early intervention when a child's condition is mild.

Self-help methods

The survey found that adolescents reported using the following self-help methods to manage their mental distress:

- 45% did things they enjoy more
- 38% exercise more
- 24% seek help from friends
- 23% improve their diet
- 9% meditate or relax
- 8% smoke or use alcohol or drugs to relax.

The survey shows there is room to improve on the self-help strategies currently used by adolescents, by encouraging children to make more use of psychologically informed strategies.

Barriers to services

The survey reported that parents gave the following reasons for not accessing services:

- 40% of parents preferred counselling that would help them to manage their own difficulties as well as help their child
- 40% were deterred by the cost of individual therapy
- 38% were unsure whether their child needed help
- 36% of parents wanted to handle matters themselves
- 30% hoped the problem would resolve itself.

The survey established there is scope for new types of service delivery to cater for unmet needs.

Costs when untreated

The submission of the Australian Psychological Society (APS) to the Productivity Commission reported that 5-10% of children have mental health disorders and display emotional, disruptive and impulsive behaviours. The cost to society was estimated at \$289,000 per child per lifetime if left untreated. The Australian Psychological Society calculated that the return on dollars invested in early intervention will be 34:1.

Current Early Interventions for Anxiety and Depression

Two forms of early intervention therapy for vulnerable children are currently funded in Australia:

- Group parent training in principles of managing a child's behaviour
- Individual therapy provided by a mental health professional.

Group parent training

Professor Mark Dadds (2012) reported on universal parent training based on the principles of managing the behaviour of children with conduct disorder. Training is commonly delivered in courses of 10 sessions to groups of parents. Universal early intervention is effective in 50-60% of cases.

Professor Dadds reported that about 12% of parents of eligible children participate in group parent training.

The cost of delivering group intervention is about \$1800 per child. Professor Dadds estimated the saving to society of treating a child is \$140,000 per child over the child's lifetime.

There is scope to improve the participation rate of parents whose children show a conduct disorder. One way to increase participation rate is to make effective interventions more accessible to parents by delivering focused interventions via smart phones.

Reference: M Dadds. 2012. Helping troubled children. *InPsych*, June, 8-11.

Individual professional therapy

Medicare subsidises 10 sessions of individualised psychological therapy for children that is provided by an accredited therapist through the Better Access scheme. Individualised therapy can be delivered in cities but is more difficult to deliver in rural and remote areas.

Ten sessions of professional therapy costs society about \$2400 per child per year.

Proposed WeParent App

The proposed WeParent App will:

- Allow mainstream parents to assess the risk their distressed child aged 6-16 years is prone to anxiety and depression, using their smart phone
- Provide an assessment profile showing each child's temperament
- Provide a set of recommendations about how parents can intervene with their child in ways that suit their child's temperament. The App will empower parents to teach their child skills that will improve their child's resilience and will minimise anxiety and depression
- Monitor progress in their child's mental health skills.

The proposed WeParent App has the following benefits for parents:

- Content is made easily accessible to parents who have a smart phone
- Content passes on principles and interventions that are designed to be implemented by parents
- Content is based on principles and interventions that are well established in psychology but have not yet been made readily available to the public
- Content encourages both parents and children to make adjustments, to improve interactions between parent and child, and to replace negative cycles of interaction with positive cycles
- Content will be delivered to parents in a way that allows parents to work at their own pace, and to select interventions they consider most suitable for their child and family context

- Content is selected to suit each child's assessed temperament
- Content addresses topics identified in research as being risk factors for anxiety and depression
- The App allows a child's progress to be monitored on a regular basis
- WeParent provides a continuous improvement program where the effectiveness of content is monitored allowing updates to be made
- The App can be used to supplement individual therapy provided by skilled mental health professionals, and this will improve effectiveness of individual therapy.

Confidentiality arrangements

The WeParent App will be designed so that parents in an intact family can access personal data about their child using a single portal to encourage parents to work together.

Temperaments in WeParent

WeParent provides an assessment tool that is completed by parents who rate how frequently their child has displayed selected behaviours in recent weeks, using a 4-point scale of frequency. The assessment describes 45 children's behaviours that have been shown in research both to reflect a child's temperament and to indicate that a child is at increased risk of developing anxiety or depression if untreated.

The assessment is called the Depression and Anxiety Assessment Temperature DART. DART is conceptually similar to the Strength and Difficulties Questionnaire SDQ that is an established screening tool.

