Keeping Children Safe, Together:
A Child Protection Symposium

Child Protection is Everyone's Business

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Government of South Australia
Department for Education and Child Development

SACOSS
South Australian Council of Social Service

Child & Family
Welfare Association SA

SNAICC

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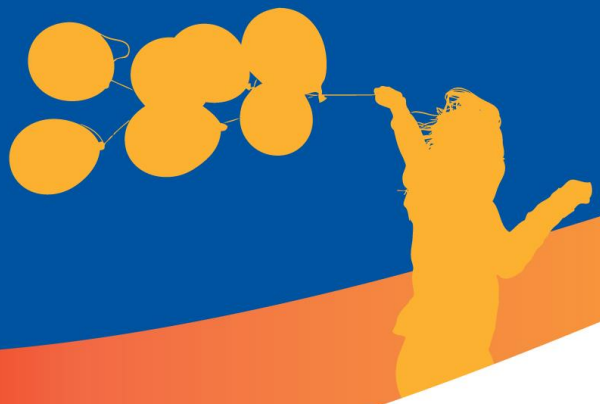


Australian Centre for Child Protection

Child Protection is Everyone's Business

Prof Fiona Arney

Keeping Children Safe, Together Symposium

Improving the lives of vulnerable children

Today's presentation

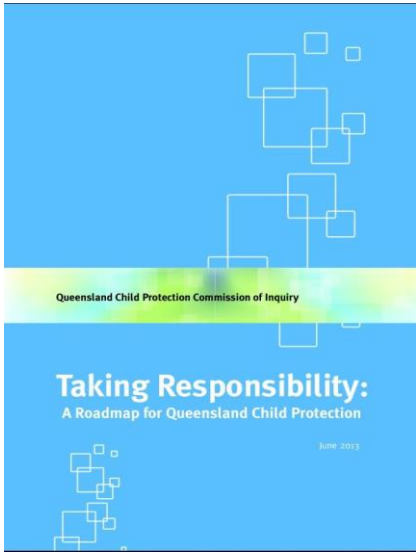
- Challenging assumptions upon which our current systems are built
- Supporting evidence based alternative approaches for generational and intergenerational change
- Promising approaches to support children, families and communities

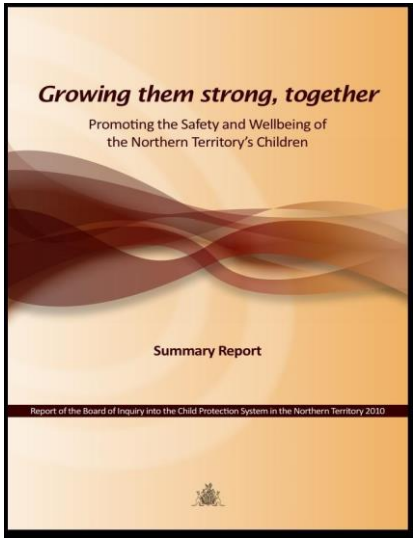

Every child deserves a
CHAMPION
www.youtube.com/watch?v=a1WvRsnE0Y8
0:05 / 3:42

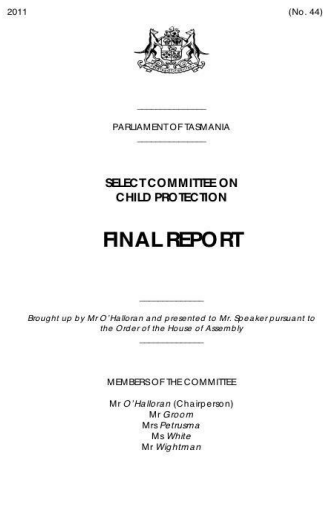
Our CP systems are based on 1960s knowledge and 1950s family structures

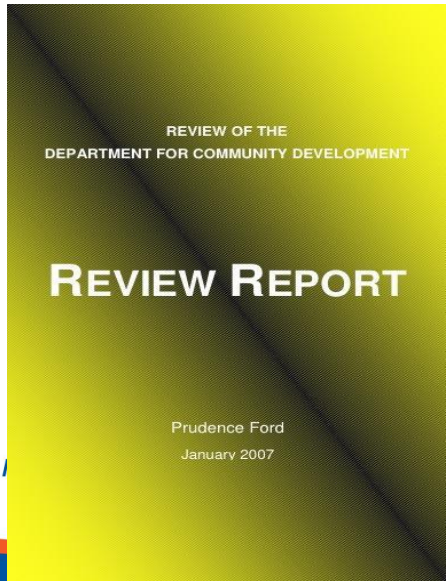
- Henry Kempe and colleagues – Battered Child Syndrome – nuanced paper, but research translation..
  - Serious physical abuse
  - Detectable through broken bones, failure to thrive
  - Parental psychopathology
  - Infants and toddlers
  - Intergenerational, lower SES
- Relatively uncommon in the population, reported incidents and investigative process to substantiate and then decision making about children's living circumstances and protective factors – policing…
- Assumptions about family structure, family and gender roles that have changed significantly over time

How do we know it's the wrong model?









