

**Australian Centre
for Child Protection**

A Public Health Model of Child Protection

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Working together to enhance the lives of children

Enhancing the life chances of Australia's most vulnerable children through

- research and strategic evaluation
- professional education
- communication and advocacy







Key questions ...

- What is a public health model?
- Why is it necessary?
- What are the obstacles?
- What are the opportunities?



History of Child Protection

- *First wave* – late nineteenth century “child savers” began the “child rescue movement” for destitute and neglected children
- *Second wave* – mid-late twentieth century eg 1960s “battered baby syndrome” and 1980s child sexual abuse, leading to forensic models and risk assessment
- *Third wave* – early twenty-first century public health and whole of government approaches to prevention and remediation



What is a public health model?

Baum's (1998) core features:

- Focus on populations as entities
- Emphasis on health promotion and disease prevention
- Health systems based on contributions to population health outcomes
- Emphasis on underlying determinants of health as they affect whole populations



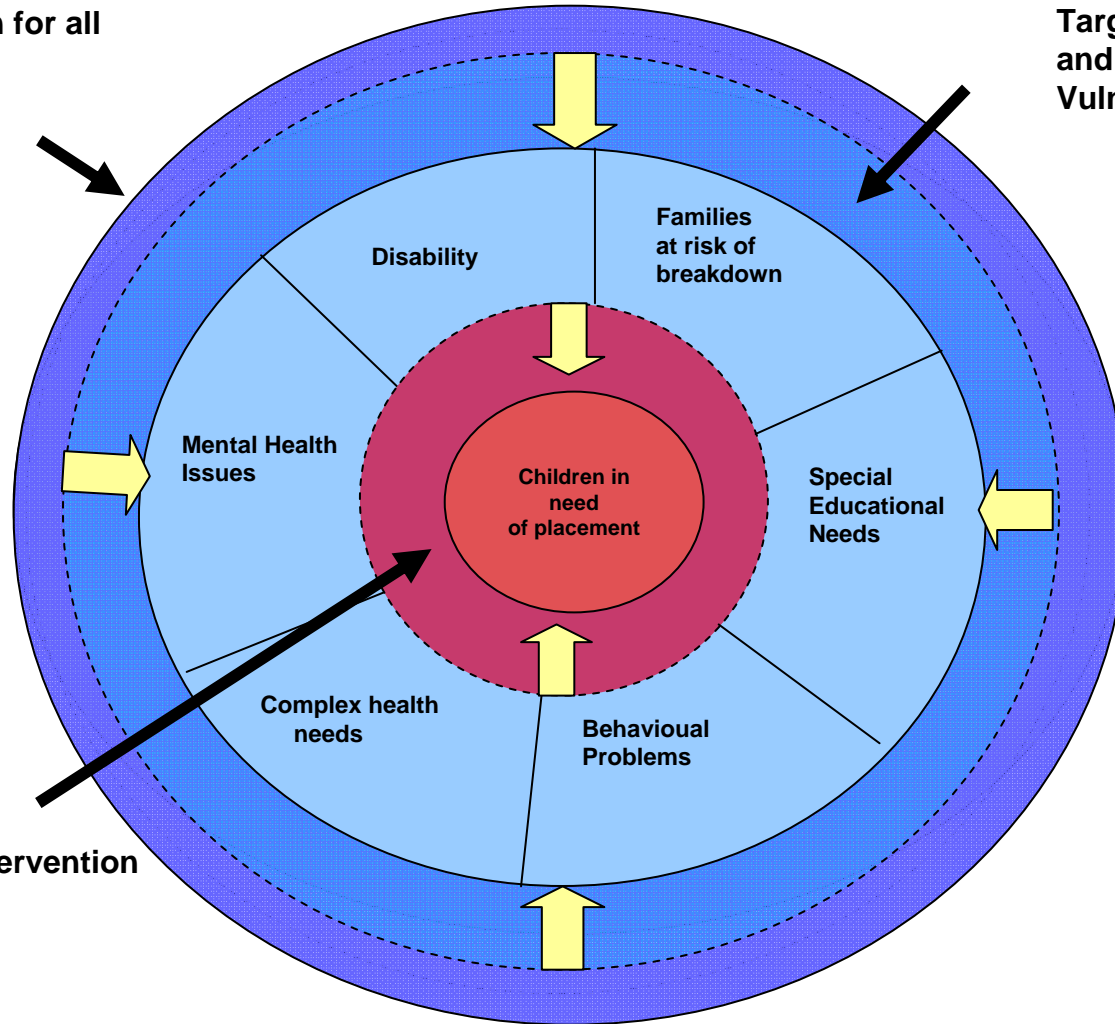
Levels of Intervention

- Primary prevention
- Secondary prevention
- Tertiary prevention



Universal Prevention for all Children/Families

Targeted Prevention and Intervention for Vulnerable Families



Child Protection Intervention



UK Approach

“Sure Start”

- Major anti-poverty strategies and early childhood interventions in high need neighbourhoods

“Every Child Matters”

