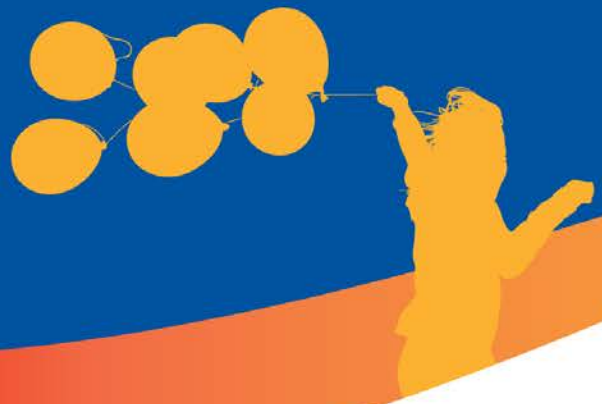


Australian Centre for Child Protection

Incorporating a population health approach into national frameworks to protect children from abuse, neglect and violence: How far have we come?

Prof Fiona Arney

RACP Congress 2016

Improving the lives of vulnerable children

Today's presentation

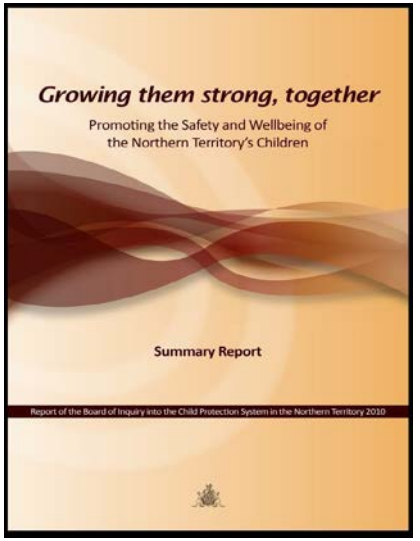
- Changing the paradigm to prevent and respond to violence against children
- Challenging assumptions upon which our current systems are built
- Supporting evidence based alternative approaches for generational and intergenerational change
- Specific example of children exposed to homelessness

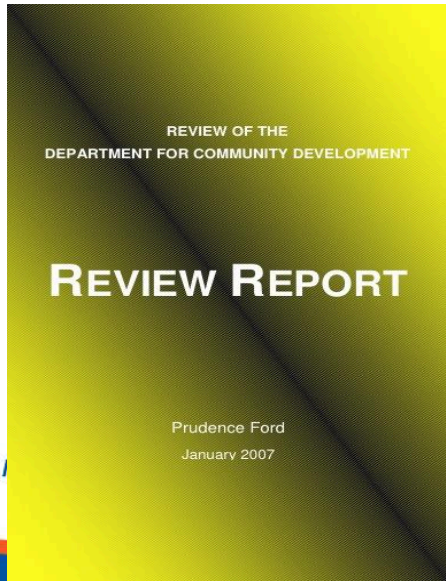
The Australian Centre for Child Protection

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
- Marginalised rather than specialised

Moving on from leeches – building the specialisation…

- Limits of traditional research translation methods in child protection
- Lack of demand for research and lack of accessibility of research
- Our work on why research is used and why programs and practices spread led us to a new approach
- Combining our research expertise with contextual expertise and implementation methods – Smart System Reform processes

Successful problem solving requires finding the right solution to the right problem.