What hasn't changed as a result of inquiries?

- The system is based on assumptions that are not supported and have not been challenged
- We still have faith in form rather than function – fear of innovation
- We still have an ***incident based*** system of ***responding*** to child protection
- Demand reduction is about the child protection system not violence prevention

How do we change the approach?

- Joint approach based on excellence and common understanding
- Compare the assumptions upon which our child protection system is built and the evidence base
- Implications of treating violence against children as a disease – public health approach

Assumption 1

That child abuse and neglect is ***relatively rare*** in Australia

This assumption is not supported

Prevalent and pervasive

- Child physical abuse: 5-10% of adults
- Child sexual abuse: 4-8% of males and 7-12% of females
- Witnessing domestic violence: 12-23%
  - (Price-Robertson, Bromfield & Vassallo, 2010)

Table 3.1: Leading causes of burden (DALYs) by sex, Australia, 2003

Rank	Males	DALYs	Per cent of total	Females	DALYs	Per cent of total
1	Ischaemic heart disease	151,107	11.1	Anxiety & depression	126,464	10.0
2	Type 2 diabetes	71,176	5.2	Ischaemic heart disease	112,390	8.9
3	Anxiety & depression	65,321	4.8	Stroke	65,166	5.1
4	Lung cancer	55,028	4.0	Type 2 diabetes	61,763	4.9
5	Stroke	53,296	3.9	Dementia	60,747	4.8
6	COPD	49,201	3.6	Breast cancer	60,520	4.8
7	Adult-onset hearing loss	42,653	3.1	Childhood maltreatment 55,881 COPD	37,550	3.0
8	Suicide & self-inflicted injuries	38,717	2.8	Lung cancer	33,876	2.7
9	Prostate cancer	36,547	2.7	Asthma	33,828	2.7
10	Childhood maltreatment 35,876 Colorectal cancer	34,643	2.5	Colorectal cancer	28,962	2.3
11	Dementia	33,653	2.5	Adult-onset hearing loss	22,200	1.8
12	Road traffic accidents	31,028	2.3	Osteoarthritis	20,083	1.6
13	Asthma	29,271	2.1	Personality disorders	16,339	1.3
14	Alcohol abuse	27,225	2.0	Migraine	15,875	1.3
15	Personality disorders	16,248	1.2	Back pain	15,188	1.2
16	Schizophrenia	14,785	1.1	Lower respiratory tract infections	14,233	1.1
17	Osteoarthritis	14,495	1.1	Falls	13,269	1.0
18	Back pain	14,470	1.1	Parkinson's disease	13,189	1.0
19	Melanoma	13,734	1.0	Schizophrenia	12,717	1.0
20	Parkinson's disease	13,664	1.0	Rheumatoid arthritis	12,062	1.0

