

**Submission
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CHILD PROTECTION AND SOCIAL SERVICES SYSTEM

Organisation: Australian Research Alliance for Children and Youth (ARACY)

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NSW INQUIRY INTO THE CHILD PROTECTION AND SOCIAL SERVICES SYSTEM

ARACY Submission
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About ARACY

ARACY is a national not-for-profit organisation which aims to improve the lives of all Australian children and young people (aged 0-24) through the translation of evidence into policy, practice, and service provision. We have a particular focus on prevention and early intervention. Our foundational work (The Nest) is a framework for considering wellbeing that was formulated based on the views of over 4000 children, families, and professionals. The Nest incorporates six overlapping wellbeing domains: to be Valued, Loved and Safe; have Material Basics; to be Healthy; Learning; Participating; and have a Positive Sense of Identity and Culture. The child protection and social services system has a strong bearing all of these domains and such ARACY has strong interest in the optimisation of these systems for the benefit of vulnerable children and young people and families.

Term of Reference

ARACY is best positioned to address the following terms of reference:

1. How vulnerable children and families are identified and how the current system interacts with them including any potential improvements, particularly at important transition points in their lives;
2. The respective roles, responsibilities, including points of intersection, of health, education, police, justice and social services in the current system and the optimum evidence based prevention and early intervention responses that the current system should provide to improve life outcomes;
7. Any recent reviews and inquiries

How vulnerable children and families are identified and how the current system interacts with them including any potential improvements, particularly at important transition points in their lives.

The intergenerational transmission of care experience

One way of identifying vulnerable children and families include children born to parents who have experienced the out of home care system themselves. Young parents who have experience of out of home care have increased rates of pregnancy, increased rates of maltreatment allegations and substantiations against their children, and increased rates of children entering care compared to the general population. For example, a retrospective cohort study of children born between 1990 and 1995 (aged between 18-23 at time of follow up) in Western Australia analysed a variety of outcomes for children with care experience vs substantiated maltreatment (but no care experience) vs a matched control group (1). The study was reasonably large, with approximately 1000 participants in the care experience group, 1600 participants in the maltreatment group, and 5000 participants in the control group. Key findings from the study included:

- More than double the rate of delivery-related hospital admissions for participants in the care experience and maltreatment group compared to controls (25.4%, 24.5%, and 11.5% respectively).
- This also included more than double the rate of delivery-related hospital admissions for females under the age of 18 (5% in each of the care experience and maltreatment group versus 2.2% in the control group)

While pregnancy in itself is not a negative outcome for children and young people who have interacted with the child protection system, pregnancy in which the child or young person does not have adequate supports to provide a safe home environment for their child can have negative outcomes. The same study found significantly higher rates of maltreatment notifications, substantiations, and out of home care placements for parents who had care experience. Of the 513 children born to mothers who had a period in out of home care:

- 3 out of 4 children had a notification of maltreatment and 2 out of 5 had a substantiated allegation
- 2 out of 3 children were the subject of an investigation
- 1 out of 4 had an out of home care placement

These rates are drastically higher than the general population. For example, rates of out of home care placements were 5.9 per 1000 children in Western Australia in 2013 (at the time the study was conducted) (2). While these figures are not directly comparable, they are indicative of the significantly increased rate of contact with the child protection system that child born of parents who have care experience themselves.

Key Points

- Young parents with care experience are a vulnerable population with significantly higher rates of pregnancy at a young age, significantly higher rates of child maltreatment, and significantly higher rates of children requiring out of home care placement.
- Supporting young parents with care experience is an important opportunity to disrupt the intergenerational transmission of out-of-home-care placement and child maltreatment.
- Interventions should be evidence-based and undergo ongoing evaluation for effectiveness regarding improvements to child wellbeing, as well as long-term follow up to establish the effectiveness of reduced intergenerational transmission.

The respective roles, responsibilities, including points of intersection, of health, education, police, justice and social services in the current system and the optimum evidence based prevention and early intervention responses that the current system should provide to improve life outcomes.

