CHILD PROTECTION HELPLINES – ARE WE REALISING THE PREVENTION POTENTIAL?

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Their Futures Matter Workshop
Child and Family Wellbeing: Designing a Connected System
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Acknowledgments

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– Positive Futures Research Collaboration
– South Australian Government, Early Intervention Research Directorate
– South Australian Government, Department of Child Protection
South Australian Children Reported to Child Protection by age 10

BetterStart, Child Health and Development Research Group, University of Adelaide
Australian child protection systems design assumptions

- Incremental risk
- As risk increases size of affected population decreases
- CP reports need screening
- Insufficient prevention services for vulnerable
Return to first principles

World Health Organisation
4-Step Public Health Approach to Violence Prevention
1. Defining the problem
2. Identifying causes and risk factors
3. Designing and testing interventions
4. Increasing the scale of effective interventions
Case File Reviews

Case file review for three populations associated with greatest demand on child protection services:

– Study 1: Pregnancy and the first 1000 days of life
– Study 2: Children with repeat involvement in the child protection system
– Study 3: Aboriginal over-representation in the child protection system
We Wanted to Know…

– What were people worried about when they call child protection about each of these children?
– What were the characteristics of children and their families who were reported? Did they fall into groups or ‘typologies’?
– What insights could this give us about why reporting was so high?
– Was there the potential for a more nuanced targeting of interventions?
Methodology

- Sampled from CPS electronic case records system for population
- Sample extracted and redacted
- Created genograms (CFR2 only)
- For child subject to unborn concern (CFR1) / For each child within family known to CPS (CFR2)
  - Coded allegation/concern narrative (quantitative)
  - Combined with administrative data for a follow up period
Case file review 1: Unborn child reports

- Population: 647 Unborn Child Concerns received in 2014
- 20% Random sample: 131 Unborn Child Concern reports coded
- Two clear typologies

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Other families</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 first time parents with abuse history (21% of sample)</td>
<td>86 parents with children known to child protection (66% of sample)</td>
<td>17 other families (13% of sample)</td>
</tr>
</tbody>
</table>
Infants being conceived into families with complex problems

- Intimate partner violence (current or previous):
  - Total sample – 70%;
  - First time parents typology – 46%;
  - Parents with children known to CP – 78%

- Parental use of alcohol or other drugs (current or previous):
  - Total sample – 63%;
  - First time parents typology – 57%;
  - Parents with children known to CP – 69%
Case file review 2: Repeat involvement

– Population: 1,619 children reported within a metropolitan CPS region (postcodes 5007-5023) Jul-Dec 2016

– 20% Random sample: 324 children from 280 families
Extent of repeat involvement with CPS

- 40% of children re-reported within 6 months (range 1 to 7)
- 87% of children re-reported within 8 years (range 1 to 49)
- ~90% of families re-reported for different matters within 8 years (range 1 to 118)

Only 5% of reports investigated
## Extent of repeat involvement

<table>
<thead>
<tr>
<th>Level</th>
<th>Number of Families</th>
<th>Percentage of Sample</th>
</tr>
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<tbody>
<tr>
<td>Single report</td>
<td>31 families</td>
<td>11%</td>
</tr>
<tr>
<td>Moderate (2-4 reports)</td>
<td>71 families</td>
<td>25%</td>
</tr>
<tr>
<td>High (5-9 reports)</td>
<td>64 families</td>
<td>23%</td>
</tr>
<tr>
<td>Very High (10-20 reports)</td>
<td>49 families</td>
<td>18%</td>
</tr>
<tr>
<td>Extreme (more than 20 reports)</td>
<td>65 families</td>
<td>23%</td>
</tr>
</tbody>
</table>
Familial characteristics (%)

- All families (n=280)
- Single report (n=31)
- Moderate (n=71)
- High (n=64)
- Very high (n=49)
- Extreme (n=65)

- Parent under 20 years
- Multiple re-partnering
Child and adolescent mental health or behavioural problem (%)

- All families (n=280)
- Single report (n=31)
- Moderate (n=71)
- High (n=64)
- Very high (n=49)
- Extreme (n=65)
Outcomes of child trauma or factors conveying vulnerability for children

- Health condition or physical disability
- Learning delay or intellectual disability
- Alcohol or other drugs
- Criminal behaviour

All families (n=280)
Single report (n=31)
Moderate (n=71)
High (n=64)
Very high (n=49)
Extreme (n=65)
Families with extreme involvement

– 20+ reports
– Parent under 20 at first pregnancy
– Multiple children (Mean = 7)
– Multiple repartnering (3+)
– IPV, AOD, MH issues, Crim behav, homeless
– Child and adolescent mental health
– Youth justice involvement
– Children’s risk factors mirror adult risk factors

1 in 4 families reported to CP

Improving the lives of vulnerable children.
Extremely involved families

– More likely to be the subject of a:
  – screened out concern (NOC) (28% of NOC)
  – report on unborn children (43% of UCC)
  – concern about an adolescent at risk (50% of AAR)
  – extrafamilial matter (57% of EXF)
  – screened in child protection matter (47% of CP matters)

– Limitations of differential response models
Re-thinking our assumptions

– Reporters reliably identifying families with most complex needs
– Families with complex problems largest population known to CP
– Intergenerational not incremental risk – born into complexity
– Insufficient effective interventions for children & families with multiple and complex problems
Implications

– Current systems response growing not reducing problem through
  – CP screening and triage
  – Missing prevention windows
  – Failing program investments
  – Insufficient effective services for complex families
– Exponential growth – by factor of average # of children in families we fail
– Early intervention priority = intervening to disrupt cycle in families with multiple and complex needs
Thank you

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