

CHILD PROTECTION AND SOCIAL SERVICES SYSTEM

Organisation: Australian Centre for Child Protection, University of South
Australia

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Response to the Parliament of New South Wales Committee on Children and Young People Inquiry into Child protection and social services system

Submission from the Australian Centre for Child Protection, University of South
Australia

December 2020



TERMS OF REFERENCE

That the Committee on Children and Young People inquire into and report on the effectiveness of the NSW child protection and social services system in responding to vulnerable children and families with particular reference to:

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;
3. The adequacy of current interventions and responses for vulnerable children and families and their effectiveness in supporting families and avoiding children entering out of home care;
4. The child protection intake, assessment, referral and case management system including any changes necessary to ensure that all children assessed as being at risk of significant harm receive a proactive and timely in-person response from child protection staff;
5. The availability of early intervention services across NSW including the effectiveness of pilot programs commissioned under Their Futures Matter program;
6. The adequacy of funding for prevention and early intervention services;
7. Any recent reviews and inquiries; and
8. Any other related matter.

INTRODUCTION

This submission is based on research conducted by the Australian Centre for Child Protection (ACCP) at the University of South Australia.

The ACCP is Australia's premier research centre for the prevention of child abuse and neglect, leading a public health approach to child protection research. Our vision and work is led by the desire to develop a system founded on research and clinical excellence which responds to the needs of vulnerable children and families. We specialise in innovative approaches and solutions, including responding to families with complex and multiple needs, child protection system and service reform and redesign, and the development and implementation of best practice child protection programs and services.

The Centre is committed to promoting the needs, views and experiences of children and young people and leading the development of practices and policies that respond to them. We are also dedicated to supporting Aboriginal children, families and their communities.

SUMMARY OF PROBLEM: CHILD PROTECTION AND SOCIAL SERVICES SYSTEMS ARE CURRENTLY INADEQUATE IN RESPONDING TO VULNERABLE CHILDREN AND FAMILIES

Over the past decade, more than 40 independent inquiries and royal commissions have been conducted into child protection systems. These inquiries have revealed that current child protection systems are unable to cope with demand, are fractured, are inefficient and are failing the most vulnerable children in society. Despite repeated cycles of inquiry and subsequent reform, this has not resulted in any sustained positive change. On the contrary, long-term demand continues to rise, as does investment, with no real improvement.

In South Australia for example, the 2016 Royal Commission into the South Australian Child Protection System estimated that 1 in 4 children were reported to child protection by age 10, with Aboriginal children and families grossly over-represented in these systems. Comparatively, this situates child protection involvement at twice the rate of childhood asthma and ten times the rate of childhood chronic illnesses such as Type 1 juvenile diabetes - our most prevalent paediatric concerns.



However, despite the devastating impacts of child abuse on lifelong health and development, child protection concerns have not been treated as a paediatric health issue across Australian jurisdictions. A failure to adequately frame the problem has consistently led to a failure to adequately respond to it.

RECONCEPTUALISING THE PROBLEM: A PUBLIC HEALTH APPROACH

In 2017, a research team from the Australian Centre for Child Protection, UniSA undertook a large-scale program of rapid research, which aligns directly with the Terms of Reference of this Inquiry into NSW Child Protection and Social Services Systems.

The team utilised the World Health Organisation (WHO) public health approach to violence prevention, which comprises four steps:

1. Defining the problem
2. Identifying cause and risk factors
3. Designing and testing interventions
4. Increasing the scale of effective interventions

It is noted that the WHO public health approach to violence does not presume the population affected by violence is distributed in three stacked segments of a pyramid. Within a public health approach, the intensity of interventions are matched to the needs and size of different population segments (steps 3&4), which have been identified (steps 1&2). A limitation of the WHO public health approach to violence is that – while implicit - it does not highlight the cyclical nature of the four steps of the public health approach. It is important that the steps be re-applied and assumptions re-tested over time to determine if and how the population and critical 'windows' for intervention may have changed. Further it does not highlight the need to consider what interventions may need to be considered for de-implementation either as they have not demonstrated sufficient cost-effectiveness or as the population needs have changed over time. This is critical for good fiscal management of service systems and to avoid unnecessary systems complexity.