Like SDQ, DART is suitable for children aged 4-16 years. DART produces both:

- an overall score showing the child's adjustment on a 3-point scale of adjustment as: healthy / struggling / clinical range
- scores on 4 temperament traits for children that are: emotions / socialising / rely on others / attentiveness.

Similar to SDQ, DART provides an overall score that categorizes children into 3 levels of adjustment:

- healthy based on an overall score that includes 80% of the population
- struggling based on a score including 81-90% of the population, and
- clinical that identifies the most severe 10% of the population.

DART generates a profile for each child showing their temperament scores for four traits on a 5-point dimension as outlined in the table below. The mid-point (3) of each trait reflects behaviours that are commonly displayed by all children and do not reflect any distinct temperament. Behaviours that occur more frequently or less frequently are said to reflect different temperaments. Names given to each temperament are shown in columns 2 and 4 of Table 1.

The DART model assumes that when children are stressed they emphasise their usual temperamental behaviours or coping styles. Emphasising temperamental behaviour leads to

patterns of disturbed behaviour that are distinctive for each temperament. Names given to clinically significant coping styles are given in columns 1 and 5 of Table 1 and are shown in bold print.

Table 1. WeParent model of children’s common temperaments

	1	2	3	4	5
Temperament Quality		Temperament	Mid-point	Temperament	
	Disturbed behaviour				Disturbed behaviour
Emotions		Placid	Resilient	Insecure	Intense
				Apprehensive	Worried
Socialising	Withdrawn	Reserved	Balanced	Adventurous	Acts out, conduct
Rely on Others	Dependent	Rely on others	Cooperative, friendly	Independent	Self-centred
Attentiveness	Distractible	Spontaneous, Imaginative	Adaptable	Orderly , Practical	Ambivalent, Preoccupied, Obsessive

The DART model of temperament includes the 4 temperaments generated in the SDQ model (emotional, conduct, inattentive and peer problems).

The DART model enhances the SDQ model by adding 4 temperaments as the DART model:

- distinguishes two types of highly emotional behaviours - intense and worried
- distinguishes two types of socialising difficulties - withdrawn and acting out/conduct
- distinguishes two types of reliance on people - dependent and self-centred
- distinguishes two types of inattentiveness - distractible and ambivalent.

The DART model of temperament presumes that when a child with a distinct temperament becomes distressed, the child over-uses their favourite coping behaviour and behaves in a distinct manner that is measured using DART.

The DART model proposes that children with each temperament require distinct interventions to help them to manage specific challenges. Children with each temperament benefit from parenting that is targeted to help a child to vary their coping style to manage each new type of stressor.

A computer program calculates scores from the DART checklist and provides a temperament profile for each child. The profile rates a child’s overall level of adjustment (healthy / struggling / clinical difficulty), and rates where a child falls on each of the 4 temperament traits.

The WeParent App then directs parents to interventions based on each child’s assessed temperament.

WeParent Interventions

Psychological research and literature has identified parenting styles that are beneficial for children with each temperament, and has identified parenting styles that produce adverse impacts on children with each temperament. While information about temperaments is taught to psychologists in some post-graduate courses, this information has not previously been made accessible to the general public.

The WeParent App provides a course for each child temperament. Each course provides a set of modules that address specific issues that are important for a child's temperament. Each module provides information and recommendations in small chunks that are manageable for parents and carers to understand and practice.

WeParent courses are designed to help parents and carers to change the way they relate to their individual child, especially when a child becomes distressed or misbehaves.

The WeParent courses provide information that has not previously been readily available about how best to parent children with 8 distinct temperaments.

An App is required to deliver this information in an efficient manner to parents.

Monitor effectiveness of interventions

The WeParent App includes a feedback system that allows parents to monitor how well their interventions produce desired outcomes.

The WeParent App allows parents to self-manage the efficacy of their parenting. The App also provides feedback about when it is advisable to obtain help from a professional therapist.

DART is used as an outcome measure as well as an assessment screen.

UK Study

A recent study in the United Kingdom 'Thriving at Work' provided information about the ongoing costs to society of mental health conditions. Thriving at Work estimated that the cost of poor mental health to employers is between 1119 and 1481 Pounds per year for each affected worker.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

The Thriving at Work report concluded that prevention is most certainly better than cure when it comes to mental health.

GROUP 2 – SEPARATED PARENTS

Group 2 are parents who are separated.

Family Law Courts make decisions that place children of separated parents into shared care arrangements. But at present separated parents have only limited tools that enable them to settle disputes about how best to raise their distressed child to meet the best interests of their child.