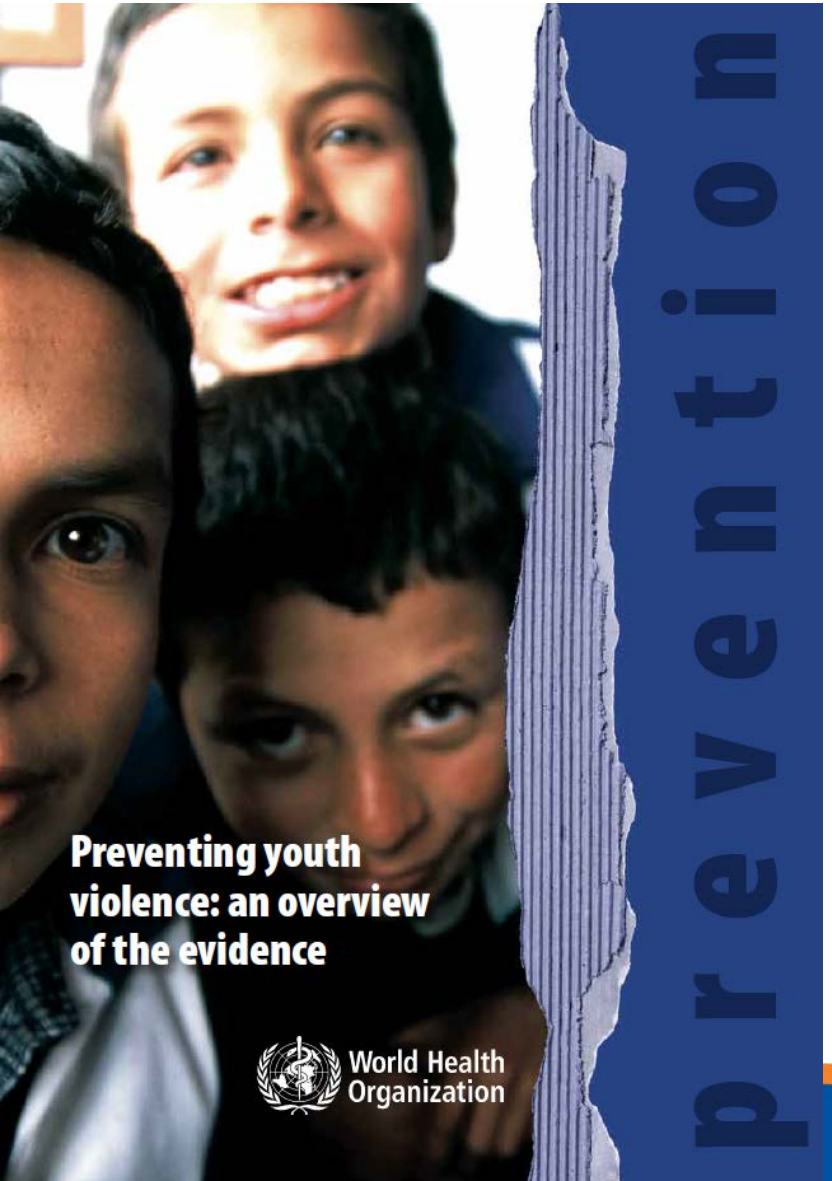
We fail more often because we solve the wrong problem than because we get the wrong solution to the right problem