Applying the WHO public health approach, the program of research aimed to identify:

1. What were people worried about when they call child protection and what insights could this give us about why reporting was so high?
2. What were the characteristics of children and their families who were reported? Did they fall into cohorts or 'typologies' that could inform intervention targeting?
3. What was the state's child abuse prevention investment, and was it matched to the needs of the population reported to child protection?
4. Was there the potential for a more nuanced targeting of interventions to reduce demand on child protection systems?

The aims and methods were developed in collaboration with the South Australian government Early Intervention Research Directorate (EIRD), after the 2016 Royal Commission identified that the system was unable to cope with the increasing demand for child protection services. The EIRD was situated within the Department of Premier and Cabinet and was overseen by a multi-Department steering group of senior executives. Under the auspices of the EIRD, the ACCP undertook two parallel research programs which formed the basis of their innovative application of a public health approach to inform reforms to reduce systems demand and improve outcomes of vulnerable children in SA. These programs focused on two key areas:

- 1) Understanding the extent and nature of child abuse and neglect within the SA population
- 2) Identifying whether current investments in child abuse prevention were matched to need

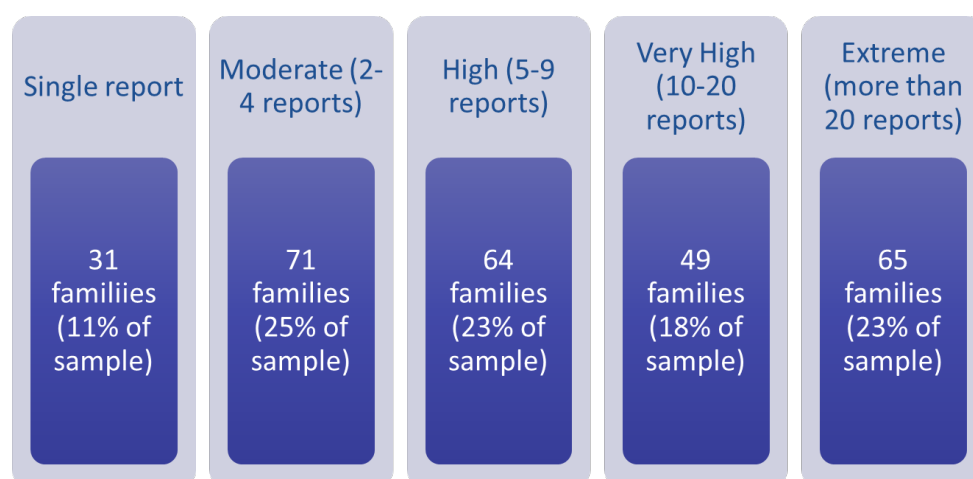
In order to better identify vulnerable children and families and improve the way the system responds to them, an understanding of the extent and nature of child abuse and neglect is first required. The ACCP was responsible for undertaking the world's first research into the accuracy of child abuse estimates, utilising a first principles approach to study the incidence of child protection concerns. The team utilised information contained in narrative descriptions of notifier concerns and the Department's history of involvement for over 10,000 child protection reports to pinpoint prevention and early intervention windows and target groups for intervention at a population level.

INCIDENCE STUDY 1: UNBORN CHILD REPORTS – THE EARLIEST POINT OF INTERVENTION?

Testing the assumption of pregnancy as a critical window for early intervention, an incidence study was undertaken utilising a 20% random sample of unborn child concern reports to child protection. Only 11% of unborn child concerns related to first time pregnancies, the majority of parents had older already reported to child protection. Infants were being conceived into families with multiple and complex needs. Parents who were reported to child protection had their own childhood trauma histories and accompanying mental health concerns, and experienced high levels of domestic violence and alcohol and other drug misuse.¹ Approximately ¼ of infants reported during pregnancy were removed by age 2. These findings highlighted the importance of taking a family lens when considering child protection history and risk to children. First time parents and parents with existing children already involved with child protection were likely to need different types and intensities of intervention to address risks to the unborn child and other children in their care; both cohorts had tertiary therapeutic intervention needs. While an important intervention point, particularly for first time parents, it was concluded that pregnancy was not the earliest point of intervention to prevent child protection due to the dominant inter-generational pattern of trauma, abuse and neglect in families reported to child protection. Early in life was not the equivalent to early in the life of the problem for child protection involved families.