AIHW, 2007, p.39 and Moore et al, 2015

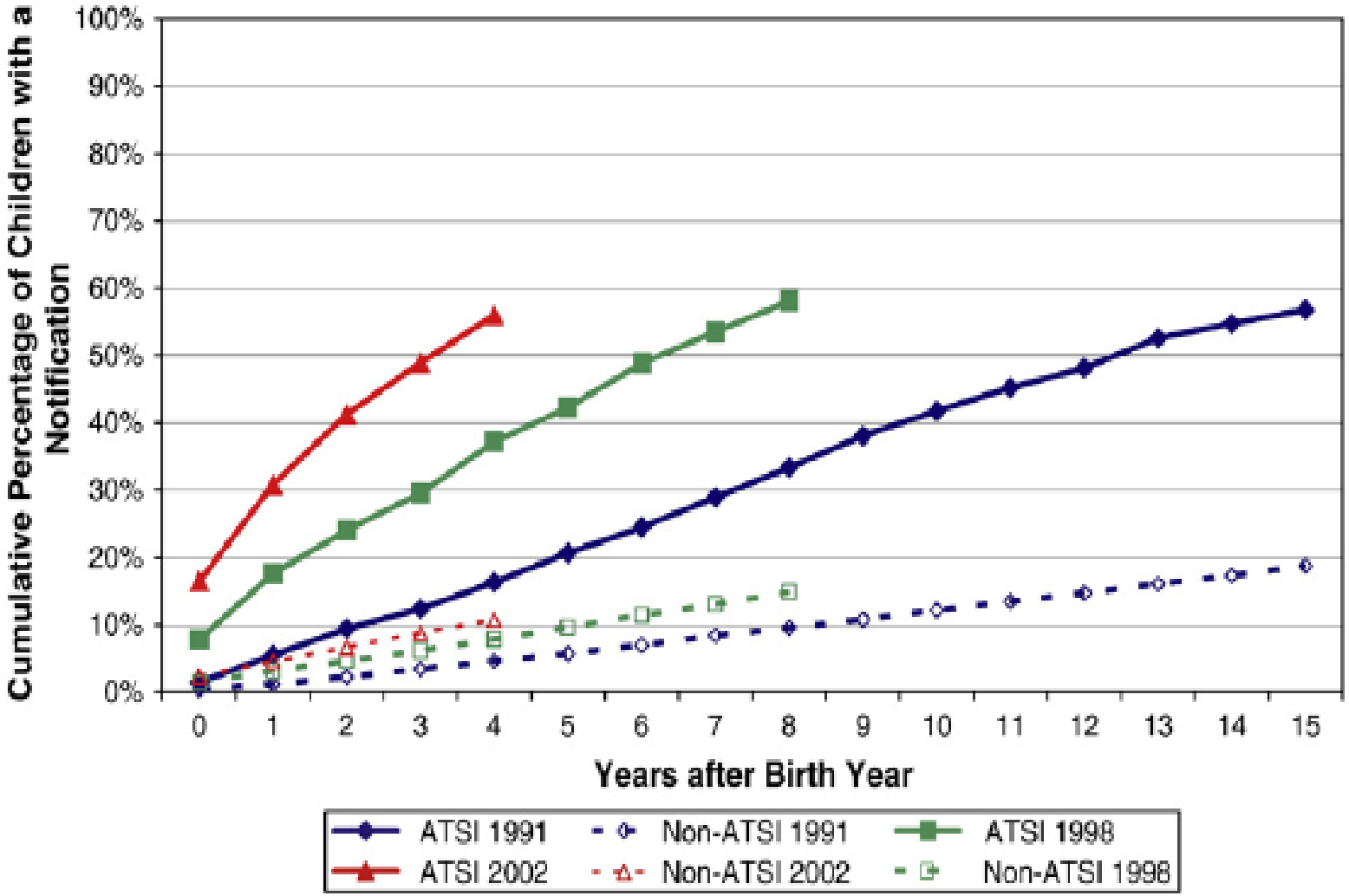
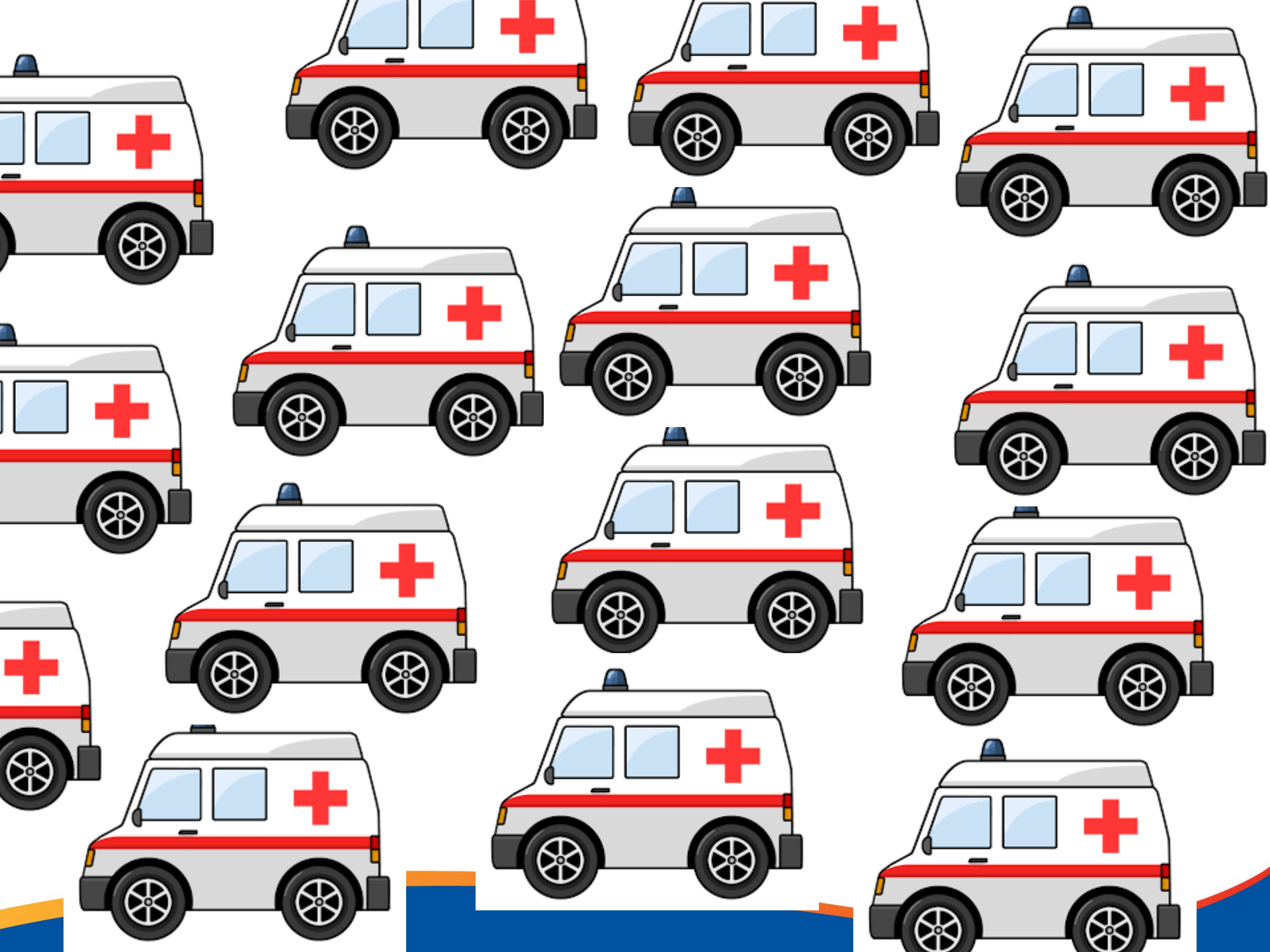
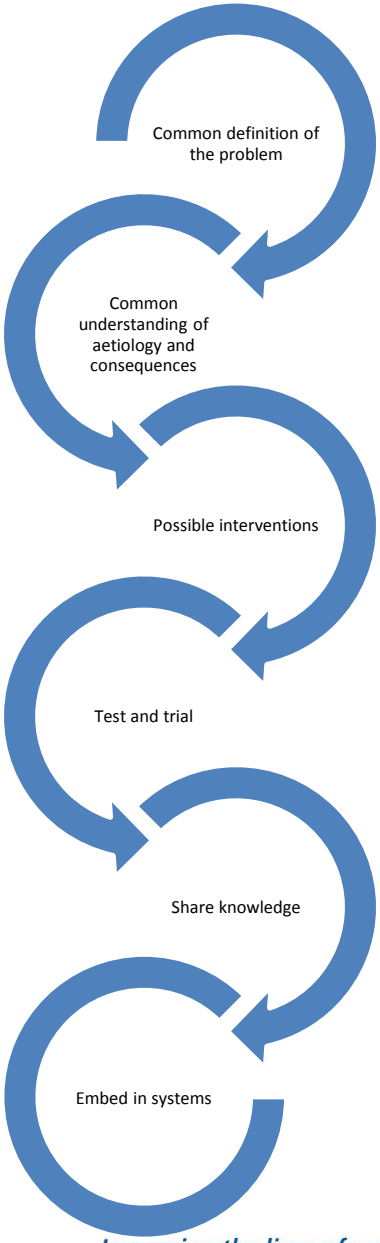