The WeParent App is designed to assist children whose parents are separated and struggle to cooperate in the best interests of their child.

Prevalence of mental disorders in children in separated families

The Australian Institute of Family Studies AIFS estimates that 2.2 million parents separate each year, where families have an average of 1.8 children in a family. This means that almost 4 million children per year are exposed to the stress of their parents separating.

The 2015 Survey by the Department of Health found that rates of all mental disorders in children were higher in step-families and in blended families than in intact families, giving the following prevalences of mental disorders:

- Prevalence in intact families 10.4%
- Prevalence in step families 18.3%
- Prevalence in blended families 20.2%.

The survey also found that prevalence of mental disorders in children was influenced by how well a family functioned, giving the following prevalences:

- Prevalence of 15% of children having a mental disorder in families rated as functioning well, and
- Prevalence of 35% of children having a mental disorder in families rated as functioning poorly.

Adverse experiences

Children whose parents separate and divorce are exposed to adverse events that impact on the child's mental health and increase risk the child will develop anxiety and depression.

Adverse events experienced by children whose parents separate include exposure to ongoing arguments between adults, exposure to emotional abuse, exposure to family violence, and tensions when children separate from a parent or separation anxiety. These adverse events occur in families rather than in schools, and are best remedied in families. Each adverse event has a cumulative negative effect on a child's mental health. The impact of adverse events on children is higher when a child has a sensitive temperament.

WeParent is based on the premise that the most effective therapy approach for children of separated parents is to provide child- and family-oriented early intervention that minimises a child's exposure to adverse events and that teaches relevant coping skills to the parent and child.

The WeParent App for separated parents includes the content provided for intact families, and adds content that will help separated families to manage the distinctive adverse events shown in research to occur when parents are separated.

Confidentiality arrangement

The WeParent App will be designed to encourage both separated parents to cooperate in raising their child to meet the best interests of their child.

The WeParent App will follow a distinct confidentiality arrangement by providing both separated parents with their own portal so that parents can view personal information about their child that is submitted by the other parent, encouraging parents to work together to help their child.

The WeParent App will also allow separated parents to give permission for their child's personal data to be provided to a therapist for cases where parents require more assistance to decide how to manage specific difficulties.

This distinctive confidentiality arrangement allows both parents and a therapist to access the same personal information about a child with each party using their own portal.

Conclusion

The WeParent App is designed to help separated parents who argue about how best to manage their distressed child to resolve disagreements in ways that meet the best interests of their child.

The WeParent App is designed to reduce anxiety and depression in children whose parents have separated.

GROUP 3 – CHILDREN WITH PROTECTION ISSUES

Group 3 involves families where concern has been raised that a child is exposed to child protection issues, and where consideration has been given to removing a child from parental care. The App will be especially useful when there is concern that a child is exposed to emotional abuse from a family member.

Prevalence and circumstances of children at risk

The Australian Institute of Health and Welfare AIHW provides annual statistics about the child protection system. The AIHW report for 2017-2018 provides the following statistics:

- 159,000 children were removed from parental care and placed into out-of-home OOH care in the year. This is 2.87% of all children, or 1 child in 35.
- Many children were removed from parental care while a notification was investigated, and then returned (105,000 children). 56% of children removed from parental care were returned following an investigation.
- Of children removed from parental care, 9 per 1000 were aged 1-4 years, and 8.4 per 1000 were aged 5-9 years.
- Maltreatment of children was **not** substantiated for 58% of children removed from parental care, and these children were later returned to the care of their parents. (While it is very likely that these children were traumatised by being removed from parental care, there are no reports that these children received trauma-focused therapy. These children are likely to experience long term harm to their mental health.)
- Of children removed, 89% were placed into kinship care, and 11% were placed into expensive commercial care provided by rostered staff who are available for 24 hours per day for every day of the week.
- 82% of children removed from parental care were away from their parents for over a year while allegations were investigated.
- Where allegations of abuse were substantiated, 59% involved emotional abuse. (Emotional abuse is treatable by a skilled mental health therapist, and therapy can be delivered while a family is intact and the family is monitored using a supervision order that is in place over a period of 1-2 years).

AIHW did not provide reports about how many children had been traumatised by being removed from the care of their parents, and how many children were offered psychological therapy. There are no reports that parents whose care had been criticised were referred for skilled professional therapy to correct malpractices.