INCIDENCE STUDY 2: REPEAT INVOLVEMENT – DRIVING CHILD PROTECTION DEMAND

A second incidence study was undertaken in order to better understand the reason for the high levels of reporting to child protection and what notifiers were worried about. A 20% random sample was taken of reports in an 'average' metropolitan child protection region over a 6-month time period, the 20% sample consisted of 324 children from 280 families. Applying the findings from incidence study 1, a family lens was applied to understanding history of involvement with counts comprising the number of distinct reports from first pregnancy for children within the family. It was found that 90% of families were reported to child protection more than once with unexpectedly high levels of re-reporting. 23% of families had more than 20 distinct reports.²



¹ Australian Centre for Child Protection, Positive Futures. (2017) South Australian Early Intervention Research Directorate (EIRD) Case File Review Research Policy Brief #1 (University of South Australia). Meiksans, J. Arney, F., Flaherty, R, Octoman, O., Chong, A. & Ward, F. (in press). Risk factors associated with prenatal child protection involvement.

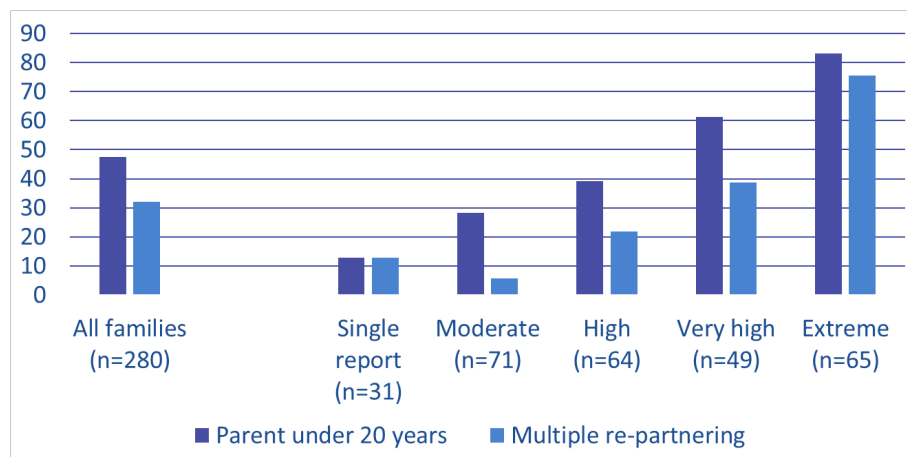
² Arney, F., Chong, A., Taylor, C., & Octoman, O. (2018). *Identifying factors associated with families with repeat involvement with child protection*. Paper presented at the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) 22nd International Congress on Child Abuse and Neglect, Prague, Czech Republic.

There was a strong relationship between the number of reports and family risks and needs. Further, families with the highest number of reports made up the majority of all child protection screening outcomes. For example, extremely involved families (20+ plus reports) comprised:

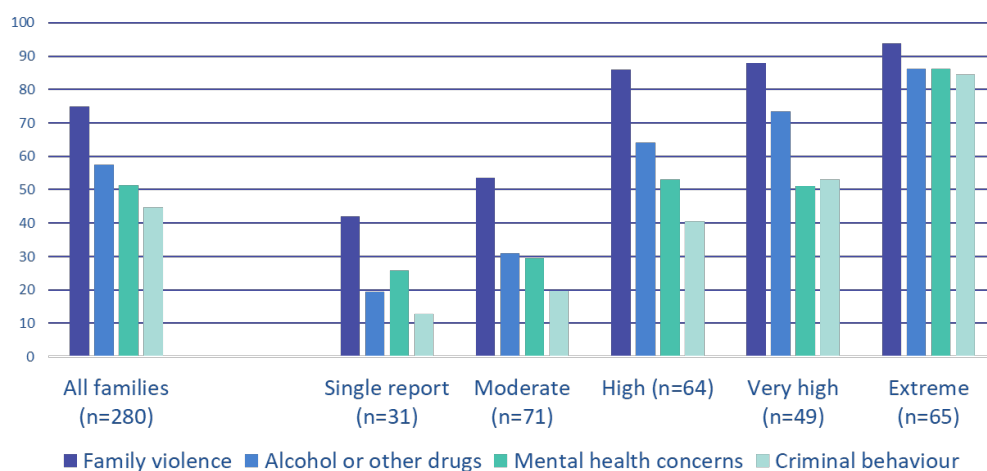
- 28% of screened out concerns
- 43% of reports on unborn children
- 50% of concern about an adolescent at risk
- 57% of extrafamilial abuse matters
- 47% of screened in child protection matters (reports screened in using SDM as Tier 1 and 2)