Fig. 5. Cumulative percentage children with Aboriginal or Torres Strait Islander background with a notification born in 1991, 1998 and 2002.[3]

Delfabbro et al, 2010, p.1425



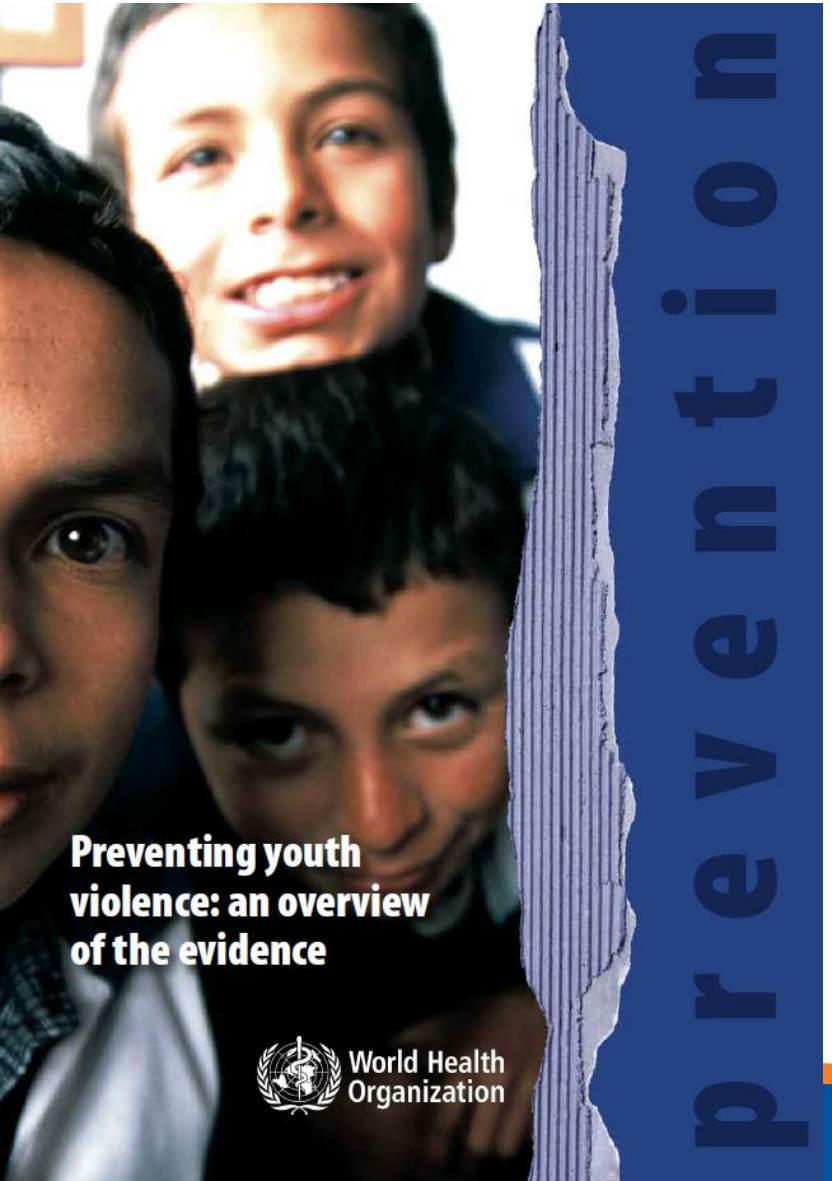
A public health approach to research, policy, programming and practice – regional differences