Evidence from international experience

A review published in the Lancet highlighted the significant lack of data indicating the impact of policy on trends of child maltreatment (3). The article analysed indicators of maltreatment (including contact with child protection services, maltreatment related hospital admissions, and violent deaths) across six developed countries (Australia, US, Canada, Sweden, England, and New Zealand) from the 1970s until early 2000s. Relevant findings from the study included:

- Despite a variety of child protection policies being implemented across all six countries over the three decades examined, no consistent evidence of either increases or decreases in child maltreatment were observed.
 - Two countries (Sweden and Manitoba, Canada) demonstrated decreases in violent deaths since the mid-1990s which coupled with decreases in maltreatment-related hospital admissions, suggesting a true decrease in physical violence. This potentially warrants further investigation into policies implemented in these countries. However, other relatively reliable indicators of child maltreatment (i.e. substantiated allegations of maltreatment) remained stable across all countries over the same time period.
 - Sweden and the US were noted to represent extremes in policy regarding population risk factors (such child poverty and access to child care services), with significant differences in rates of violent deaths (rates of violent deaths were 5 times higher in the US than for Sweden

and Australia, who were the lowest). However, rates of maltreatment related hospital admissions and substantiations did not differ greatly between countries.

- Universal interventions (i.e. primary prevention) designed to reach entire populations theoretically should have significant impact given most child maltreatment is hidden. Risk factors for child maltreatment are well-established: poverty, single parenthood, drug and/or alcohol disorders, domestic violence, and parental mental health issues. Additionally, there is reasonable evidence indicating the effectiveness of some universal measures, such as universal home visiting (Manitoba, Canada) and universal child care (Sweden). However, detecting long-term impact of policies addressing these risk factors is difficult given the impact of confounding factors.
- Targeted interventions (i.e. secondary prevention) designed to reach at-risk populations also have some evidence of effectiveness e.g. the Triple P parenting program implemented in WA.
- Conversely, evidence for tertiary interventions (i.e. the recognition and response to child maltreatment) is lacking. Out of home care is noted as a particular example, with particular reference to several key issues:
 - That no policy throughout the three decades or six countries advocated for increases in out of home care, yet significant increases have been seen in Australian and internationally
 - That there are no high quality trials comparing out of home care with intensive family supports
 - Sustainability of high quality foster placements with increasing demand
 - The significant proportion of children affected by out of home care coupled with the potential harm and trauma that can result
 - That increases in out of home care placements could be indicative of inadequate prevention and early intervention supports for families
- Western Australia was singled out for the high-quality data collected

The paper concluded with the following two recommendations:

1. “To improve the evidence base for child protection policies, governments should facilitate use of anonymised, linked, population-based data from health-care and child protection services to establish the effect of policy on trends in child maltreatment.”
2. “Rising placements of children in out-of-home care demand urgent assessment with randomised controlled trials.”

Key Points

- Investigation into policies implemented in Sweden and Manitoba (Canada) around the mid-1990s is worth consideration given the trend towards lower rates of violent deaths and maltreatment-related hospital admissions in children over this time.
- There is theoretical benefit to universal interventions that target well-established risk factors for child maltreatment. This is coupled with evidence of effectiveness of specific interventions (e.g. universal home visiting, universal early childcare access) and observational data (e.g. significantly lower rates of violent death in Sweden versus the United States, which represent opposite ends of the spectrum of public health strategy) to support this. NSW Child Protection and Social Services System should consider the evidence supporting universal interventions and pilot those that are likely to provide benefit to children and families in NSW.
- Resources should be dedicated to the identification, implementation, and evaluation of both universal and targeted interventions given the evidence supporting prevention and early intervention practices.
- Out-of-home-care is costly and potentially harmful to children and families, and evidence supporting this practice may be insufficient. Resources should be dedicated to the rigorous evaluation of out-of-home-care versus other potentially beneficial interventions, with outcomes specifically monitoring child wellbeing and the intergenerational transmission of child maltreatment.

Any recent reviews and inquiries.