Consistent with the findings of the case file review conducted as part of the Nyland Royal Commission into Child Protection in SA, there was no evidence of a pattern of reporting about matters which did not reach a statutory threshold. These findings indicate that reporters are reliably reporting most often about the families in which children are most at risk. This linear relationship between the extent of reporting about a family and family risks and needs casts significant doubt about previous assumptions that high levels of reporting were caused by hypervigilant reporting by notifiers. Critically, the number of reports were found to be a better indicator of a family's risk and need than the child protection screening outcomes.

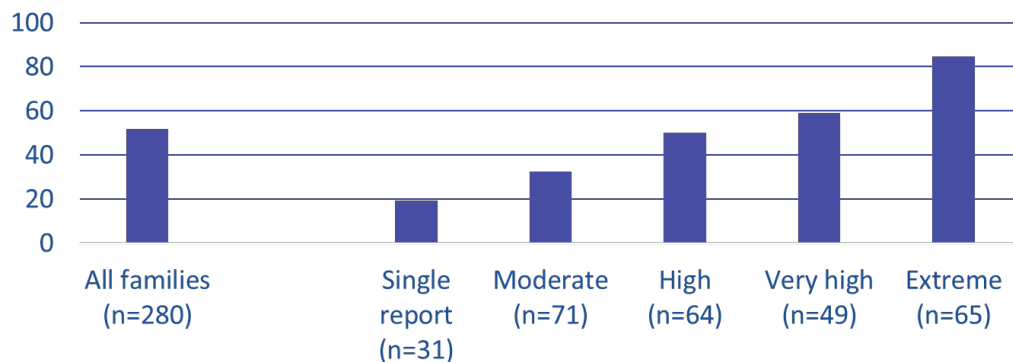
Familial characteristics (%)



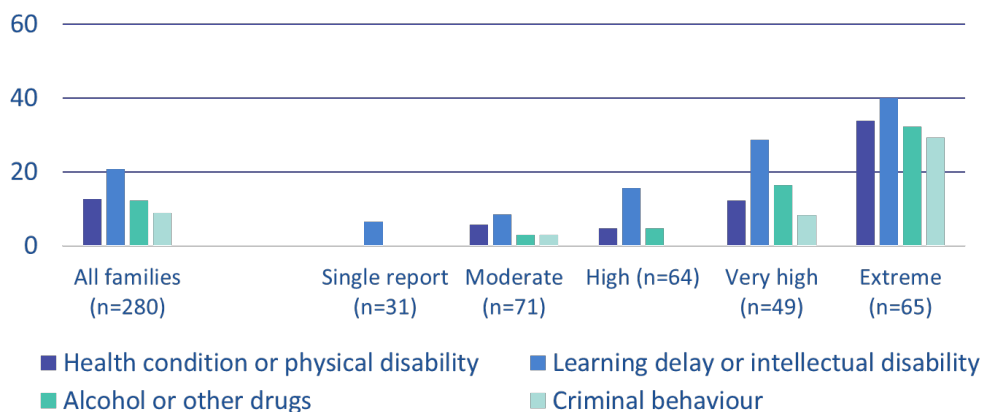
Familial characteristics (%)



Child and adolescent mental health or behavioural problem (%)