There is scope to reduce the number of children who are removed from parental care by asking Child Protection Courts to introduce orders such as a supervision order that requires a parent to participate in therapy that is targeted and individualised while their parenting is monitored. This option depends on the availability of suitable therapies.

Survey of Children's Mental Health and Wellbeing

The 2015 survey of children's mental health and wellbeing conducted by the Department of Health found:

- Children whose parents had a diagnosed mental illness were 2.5 times more likely to be referred to out-of-home care
- Children whose parents have a mental illness each cost society on average \$121,000 more than other children.

NSW Taylor Fry report 2019

In 2019 the New South Wales Government released a report by Taylor Fry 'Forecasting Future Outcomes: Their future matters.' The Taylor Fry report identified 2 sub-groups of children who are at greater risk of entering the child protection system and who generate high ongoing costs for society until the age of 40 years. The groups are:

- Children whose mothers are young and inexperienced in parenting, and
- Children whose parents have a mental illness that impacts on their parenting.

The Taylor Fry report calculated the additional cost to society generated by these groups of children up to the age of 40 years as:

- Children of young mothers currently cost society an additional \$389,000 per person over their lifetime
- Children whose parents have a mental illness cost society an additional \$130,000 per person over their lifetime.

Both groups of children can be helped considerably by providing therapy that is delivered by a skilled therapist and that focuses on identified shortcomings in parenting. Providing focused therapy will produce considerable savings for society.

The WeParent App is designed to be used to guide mental health therapists to provide focused psychological therapy for children from the two groups above.

Forbes report on cost to society

A report by Forbes, Inder and Raman (2006) estimated that the direct ongoing cost to state governments of each child who leaves state care is \$738,000 per child.

Reference: Forbes, Inder and Raman. 2006. Measuring the cost of leaving care in Victoria.

COPMI – Children of Parents with Mental Illness

The COPMI group has summarised studies where the Strengths and Difficulties Questionnaire SDQ was used to assess the mental health of children whose parent has a mental illness. COPMI report that when a parent has a mental illness, 25-50% of their children score in the clinical or abnormal range of SDQ.

Professor Hayes 2007

Professor L Hayes (2007) reviewed the use of Strength and Difficulties Questionnaire SDQ in Australian services for children in out-of-home care. Professor Hayes found that SDQ identified many children who displayed only one of the four traits, and who can easily be treated using existing psychological therapies. Only 5.3% of children in care were classified as having a severe difficulty as they obtained scores in the clinical range for all 4 trait scales of SDQ.

The Hayes data show it is viable to identify children in care who present with specific traits and would benefit from targeted early intervention to assist the child to manage their specific challenges.

Intervention using Circle of Security

A universal program 'Circle of Security' has been manualised and is used in Australia with parents whose children are exposed to child protection issues.

The efficacy of the Circle of Security intervention was evaluated in a randomized-control study conducted by J Cassidy et al. (2017). The study found that while parents who participated in the Circle of Security program did reduce negative responses that are unsupportive for children, these parents did not increase their supportive responses that encourage their child to learn new skills to deal with challenging situations.

The evaluation by Cassidy found the Circle of Security program did not produce beneficial main effects for children who have attachment difficulties or behaviour problems. The authors concluded that the Circle of Security program lacks overall effectiveness, and that further work is required to establish 'what works for whom.'

The Circle of Security program is a universal program that is not designed to identify or to assist children with distinct temperaments.

The WeParent App is designed to help parents to improve their attachment bond with their child, to respond sensitively towards their child, and to teach their child new coping skills to deal with challenging situations.

References: J Cassidy, B Brett, J Stern, D Martin, J Mohr & S Woodhouse. 2017. Circle of Security parenting: A randomized controlled trial in Head Start. *Developmental Psychopathology*, 29, 651-673.

Overseas Developments

Progress has been made in England in identifying vulnerable children in care using the Strengths and Difficulties Questionnaire SDQ as a screening tool.

Since 2008 Local Councils in England who are responsible for providing child protection services have been required to use the Strengths and Difficulties Questionnaire as a mandatory screening tool to provide data annually about the emotional health and wellbeing of individual children in their care. Data is provided to a central authority. This requirement follows reports that children in state care are 5 times more likely than other children to experience mental health difficulties.