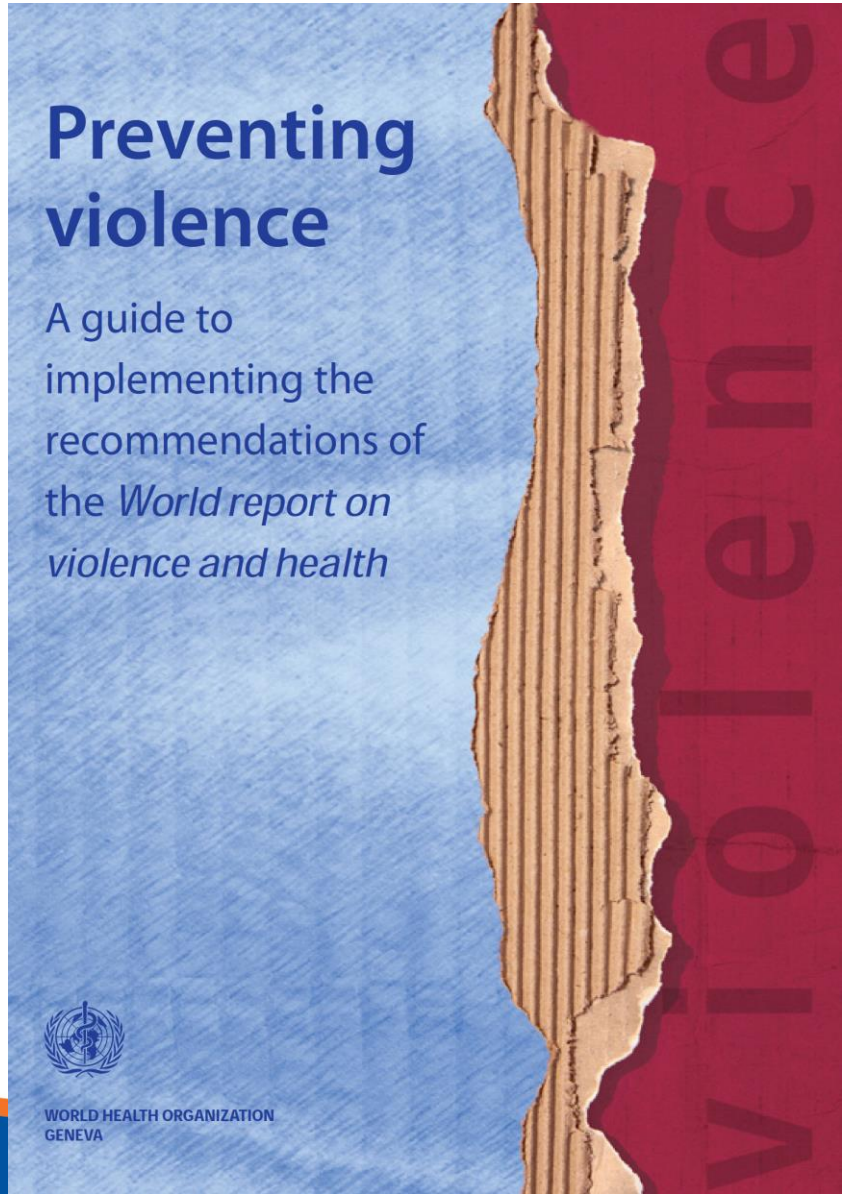


Treating violence and neglect as a health problem

- World Health Organisation and US Centers for Disease Control and Prevention
- Violence as a health problem that has social and societal, political, familial, biological and relational origins
- The health impacts of violence and neglect against children and young people are real, intergenerational, preventable and amenable to treatment
- Understand the aetiology and vectors, provide nuanced responses – develop and test theory
- Inoculation, interrupt transmission, change behaviour, high quality treatment