Outcomes of child trauma or factors conveying vulnerability for children



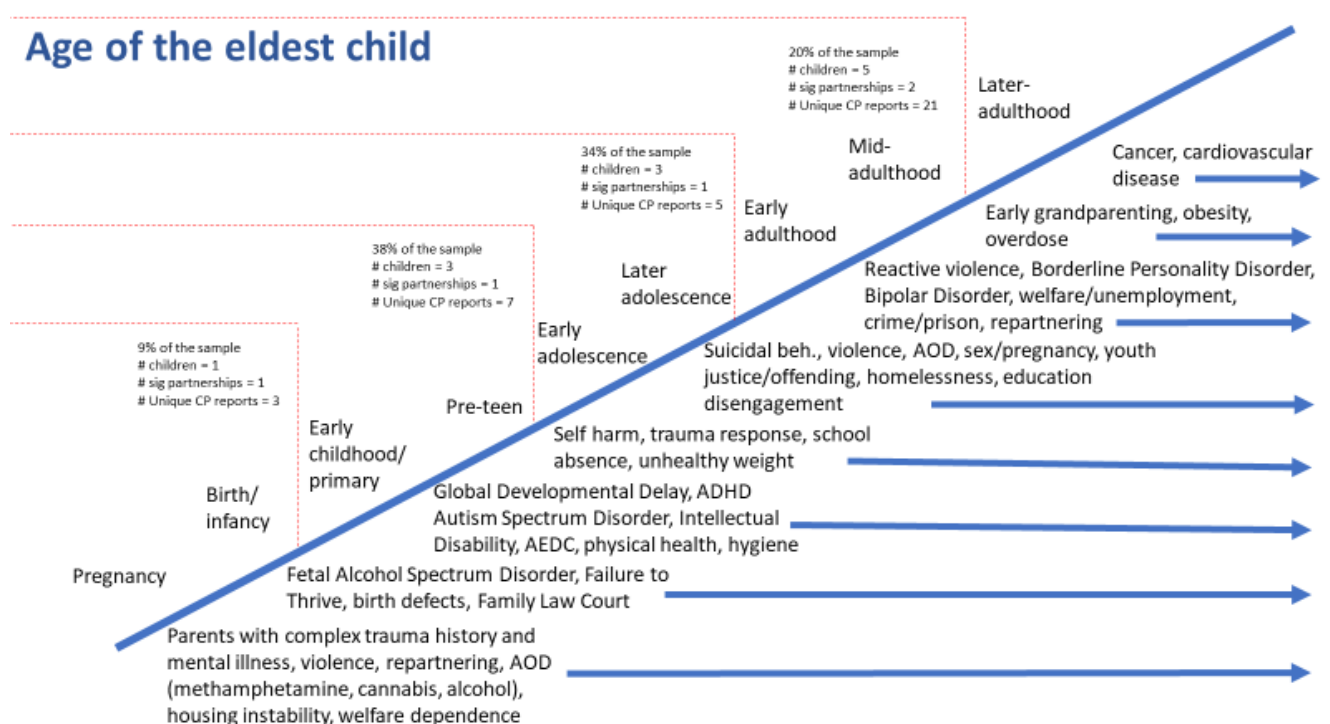
For those families with more than 20 reports, characteristics were quite consistent and included:

- Parent under 20 at first pregnancy
- Multiple children (Mean = 7)
- Multiple re-partnering (3+)
- Intimate Partner Violence (IPV), Alcohol and Other Drugs (AOD), Mental Health (MH) issues, criminal behaviour, homelessness
- Children's risk factors mirrored adult risk factors
- Child and adolescent mental health issues
- Youth justice involvement

The consistent presentation of families with extreme involvement and the early indicators (ie parent under 20 at first pregnancy) highlight the potential to take a more proactive approach to child protection screening and intervene earlier in the family involvement to prevent extreme reporting and the impacts of chronic abuse and neglect that repeat reporting signifies.

POPULATION LEVEL CASE CONCEPTUALISATION – THE LIFE TRAJECTORY OF UNDISRUPTED INTER-GENERATIONAL RISK

In order to develop a better understanding of the intervention needs of families reported to child protection, a population approach was taken to clinical case conceptualisation. This new approach of population case conceptualisation involved the development of individual case summaries and aggregating these at the population level to identify the current trajectory for children known to child protection.³ Analysing the >10,000 reports to child protection recorded for the 324 children in incidence study 2 (reported above), it was found that the majority pattern of child protection involvement commenced with a first pregnancy with a parent with multiple and complex needs. In the majority of cases these needs were not addressed and the risks and impacts accumulated over the lifespan for the eldest child, and for subsequent children born into the family. The extent of involvement (ie the number of reports) was strongly linked to the age of the eldest child. Later adolescence and early adulthood were key windows for pregnancy showing a clear pathway of inter-generational transmission.