Strengths and Difficulties Questionnaire SDQ

The SDQ was selected as a routine screening tool by authorities in England as it has seven benefits:

- SDQ can be used with all children aged between 4 and 16 years
- SDQ has good reliability and validity
- SDQ provides an overall score of severity of a child's mental health difficulties and it allocates children into three levels of adjustment: healthy and normal / borderline / abnormal and likely to have a clinical disorder.
- SDQ is a screening tool that identifies children who are likely to benefit from different levels of therapy
- SDQ distinguishes four common temperaments or traits of children: emotional problems, conduct difficulties, peer relationships, and inattentive/hyperactive. SDQ recognises that children with different temperaments require different styles of intervention.
- Repeated use of SDQ provides a progress score so facilitates measurement of outcomes
- SDQ can be administered easily within 5-10 minutes by trained care staff.

The effectiveness of SDQ as a screening tool was discussed in an article using data from three national studies (M Tarren-Sweeney, A Goemans, AS Hahne, & M Gieve. 2019. Mental health screening for children in care using the Strengths and Difficulties Questionnaire and the Brief Assessment checklists: Guidance from three national studies. [Developmental Child Welfare](#)).

The value of SDQ in the Australian context has been discussed by A Osborne and L Bromfield (2007), [Outcomes for children and young children in care, Australian Institute of Family Studies](#).

A review of use of SDQ for children in care is provided by R Ryder, A Edwards & K Clements (2017) [Measuring the wellbeing of children in care. London, UK. National Children's Bureau](#).

The DART assessment used in the WeParent App is compatible with SDQ. Children screened by SDQ as requiring therapy can be referred to the WeParent App for advice about appropriate interventions for each temperament.

Hillier & St Clair Study 2018

A study by Hillier and St Clair (2018) examined SDQ data for 217 children gathered over 5 years for children placed in out-of-home OOH care in England.

The study found the following:

- The children were removed from parental care at an average age of 7 years
- On entry to OOH care, about half of the children had SDQ scores in the normal range of adjustment (55%), 15% had scores in the borderline range, and 30% had scores in the abnormal range.

The study examined scores on the 4 SDQ temperament or trait scales for children on entry and found:

- On the **emotional** scale, 66% of children scored in the normal range, 10% in the borderline range and 17% in the abnormal range

- On the **conduct scale**, 46% of children scored in the normal range, 15% in the borderline range, and 34% in the abnormal range
- On the **peer relationship** scale, 45% scored in the normal range, 15% in the borderline range, and 28% in the abnormal range
- On the **inattentive/hyperactive** scale, 53% scored in the normal range, 12% in the borderline range, and 30% in the abnormal range.

On entry to OOH care, half of the children scored in the normal range on all 4 scales, and half showed elevated scores. 66% of children entered OOH care with normal emotional scores.

The study examined progress or trajectories of children in care on the 4 SDQ traits over a 5 year follow-up period and found the following:

- 10% of children were **resilient** as they had no adjustment problems on entry and they displayed no problems throughout the 5 years in care
- 25% of children had scores **showing some improvement** on trait scales, especially for peer relationships
- 30% of children had borderline SDQ scores on entry and showed **no real improvement**
- 20% of children showed **chronic high scores** throughout the period
- **15%** of children showed normal trait scores on entry and **worsened** to abnormal scores after 5 years.

Trait scales where greatest deterioration occurred were on the emotional scale (for 15% of children), the inattentive scale (for 10% of children), the peer relationship scale (for 9% of children) and the conduct scale (for 8% of children).

Hillier and St Clair reported that the most common intervention recorded for children who received high overall scores on SDQ was to transfer the child to another placement.

The Hillier and St Clair report is disappointing as all 4 mental health traits measured by SDQ are treatable if children receive therapy that is appropriate for their temperamental condition.

The Hillier and St Clair report shows there is scope to use SDQ to screen children and to provide targeted early intervention therapy for children who go into out-of-home care.

Reference: R Hillier & M St Clair. 2018. The emotional and behavioural symptom trajectories of children in long-term out-of-home care in an English local authority. Child Abuse and Neglect, 81, 106-117.

The WeParent App is able to provide focused therapy on all of the topics of concern identified in the Hillier and St Clair study.

Rees Centre 2015

The Rees Centre at Oxford University in 2015 published a report 'The Educational Progress of Looked After Children in England: Linking Care and Educational Data.'

The Rees report concluded that birth parents continue to exert a significant influence on their young people even when their child has been placed in care for many years. Interviews with foster carers showed that supporting birth parents to assist their child's coping can have an important influence on educational outcomes for young people including those in foster placements that are stable, long-term and successful. There is scope to introduce shared care arrangements between birth parents and foster carers that are in the best interests of children.