Independent Review of Out of Home Care in NSW, 2016

An independent review of the out of home care system in NSW was undertaken in 2016, and very few of the recommendations have changed (4). Key points from the review include:

- An increase in government expenditure and multiple reports have resulted in little benefit, with increasing numbers of children in out of home care over the last decade, no improvement in long-term outcomes, and ongoing intergenerational transmission of abuse and neglect
 - Subsequent to the review in 2016, the NSW Government committed an additional \$190 million to child protection reform in the 2016-2017 budget (see Figure 1) (5). Over the four year period in which this funding was committed, there appears to have been an overall reduction rates of children receiving child protection services in NSW not replicated in other states or territories aside from TAS and NT (6). There also appears to be a reduction in rates of substantiations not replicated elsewhere except in TAS, ACT, and NT. Rates of child on care and protection orders remain unchanged. Rates of children in out of home care were not comparable due to a revised definition in 2019, however other state-level data indicates a reduction in the number of children entering out of home care by 44.5% (7). While these figures appear promising, sustained reductions are needed to reduce the still unacceptably high rates of children requiring child protection services. In addition, this data does not represent a full suite of indicators of child protection progress, as linked data (e.g. with health and other departments) is needed to give a more accurate picture.
- Established drivers of out of home care include: socioeconomic disadvantage, substance use disorders, domestic violence, and mental health. Yet the government department responsible for addressing child protection (then FACS, now the Department of Communities and Justice), has little power to influence these drivers.
 - Since the review, there has been no significant change in the capacity of the NSW government department responsible for child protection to address underlying drivers of child maltreatment or child protection. Addressing the drivers of child maltreatment cuts across multiple state and federal government departments, including Health, Education, and Social Services.
- Accountability as with service delivery is attended within silos and agencies are not accountable for holistic, client-centred outcomes. Delivery can therefore be inflexible and does not account for the complex and individual needs of children and families. As such, the aims of the out of home care system are not aligned with the aims of vulnerable children and families.
- Expenditure is largely crisis driven, with the majority of funds supporting out of home care service delivery, despite widespread acknowledgement of the need for prevention, early intervention and reunification services to be prioritised
 - Since the review, expenditure in NSW remains crisis driven with only a very small proportion of funding allocated to prevention and early intervention services. An analysis by NCOSS states that “This Budget has failed to make substantive investments in early intervention” (8). For example, \$1.4 billion has been allocated to out of home care and permanency support in the 2020-21 NSW budget. This compares to \$1.2 billion allocated to out of home care and permanency support in the 2018-19 budget, of a total \$2 billion of funding dedicated towards child protection (9).
- Expenditure is not evidence-based, with programs with minimal evaluation attracting recurrent expenditure.

| Objective | Reform action | Funding |
|---|--|----------------------|
| Increase investment in evidence-based services to reduce entries to out of home care and improve placement stability for children in care | <ul style="list-style-type: none"> Reconfigure and expand existing evidence-based family preservation and restoration services to include therapeutic and clinical supports to address risk factors. Invest in an additional 900 places for children in family preservation and restoration programs. Half of the total number of places will be dedicated for Aboriginal families to addressing the overrepresentation of Aboriginal children in out of home care. Trial new evidence-based intensive family services based on therapeutic intervention models. Invest in placement preservation services to reduce the number of placement breakdowns for children in care and prevent escalation of children from foster care to residential care. Half of the total number of places will be dedicated to Aboriginal children and will focus on relative and kinship carers. | \$120 million |
| Align policy and practice settings to increase exits from out of home care | <ul style="list-style-type: none"> Specialist casework to ensure child protection legislative priorities, including the permanency principles, drive better outcomes. Deploy specialist caseworkers to clear the backlog of adoptions and increase out of home care adoptions capacity. | \$28 million |
| Improve outcomes for Aboriginal children and families, and reduce the number of Aboriginal children and young people in care | <ul style="list-style-type: none"> Support local leaders to work in partnership with government to design local, innovative child protection solutions, and build evidence for services that work for Aboriginal families. Introduce a peer support model designed by and for Aboriginal families to strengthen informal supports to sustain restorations and support family preservation. | \$14 million |
| Increase investment to better support children and young people in care, and leaving care, to improve life outcomes | <ul style="list-style-type: none"> Expand specialist aftercare services. Establish a trauma treatment service for children in care. | \$10 million |
| Enhance government data analytics capability | <ul style="list-style-type: none"> Build capacity to establish the investment approach. Enhance out of home care recontracting capabilities. | \$14 million |
| Implement and evaluate new programs | <ul style="list-style-type: none"> Ensure service efficacy and build the evidence base through comprehensive evaluation. | \$4 million |
| TOTAL | | \$190 million |

As a result of these findings, the review made the following recommendations:

1. Personalised support with children and families at the centre of program objectives, with the overarching goal of reducing intergenerational transfer of abuse and neglect
2. An ‘investment approach’ to child protection, where total government costs are calculated, funding is obtained from cross-government resources that would otherwise have been spent on related activities e.g. service usage, and such resources are diverted into cost-effective interventions with the highest impact for children and families.
3. Development of a NSW Family Investment Commission established from existing agencies with sufficient “scope and authority” to affect the above recommendations among other targets. This transformation would be overseen within a specific ministerial portfolio.