World Health Organisation





Taking a disease prevention approach

- “From a reputation as the most violent country in Europe to the lowest murder rate in 40 years”

Proceed until apprehended | Karyn McCluskey | TEDxGlasgow

- **https://www.youtube.com/watch?v=JbJ-m8Vo5cU (6-9 mins)**

Assumption 2

That doing nothing ***costs nothing*** and ***harms no-one***

This assumption is not supported

Cumulative harm

- We know that a relatively small proportion of the population are the subject of a very large number of notifications
- CP costs of investigating only are approx. $40m
- Children who experience multiple notifications will have poor outcomes, whether a notification is substantiated or not (Hussey)

Neglected children are not responded to by the community

In an Australian sample of more than 20,000 adults, neglect was the form of maltreatment (as compared with physical abuse and sexual abuse) that was least likely to garner any other response by the general public than a child protection notification – i.e. people would make a notification and not do much else (and approx 40% would make a notification)

And they may be left unseen by systems

- Families in which neglect is more likely may be effectively "screened out" of preventive and early intervention services (e.g., nurse home visiting programs)
- Children are unlikely to tell others about neglect (fear, no comparative experiences) and families don't necessarily know what neglect is
- They are also screened out of child protection intervention - Less likely to be rated as a high response priority when dealt with on incident by incident basis
- When they are "screened in" – screened in as lower risk, less intensive service provision, fewer contact hours – than for physical abuse and sexual abuse

A generation of change

- Children with multiple reports are more likely to be “known” to the system early – targeting preventive efforts in pregnancy and early infancy
- Greatest time for motivation to change, highest risk periods for problems to emerge, greatest preventive potential (e.g., prevent FASD), receiving support is normative – importance of engaging dads

- Families may be screened out of other services, or inappropriate models of care – outreach and excellence
- Leading models for Aboriginal children and families in lower risk circumstances
- Evidence based models for intervention in pregnancy, develop the evidence base for intervention when family violence present

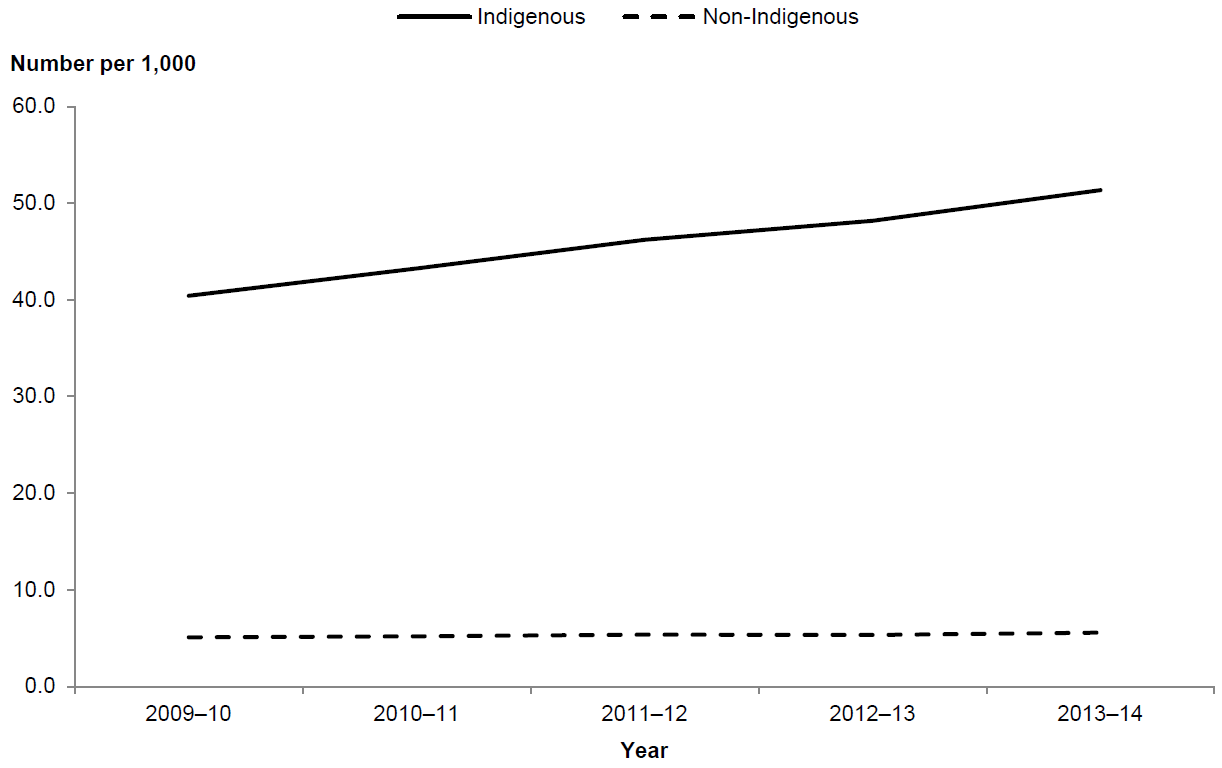
Promise of interventions that focus on the child and target the whole family