This work identified that children in families reported to child protection throughout childhood are at extremely high risk, have experienced multiple episodes of abuse, and are often victims of multiple forms of abuse. The trajectory for children was characterised by ongoing and extreme forms of family violence that were often intergenerational, and other entrenched problems within families including untreated mental health concerns and alcohol and illicit drug addiction. Within these families, children's outcomes and risk patterns closely mirrored their parents, including suicidal ideation and self-harm from a young age. Family intervention needs changed as children developed and became more therapeutically complex and resistant to intervention as impacts accumulated and number of children in the family increased. A life span approach mapped to the characteristics of families known to child protection offers much opportunity to service system planning to effectively reduce child protection demand.

³ Arney, F. Bromfield, L. Cox, S. & Octoman, O. (2020). *Understanding the true complexity of child welfare clients: A global emergency for family services*. Paper presented at the 35th San Diego International Conference on Child and Family Maltreatment, CA. Arney, F. Cox, S. Bromfield, L. & Octoman, O. (2020) Intervention design in child welfare: The utility of population-level case conceptualization. Paper presented at the 35th San Diego International Conference on Child and Family Maltreatment, CA.

IDENTIFYING THE ALIGNMENT BETWEEN CHILD ABUSE PREVENTION INVESTMENTS AND NEED

Alongside the incidence studies and population level case conceptualisation described above, a rapid assessment was undertaken to ascertain the extent to which the states investments in early intervention and prevention were aligned with need. Utilising an approach based on implementation science, our approach to determining whether current investments are effective is through the innovative Target Group to Outcomes Process and Evidence Matching System (TGO©). TGO© is a 13-step process which analyses factors such as the program objective, the intended target population, theory of change and the program components. It considers areas such as cultural competency and the matching of the program with a high-quality evidence base. It enables an analysis of the likely success of the existing program or service, and where investment should be directed for the greatest impact.

There was a high degree of commonality in the approach to program design, and common areas for strengthening program models.⁴ Specifically, four key themes were identified:

Theme one: Program model alignment. Examination of the logic models developed for each program identified gaps in the line of sight from workforce, to target group, activities, and outcomes. Sub-themes included workforce capacity, multiple contingencies to meet stated outcomes, and key components of a program or service.

Theme two: Documented models of service provision. A second broad theme identified through thematic analysis related to the documented models of service provision, specifically what was being offered to families, and how it was being delivered. Sub-themes included informal approaches, approaches inappropriate for the target population, and the types of program models.

Theme three: Evidence-based programs. The third theme was born out of the evidence matching process. Sub-themes in this area related to program dose, evidence-based activities, and target group drift.

Theme four: Culturally competent service provision. The fourth theme was related to cultural competence. Sub-themes included cultural input and governance, adaptation of services to meet cultural and language needs, and cultural competence training.

When considered in conjunction with the findings from the incidence studies outlined above, it was concluded that the state's child abuse prevention investments were poorly aligned to address the needs of the majority population of families known to child protection. Effective responses for these populations were critical to disrupt trajectories and reduce the incidence of child abuse and neglect, in order to in turn reduce child protection systems demand.

Greater attention needs to be given to ensuring that specific approaches within program components can be described, are matched to need, and are evidence-based for the specific target population (rather than a general population). There may be times when due to population change or the emergence of new evidence, some existing interventions are identified as no longer being the best investment and de-implementation (also commonly referred to as de-investment or de-adoption, Niven et al., 2015) of non-indicated interventions may be warranted.

⁴ Cox, S. & Bromfield, L. (2018). *Identifying Critical Gaps and Opportunities for Capacity Building in the Child Protection Service System*. Paper presented at the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) 22nd International Congress on Child Abuse and Neglect, Prague, Czech Republic.
Bromfield, L. & Cox, S. (2018). *Matching investment to client complexity in child protection*. Paper presented at the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) 22nd International Congress on Child Abuse and Neglect, Prague, Czech Republic.