- Legal requirement on agencies to work together
- Common assessment framework and performance indicators
- Pooling of budgets
- Establishment of Children’s Trusts in LGAs
- Inspectorate model of accountability
- “Think Family” initiative



SA “Keeping Them Safe”

- Universal and targeted nurse family home visiting
- Children’s Centres in high need areas delivering range of services
- Improved inter-sectoral collaboration in service delivery eg child protection and health, disability, education etc



Victoria “Every Child Every Chance”

- Strong universal maternal and child health service (97% enrolment) and secondary prevention services.
- Community intake option to NGOs as alternative to statutory notification
- Stronger legislative emphasis on stability



Focus on populations as entities

- Requires knowledge of the prevalence of a condition not just incidence (eg number of reported cases of suspected abuse).
- Requires measurement of changes over time on the basis of prevalence measures or proxy measures
- Depends on epidemiology as a core discipline and good data linkage systems



Child abuse and neglect – a child health, education *and* juvenile justice problem

- Low birth weight
- Child behaviour problems
- Low literacy
- Non-completion of school
- Juvenile crime
- Drug use
- Teenage pregnancy

Durlak (1998) Common risk factors and protective factors in successful prevention programs,
American Jnl of Orthopsychiatry, 68, 512-520



Common risk factors

- Poor early parent-child attachment
- Low peer and school connectedness
- Little social support
- Parental poverty

Durlak (1998) Common risk factors and protective factors in successful prevention programs, American Jnl of Orthopsychiatry, 68, 512-520



Health promotion and disease prevention strategies

- Can social marketing and health promotion strategies reduce the prevalence of child abuse and neglect?
- What are the possible unintended consequences of such strategies?
- Can we reduce risk factors at a population level (eg close spacing between births, poor housing, parental alcohol misuse)?



Health systems based on population health outcomes

Just as a health system is more than hospitals so a system for the protection of children is more than a statutory child protection service. We need ways of measuring the outcomes of the system in relation to child well-being. This requires a range of population-based indicators to be incorporated into State Plans.



Emphasis on underlying determinants

By understanding the underlying determinants, we might develop targeted strategies to reduce risk factors and enhance protective factors.



Parental Substance Misuse

- 13.2% or 451,000 Australian children live in households with at least one adult who binge drinks
- Approximately 50% of child protection cases involve parental alcohol abuse
- Half to two thirds of children in care have at least one parent with an alcohol and/or drug dependence



Social support

Social isolation is a correlate of child abuse and neglect. Communities with low SES but high “social capital” have lower levels of child maltreatment. Promising outcomes of holistic community development strategies (eg NSW Windale project, Victorian Long Gully project, current Irish initiatives).



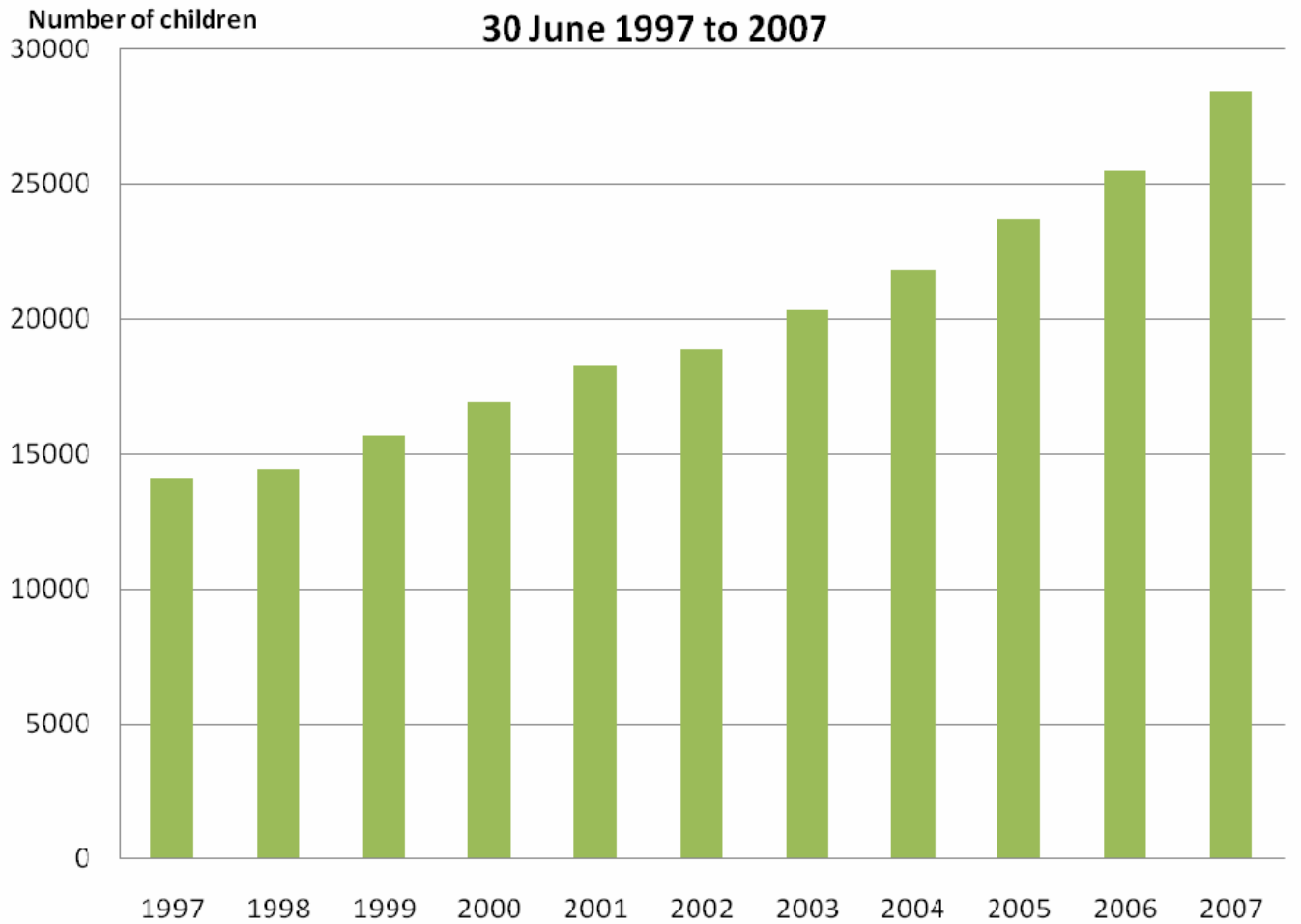
Why is a public health approach to necessary?