- Family group conferencing
- Family by Family
- Kinship care
- Parents Under Pressure
- Building Capacity, Building Bridges
- Regional child safety planning

Assumption 3

Getting the mainstream system "right" will have flow-on effects for Aboriginal families

This assumption is not supported



Notes

1. Rate calculations exclude children whose Indigenous status is unknown.
2. Rates were calculated using revised population estimates based on the 2011 Census and should not be compared with rates calculated using populations or projections based on previous Censuses, including those published in previous editions of *Child protection Australia*.

Source: Tables A39 and S2.

Figure 5.6: Children aged 0–17 in out-of-home care by Indigenous status, 30 June 2010 to 30 June 2014 (rate)

Australian Institute of Health and Welfare (2015, p.55)

An alternative evidence base

- Community driven priorities and wisdom
- Alternative approaches – focused on prevention of harm, connection to family, community and culture
- Acknowledge intergenerational trauma
- Address the inconsistent application of the Aboriginal and Torres Strait Islander Child Placement Principle

- Cultural, research, policy and practice partnerships to develop and implement this new evidence
- Making evidence based models readily available – support workforce development and training


Resources
WINANGAY
Resources Inc
Kinship Carers
Assessment Tools
April 2012

Assumption 4

That existing services will reduce demand if only we could get families referred in - doing ***something*** is always better than doing ***nothing***

This assumption is not supported

“any psychotherapeutic intervention is better than none at all”

“home visiting prevents child abuse and neglect”

“We use the [XYZ] approach… It’s scenario-based behavioural management… So parents can be responsible when drinking [alcohol] (i.e. they can slip their kids off to parents or you can drink between 12 and 2, but don’t drink and drive and (make sure you] are sober to pick up the kids). [XYZ] provides a usable model for how functioning families operate.”

Effectiveness of youth violence prevention strategies, by context

Parenting and early childhood development strategies	Home visiting programmes	?
	Parenting programmes	+
	Early childhood development programmes	+
School-based academic and social skills development strategies	Life and social skills development	+
	Bullying prevention	+
	Academic enrichment programmes	?
	Dating violence prevention programmes	+/-
	Financial incentives for adolescents to attend school	?
	Peer mediation	+/-
	After-school and other structured leisure time activities	?
Strategies for young people at higher risk of, or already involved in, violence	Therapeutic approaches	+
	Vocational training	?
	Mentoring	?
	Gang and street violence prevention programmes	?
Community- and society-level strategies	Hotspots policing	+
	Community- and problem-orientated policing	+
	Reducing access to and the harmful use of alcohol	+
	Drug control programmes	+
	Reducing access to and misuse of firearms	+
	Spatial modification and urban upgrading	+
	Poverty de-concentration	+

KEY

+ Promising (strategies that include one or more programmes supported by at least one well-designed study showing prevention of perpetration and/or experiencing of youth violence, or at least two studies showing positive changes in key risk or protective factors for youth violence).

? Unclear because of insufficient evidence (strategies that include one or more programmes of unclear effectiveness).

+/- Unclear because of mixed results (strategies for which the evidence is mixed – some programmes have a significant positive and others a significant negative effect on youth violence).

World Health Organisation, 2015, p.x


INPUTS
TARGET GROUP
ACTIVITIES/ STRATEGIES
THEN...
OUTCOME
0.5 FTE "CAROL"
EVERYONE
HOME VISIT
CONVERSATIONS
MEETINGS
THE MAGIC HAPPENS
WORLD PEACE

(adapted from Segal, Opie and Dalziel, 2012, p.56)