CONCLUSION

The findings of the ACCP's work in South Australia demonstrated that current interventions were inadequate and major reforms were needed to properly address a growing epidemic of child abuse and neglect. This program identified priority reform areas for current investments and made recommendations for the re-commissioning of services that are better aligned to the needs of the population they are serving.

The origins of Australia's current child protection and social services systems stem from the middle of the last century. These models were developed with a limited understanding of the risks posed to children by various risk factors (including chronic family violence) and with an extraordinarily low estimate of the prevalence of childhood abuse and neglect. The design of responses and targeting of investment has also been underpinned by a prevailing assumption that risk for abuse and neglect starts low and progresses incrementally if not disrupted. Alongside this assumption has been the assumption that the high rates of child protection reporting pertains to families with vulnerabilities which have not yet escalated to tertiary therapeutic need. The dominant child protection reform response has therefore been to assume reports to child protection need screening and alternative pathways. This has resulted in increased investment in and referral pathways into early help for vulnerable families in which child abuse risk is emerging (ie *secondary interventions*). Assumptions about the incidence of child abuse and neglect and the needs of families reported to child protection have been carried through into contemporary child welfare reforms – despite a continuing lack of the epidemiological research to accurately understand the incidence of child abuse and neglect, the characteristics of families reported to child protection and the optimal windows for intervention.

Adopting a public health approach involves a) a continuous cycle of epidemiological monitoring and b) assessing the alignment between population needs and systems investments. Continuous monitoring of the target population is required if programs are to clearly align with the characteristics of the target population and effectively address the drivers of systems demand.

This rapid program of research tested the validity of the assumptions which had underpinned Australian child protection reforms over the past two decades that

- risk was incremental risk;
- As risk increased the size of affected population decreased
- There were insufficient early intervention and prevention services for vulnerable families
- Reports to child protection need screening as reporters are 'wrongly' reporting to child protection

Critically for systems planning and reform, these assumptions were found to no longer be valid. It was concluded that reporters were reliably identifying and reporting the most about families with the most complex risks and needs. Families with multiple and complex problems and extensive child protection involvement were the largest population known to child protection. The dominant pattern of risk and needs was intergenerational not incremental risk – children were conceived into families with tertiary therapeutic needs to address violence, mental illness and substance misuse and the associated impacts of these problems in family functioning. There were insufficient effective interventions for children & families with multiple and complex problems, particularly large families that included children in middle childhood and adolescence.

Further it was concluded that the current child protection screening, assessment and triage systems were

- contributing to the growth rather than the reduction of the problem of child abuse and neglect,
- contributing to a 'revolving door' of child protection demand,
- missing critical prevention windows
- poorly matching families to interventions based on the presenting incident rather than the family risk and complexity.

Based on the findings from this research, the ACCP were able to identify a number of priority population cohorts for intervention to reduce current and future systems demand. These cohorts were

determined based on family-centred rather than system-centred monitoring which focused on family characteristics rather than child protection screening outcomes of individual incidents. Priority cohorts for the reduction of current demand included:

- Reactive, pervasive, severe violence perpetrators with trauma-related childhood brain injury (pharmacotherapy trials by Butler and Schofield in NSW Justice warrant exploration)
- Tertiary therapeutic and statutory intervention for large families with extreme child protection involvement (20+ reports) including children aged over 10 years
- Tertiary therapeutic and statutory intervention for young families (oldest child <10 years)

Priority cohorts for inter-generational prevention included:

- Therapeutic treatment for children under 10 with trauma histories to prevent problems becoming entrenched and escalating during adolescence
- Therapeutic intervention for adolescents at risk (including early parenting prevention)
- Intervention for first time parents with trauma histories and multiple and complex needs (particularly those under 20 years of age)

Aboriginal and Torres Strait Islander children and families are over-represented in families repeatedly involved with child protection and with multiple and complex needs and are a priority population across all cohorts. In addition, there is significant opportunity to re-think child protection screening and referral to take advantage of child protection held data to more proactively link match families to interventions during critical intervention windows.