1. Because residual approaches are failing, with demand outstripping the capacity of statutory child protection services.
2. Because the long term effects of child abuse are so serious.
3. Because the current “cure” (removing children) may be causing some children greater harm.



Number of children aged 0-17 years in out-of-home care, nationally,

30 June 1997 to 2007



A system under siege ...

	2001-2002	2005-2006
Notifications	137,938	266,745

- Only 20% of notifications are “substantiated”, the large majority of which are for neglect and emotional abuse
- In 2007 in NSW, there were over 250,000 notifications, with 1 in 15 NSW children being notified in that year (one in five by the age of 18)
- In SA 1 in 4 children is now notified by age 16
- In Cleveland, Ohio, one in five white children and one in two black children by 18 years.



Child abuse has serious effects

Strong correlation between poor adult physical health and mental health outcomes and “adverse childhood experiences”:

- recurrent physical abuse
- recurrent emotional abuse
- sexual abuse
- neglect
- incarcerated household member
- someone who is chronically depressed, suicidal, institutionalised or mentally ill
- Intimate partner violence
- one or no parents

Middlebrooks, J.S, Audage N.C., The Effects of Childhood Stress on Health Across the Lifespan. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2007



Current “cure” may be causing harm

Rubin, O'Reilly, Luan & Localio (2007) followed 729 children for first 18 months in foster care. Found a high level of placement instability. This was strongly associated with a child's behavioural problems at 18 months, regardless of the level of behavioural problems on entering care.



... and harming the community

Doyle (2007) from National Bureau of Economic Research analysed 45,000 Illinois child protection cases for later offending behaviour. Compared cases of similar risk level where some children were placed in care and others remained at home. School aged children on margin of placement had lower adult arrest rates when they remained at home.



Challenges in a Public Health Approach to Child Protection

- Politicisation of child protection
- Vested interests
- Deficits in knowledge
- Silos and single input services
- Scaling up successful innovation



Politicisation of Child Protection

- Political exploitation can override evidence-based policy development and push the system in the wrong direction
- False societal expectation that all child abuse deaths and injuries are predictable and preventable
- Punitive reactions to child protection services can demoralise staff and worsen recruitment and retention



Vested Interests

As with strategies to reduce smoking, strategies to reduce the level of parental problem drinking (effective measures such as price disincentives, advertising bans, reduced availability) are strongly resisted by vested interests such as the liquor industry and governments addicted to the alcohol dollar.



Deficits in Knowledge

- Problematic definitions and poor prevalence measures
- Relatively little known about effective preventive interventions
- Almost nothing known about helpful and harmful remedial interventions



Lancet editorial 2003, p. 443

“Maltreatment is one of the biggest paediatric public-health challenges, yet any research activity is dwarfed by work on more established childhood ills”
(Editorial 2003, 443)



Silos & Single input services

- ***Jurisdiction/domain disputes:***
Solution: elevate ownership of the problem
- ***Unrealistic Time Scales:***
Solution: develop interim performance measures rather than rigid outcomes
- ***Silo Budget Process:***
Solution: multi-lateral budget bids, budget pooling, outcome not output focus

(Adam Graycar, Public Policy: Core Business and By-Products, Public Administration Today, July-September 2006, p.6-1)



Scaling up innovation

- effectiveness
- efficiency
- sustainability
- transferability



Where to for South Australia?

“Is Keeping Them Safe?” fulfilling its potential as a whole of government strategy for protecting and enhancing the well-being of children?



What might a National Child Protection Plan offer?

- Health promotion/social marketing strategies
- Building capacity of Centrelink to facilitate early intervention
- Greater access to child care for very vulnerable children
- Child inclusive practice in adult mental health, alcohol and drug treatment services
- Workforce development strategies





References

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