The Rees report recommended that foster carers receive added support to manage pressures arising from caring for vulnerable young people with challenging behaviour so that placement stability can increase. Evidence from the Rees report showed that children in care benefit from feeling safe, secure and individually valued.

The WeParent App is designed to encourage adults to work together in the best interests of each individual child. The WeParent App can be used to guide both birth parents and foster carers to set priorities on topics to address for each individual child in care, and to facilitate communication between adults about how to set priorities. The WeParent App allows a skilled mental health therapist to participate in discussion about an individual child when this is beneficial.

Progress in Australia

Progress has been made in Australia in improving delivery of mental health therapy for children who present with child protection issues.

Children in care already receive supervision from staff. There appears to be scope to improve the effectiveness of interventions used by staff who care for vulnerable children.

National Mental Health Strategy

Both the 'Australian National Outcomes and Casemix Collection' and the 'National Mental Health Strategy' recognise the Strengths and Difficulties Questionnaire as a useful screening tool that can be used in Australia.

It is viable to use the Strength and Difficulties Questionnaire to identify children who are at increased risk of developing a mental health condition, and to refer these vulnerable children to appropriate early intervention therapies that teach suitable resilience skills to each individual child.

Dr Suomi

Dr Suomi from Melbourne analysed links between parental contact with children in out-of-home care in Melbourne and scores of SDQ as reported by carers.

Dr Suomi found that carers reported elevated scores on SDQ trait scales for the following percentages of children in care:

- 35% of children scored highly on the inattentive/hyperactivity scale
- 28% of children scored highly on the peer relationship scale
- 20% of children scored highly on the conduct scale, and
- 18% of children scored highly on the emotional scale.

Dr Suomi reported the following:

- frequencies of contact between mothers and children in care: weekly contact for 8% of children, monthly contact for 26% of children, quarterly contact for 43% of children, and annual contact for 6% of children.
- more frequent contact between a mother and child in care was associated with separation anxiety, but also helped children.
- 97% of contacts between mothers and children were currently supervised. One reason parents were deemed to require supervision was that parents behaved inappropriately towards their child.
- foster carers sought training on three topics: how to manage a child around the time when parental contact was arranged, how to clarify their role with birth parents, and how to deal with the opinions of children.

Reference: A Suomi. Profiles between children in care and their parents: the development of guidelines to facilitate contact. Children in long-term-care in Contact study. Melbourne. [Institute of Child Protection Studies](#).

The WeParent App is able to provide the type of assistance sought by carers of children in care who display different temperamental traits, without adding to the cost of supervision.

The WeParent App for Group 3 includes a list of risk factors for children where child protection concerns are raised to ensure that each relevant risk factor is addressed in therapy.

The WeParent App is designed to produce measurable outcomes on key performance indicators that have been identified for this group, including ensuring that risk factors are addressed and protective factors are improved.

Overall conclusion

Overall there is scope to improve the quality of early interventions in Australia and to improve the mental health of children in out-of-home care.

The WeParent App can make a significant contribution to reducing rates of mental disorder in children in care by providing assessments of a child's temperament and needs, leading to recommended interventions for each child that can be delivered by carers and parents who working together on a shared care basis. Interventions are focused on specific risk factors that are experienced by each individual child.

The WeParent App is innovative as it provides variations on recommended therapies for children according to each child's assessed temperaments, and it helps parents and carers to focus on specific difficulties being experienced by each individual child.

GOING FORWARDS

The WeParent group recommends that Government services support building of the App that will deliver WeParent content to 3 identified groups of vulnerable children.

WeParent recommends that a trial project be introduced to deliver interventions to 1000 vulnerable children from each of the three vulnerable groups.

WeParent believes that considerable savings to society will be achieved if the WeParent program is effective in reducing mental health conditions in these vulnerable children.

Current WeParent Difficulties

The WeParent group is able to write content for courses in the psycho-education programs, and to put content into a format that can be delivered to parents via their smart phones.

The WeParent group is not able to do two things from its own resources:

- Build an App that will deliver content to parents and record data about progress, and
- Publicise the program.

The WeParent group has approached the Australian Government for funding to accomplish these two tasks.

The WeParent group requests support from the Productivity Commission in making the WeParent initiative accessible to parents and carers.

The WeParent group believes that the Productivity Commission is in the best position to assess the ongoing cost-effectiveness of the proposed WeParent initiative.

Dr Don Tustin

WeParent