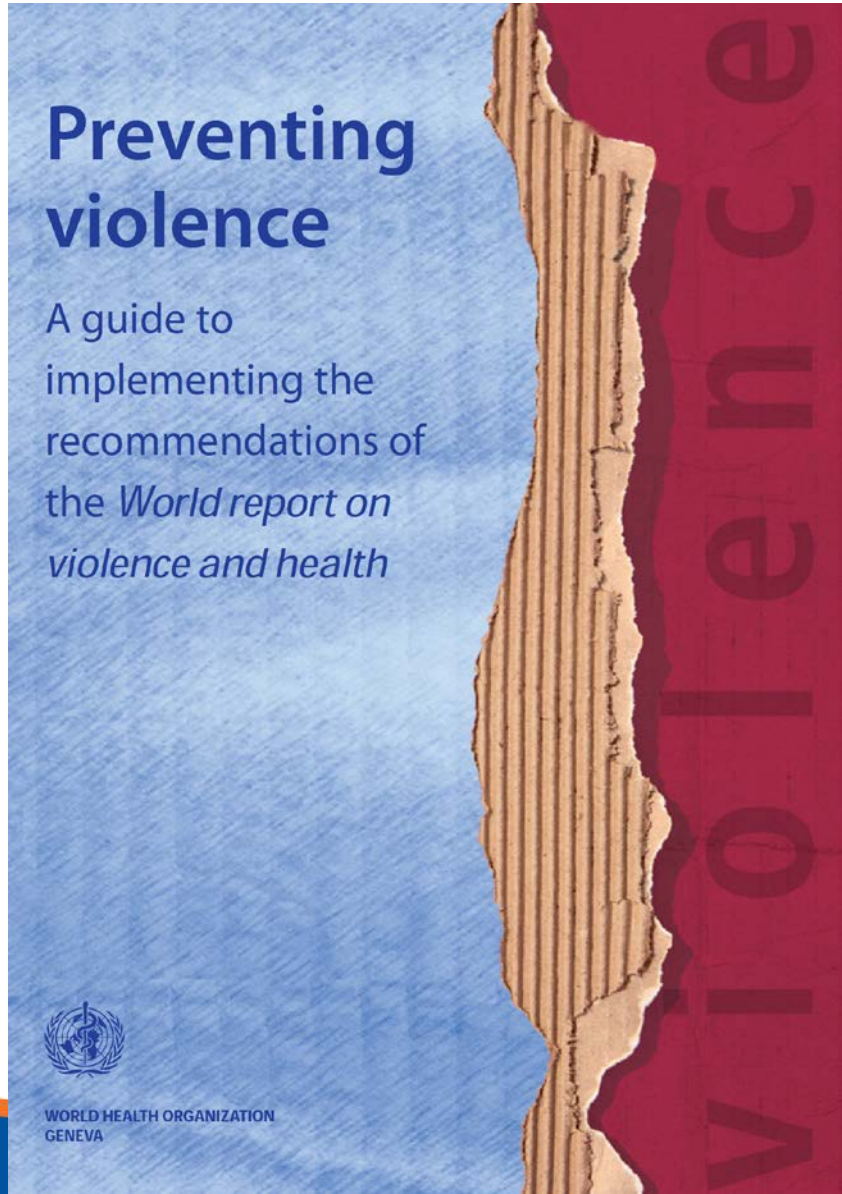
Russell Ackoff (1974)

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





WHO Guide to Implementing the Recommendations of the World Report on Violence

- 1. Increasing the capacity for collecting data on violence.
- 2. Researching violence – its causes, consequences and prevention – developing typologies
- 3. Promoting the primary prevention of violence.
- 4. Promoting gender and social equality and equity to prevent violence.
- 5. Strengthening care and support services for victims.
- 6. Bringing it all together – developing a national action plan of action

Protecting Children is Everyone's Business

National Framework for Protecting Australia's Children 2009–2020

An initiative of the Council of Australian Governments

CHANGE the STORY

A shared framework for the primary prevention of violence against women and their children in Australia

Our WATCh
End violence against Women And Their Children

VicHealth

ANROWS
AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY

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

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

Accept that child abuse and neglect is prevalent and pervasive

- Child physical abuse: 5-10% of adults
- Child sexual abuse: 4-8% of males and 7-12% of females
- Witnessing/experiencing domestic violence: 12-23%
- Neglect: 2-12%
  - (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

Focus of policy reforms

Cumulative harm

- We know that a relatively small proportion of the population (10% of the population) are the subject of a very large number of notifications (70% and 80% of substantiations)
- Children who experience multiple notifications will have poor outcomes, whether a notification is substantiated or not (Hussey)
- SA population data - of children who were first notified to the child protection service in the first twelve months of their life, over half of them (55%) had a total of 5 or more reports to child protection before age 12
- and of children aged 11.5 years who have had high levels of multiple reports to child protection (i.e. 10 or more reports), over half of them (52.4%) were first known to child protection before they were 2 years old

A generation of change – pregnancy and infancy

- 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
- Families may be screened out of other services, or inappropriate models of care – outreach and excellence
- Screening and evidence based models for intervention in pregnancy, develop the evidence base for intervention when family violence present. Fathers