Oh you academic types, but we're talking about real people…

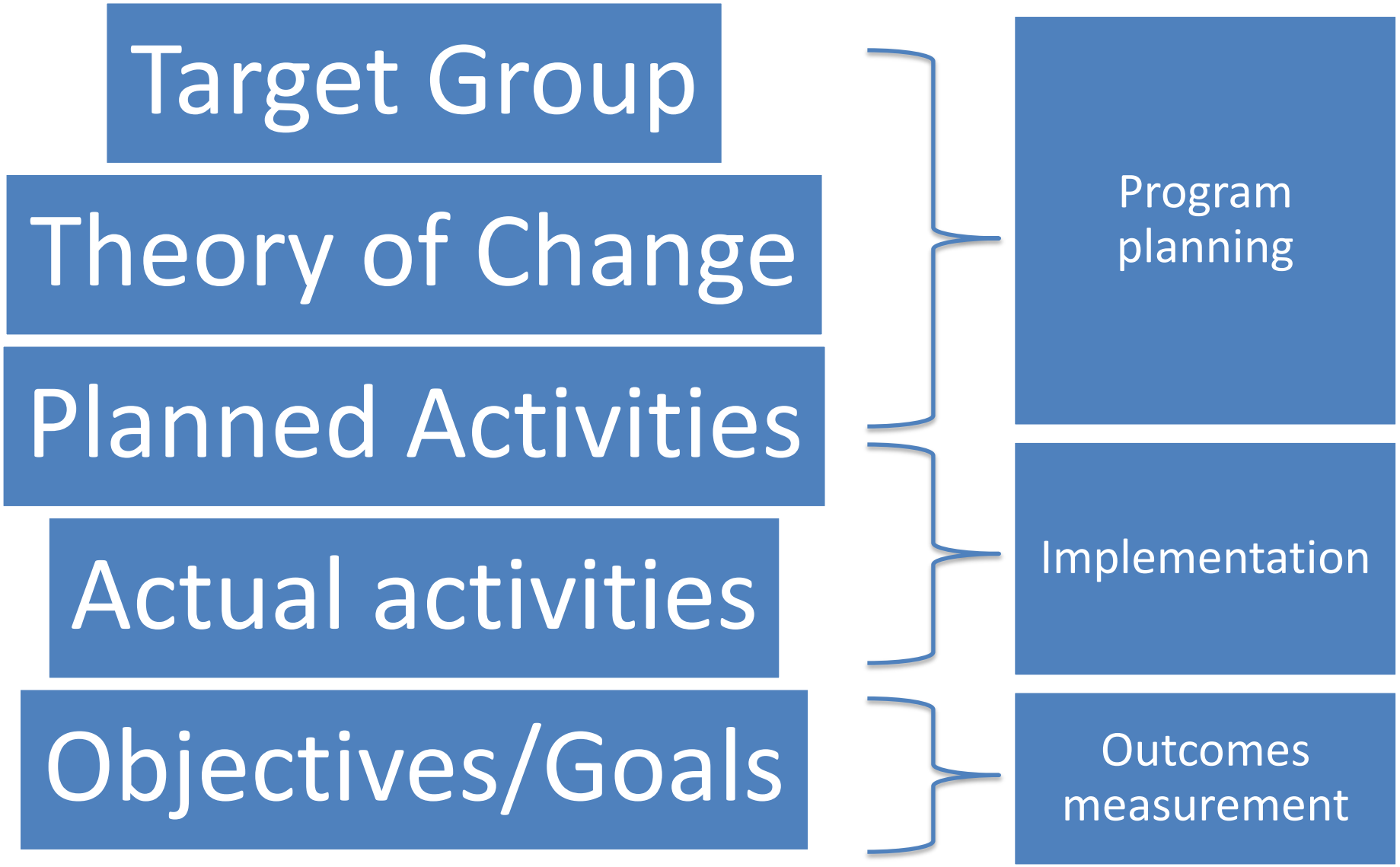
And that's why it matters

Review of 52 Home Visiting Programs

Relationship between program success and full, partial or no match for theory, components, population and child abuse objective

	Successful (n=25)	Not successful (n=27)
Full match (n=7)	7	0
Partial match (n=30)	18	12
No match (n=15)	0	15

Adapted from Segal, Opie and Dalziel, 2012, p.85

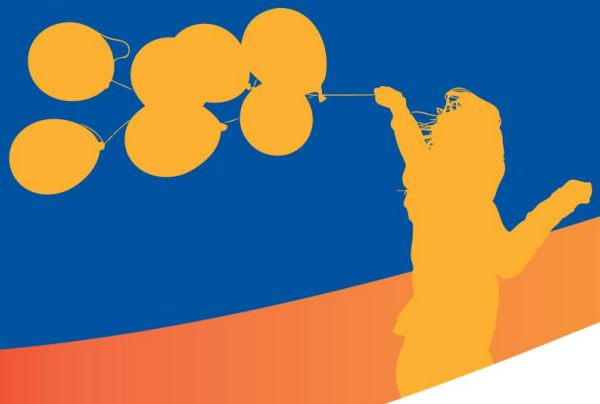

Target Group
Theory of Change
Planned Activities
Actual activities
Objectives/Goals
Program planning
Implementation
Outcomes measurement

Supporting this most complex work

- Design with children/clients – have a theory base and test for intended outcomes
- Implementation support models
- Building on the work of the National Implementation Research Network in the US (Technical assistance)
- Have this support available as a service
  - The Department of Social Services have recently developed an expert panel model to provide resources, technical support and guidance in program choice and outcomes measurement

Conclusion

- Our children deserve the very best we can give them
- Incident based responses will fail when the problem is prevalent and profound
- Tackling violence as a health problem holds much promise
- Working together to develop the new way forward



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