In response to the review, the NSW Government established the Their Future Matters Implementation Unit (TFM), designed to lead reform of the child and family system. Achievement of the TFM to date include (7):

- Developing an investment approach to be applied in NSW

- Development of the NSW Vulnerability Data Set which integrated de-identified data across 6 agencies: Health, Education, Justice, FACS, Industry and Treasury.
- Delivery of two external evaluation reports on pertaining to family restoration and trauma, and subsequent delivery of these evidence-based services
- Delivery of wraparound services to vulnerable cohorts
- Launch of the Aboriginal Evidence Building in Partnership project to strengthen the evidence base for programs supporting Aboriginal children and families

Based on these achievements, it appears that significant improvements are underway. However, a number of these achievements are in development (e.g. the investment approach) and are yet to be delivered.

Additionally, it is unclear whether the evidence-based programs or wraparound services have the capacity to deliver personalised programs as recommended in previous reviews. Finally, it is also unclear whether the Aboriginal Evidence Building Partnership project is Aboriginal-led and whether the goals of this partnership are of Aboriginal design.

Summary

Early review indicates that important system reform changes are underway, and major recommendations from the Independent Review into Out of Home Care in NSW conducted in 2016 are being implemented. Particular achievements of note include:

- Development of a platform for accessing linked data
- A shift towards evaluation and implementation of evidence-based strategies
- Intention to deliver on an investment approach to child protections

The investment of additional funding as a result of these recommendations coincides with small improvements in some indicators of child protection outcomes, that differs from trends noted in most other states and territories. These are all positive indications that there is potential to achieve significant improvements for vulnerable child and families if these efforts persist. However, these findings are still largely preliminary.

Longer-term follow up of child protection indicators in conjunction with other linked department data (as should be provided by the new NSW Vulnerability Data Set) will provide a more accurate picture of the true trajectory. As always, quantitative analysis should be coupled with qualitative data i.e. the subjective experiences of children and families in contact with the child protection system. Changes that are still to be clarified or delivered include:

- Shift from primarily crisis-driven spending to primary and secondary prevention services (although this will take time to occur)
- Whether current services are sufficiently personalised and flexible to align with the needs and goals of the children and families they serve

Recommendations

- Early indicators suggest that positive policy reforms are underway and that these are coupled with a trend towards improvements in some child protection indicators in NSW. However, more comprehensive and longer-term data should continue to be collected and analysed as part of the NSW Vulnerability Data Set in order to determine the true trajectory for children and young people.
- While there is a clear shift towards evidence-based interventions, it is unclear whether these services are designed to be more personalised and flexible in order to accommodate the goals and needs of individual children and families. Formal evaluation plus consultation with children and families receiving these services is necessary to ensure that service and child and family goals are aligned.

- Young parents with care experience are a vulnerable population with significantly higher rates of child maltreatment and children requiring out of home care. Supporting young parents with care experience is an important avenue to disrupt the intergenerational transmission of child protection issues and should be a key focus of child protection policy.
- There is significant potential benefit to universal interventions that address well-established risk factors for child maltreatment. This is supported by evidence of effectiveness of specific interventions and observational data. Resources should be dedicated to the identification, implementation, and evaluation of both universal and targeted interventions given the current state of evidence and significant potential gains.
- All interventions should be evidence-based and undergo ongoing evaluation for effectiveness regarding improvements to child wellbeing, as well as long-term follow up to establish the effectiveness of reduced intergenerational transmission. This principal should also be applied to out of home care, which is costly and potentially harmful to children and families. Resources should be dedicated to the evaluation of out-of-home-care versus other potentially beneficial intervention, with outcomes specifically monitoring child wellbeing and the intergenerational transmission of child maltreatment.
- Investigation into international policies such as those implemented in Sweden and Manitoba (Canada) around the mid-1990s is worth consideration given the trend towards lower rates of violent deaths and maltreatment-related hospital admissions in children around this time.

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