Building social capital

- Social isolation, disengagement, poor family relationships, children not seen within family systems
- Promise of interventions in which families themselves (own family, extended family, other families) are the agents of change
  - Examples from PuP, Indigenous Family Group Conferencing, Family by Family

Enhancing the visibility of children

- Multi-problem families
- Adult problems, children's services
- Child Safe/Child centred services and communities – whole of family approaches
- Joint approaches/clients in common
- Address system perversities/exclusions
- Extension of initiatives with this as a specific focus
  - Children of Parents with a Mental Illness, Building Bridges, Building Capacity

An alternative evidence base – Positive Futures Research Institute

- Address over-representation of Aboriginal children
- Community driven priorities and wisdom
- Alternative approaches – focused on prevention of harm, connection to family, community and culture
- Acknowledge intergenerational trauma

- 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

Excellence and evidence – challenging the rhetoric

"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."

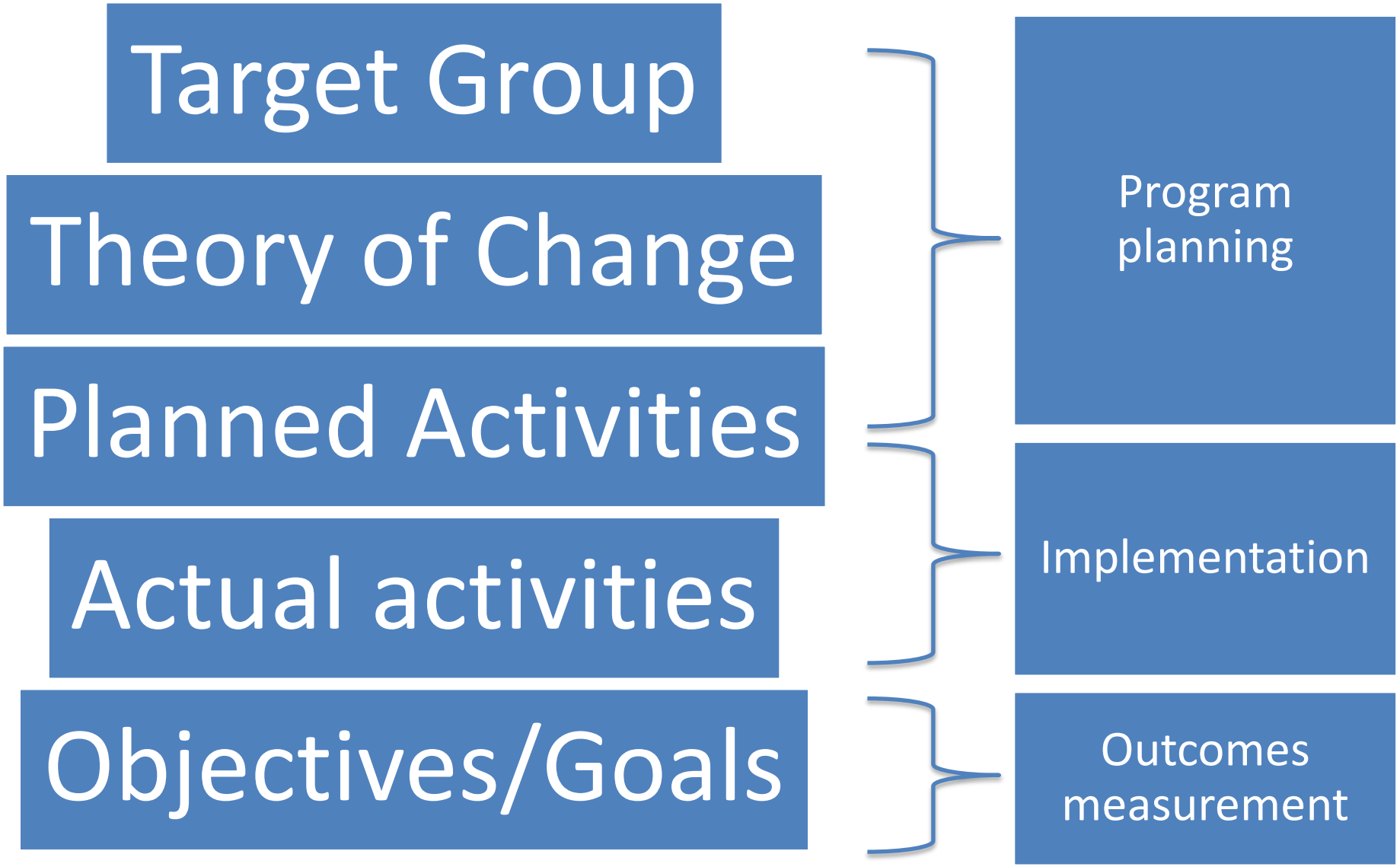
INPUTS
TARGET GROUP
ACTIVITIES/ STRATEGIES
THEN...
OUTCOME
0.5 FTE "CAROL"
EVERYONE
HOME VISIT
CONVERSATIONS
MEETINGS
THE MAGIC HAPPENS
WORLD PEACE

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

The challenge of ending child abuse is the challenge of breaking the link between adults' problems and children's pain.

(UNICEF, A League Table of Child Maltreatment Deaths in Rich Nations, September 2003)

Children in homelessness services

- Services typically developed for older single men
- Young people/teenagers presenting to services
- Children who were with their families were not counted as clients of the service
- Ability of services to understand the needs of children and to respond to their needs
- Partnered with Mission Australia, a national homelessness service provider, in the formation of a collaboration to investigate and improve responses to homeless children.

Scope of the issue

- The problem was far bigger than anyone had thought
  - During 2011-2012, 229,247 people were clients of a specialist homelessness service
  - Children under 18 years old made up 43% of all clients; 17% were under 10 years old.
- Children were much younger than anyone had thought
  - 56,188 children accompanied a parent/carer to a homelessness service; 69% were under 10 years old (Australian Institute of Health and Welfare, 2012).

Impact and Interventions

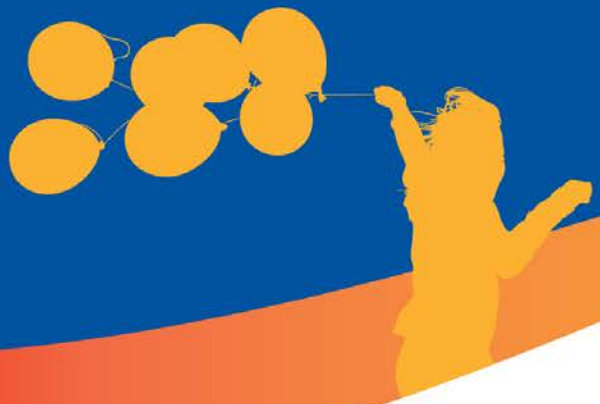
In 2009 we won a small grant to explore what was known about the impacts of homelessness and its precursors on children. This review propelled us to investigate how homelessness services were responding to dependent children and to test new ways of responding. The findings of the research were circulated widely while support for a change to the way that homelessness was addressed in Australia was slowly building.

Embedding in policy and practice

- **Policy has changed**: dependent children are considered as clients of homelessness services and are therefore entitled to have their needs addressed.
- **Service provision has changed**: service providers are responsible for addressing the needs of dependent children as distinct from those of their parent/carer.
- **Practice is changing**: information showcasing promising practice has been widely circulated. Training and resources that support work with homeless children are available.

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
- Excellence and evidence
- Evidence based change can happen quickly – research translation pathways



Australian Centre for Child Protection

Professor Fiona Arney

Director

Australian Centre for Child Protection

University of South Australia

(08) 8302 2918

fiona.arney@unisa.edu.au

www.unisa.edu.au/accp

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